



Wylie City Council

NOTICE OF MEETING

Regular Meeting Agenda April 12, 2016 – 6:00 pm Wylie Municipal Complex Council Chambers/Council Conference Room 300 Country Club Road, Building #100

Eric Hogue	Mayor
Keith Stephens	Mayor Pro Tem
Diane Culver	Place 2
Todd Winters	Place 3
Candy Arrington	Place 4
William Whitney III	Place 5
David Dahl	Place 6
Mindy Manson.....	City Manager
Richard Abernathy	City Attorney
Carole Ehrlich	City Secretary

In accordance with Section 551.042 of the Texas Government Code, this agenda has been posted at the Wylie Municipal Complex, distributed to the appropriate news media, and posted on the City website: www.wylietexas.gov within the required time frame. As a courtesy, the entire Agenda Packet has also been posted on the City of Wylie website: www.wylietexas.gov.

The Mayor and City Council request that all cell phones and pagers be turned off or set to vibrate. Members of the audience are requested to step outside the Council Chambers to respond to a page or to conduct a phone conversation.

The Wylie Municipal Complex is wheelchair accessible. Sign interpretation or other special assistance for disabled attendees must be requested 48 hours in advance by contacting the City Secretary's Office at 972.516.6020.

Hearing impaired devices are available from the City Secretary prior to each meeting.

CALL TO ORDER

Announce the presence of a Quorum

INVOCATION & PLEDGE OF ALLEGIANCE

- **Presentation of Colors and Pledge of Allegiance - Boy Scout Troop 441**

PRESENTATIONS

- **Presentation of Wylie Way Students – Third Nine Weeks** (*E. Hogue, Mayor*)
- **Proclamation declaring April 10, 2016 through April 16, 2016 as National Public Safety Telecommunications Week in the City of Wylie.** (*B. Parker, Fire Chief*)

CITIZENS COMMENTS ON NON-AGENDA ITEMS

Residents may address Council regarding an item that is not listed on the Agenda. Residents must fill out a non-agenda form prior to the meeting in order to speak. Council requests that comments be limited to three (3) minutes. In addition, Council is not allowed to converse, deliberate or take action on any matter presented during citizen participation.

CONSENT AGENDA

All matters listed under the Consent Agenda are considered to be routine by the City Council and will be enacted by one motion. There will not be separate discussion of these items. If discussion is desired, that item will be removed from the Consent Agenda and will be considered separately.

- A. Consider, and act upon, approval of the Minutes of March 22, 2016 Regular Meeting of the Wylie City Council.** (*C. Ehrlich, City Secretary*)
- B. Consider, and act upon, approval of a Final Plat for Bozman Farm Estates Phase 5, establishing 119 single family residential lots and six open space lots on 46.888 acres, generally located at Collins Boulevard and Troy Road.** (*R. Ollie, Development Services Director*)
- C. Consider, and act upon, approval of a Final Plat for Creekwood Estates, creating twenty-one single family residential lots, two open space lots and a public road on 20.613 acres, generally located in the City of Wylie ETJ southeast of the intersection of Whitley Road and Hunters Glen Drive.** (*R. Ollie, Development Services Director*)
- D. Consider, and act upon Resolution No. 2016-09(R) authorizing the City Manager to execute the declaration of deed restriction relating to property owned by Wylie and located at 900 W. Kirby, Wylie Texas 75098; Further authorizing the City Manager to take any and all other actions necessary to effectuate the same: and providing for an effective date.** (*J. Butters, Asst. City Manager*)
- E. Consider and act upon the award of bid # W2016-51-A for Parks and Recreation Mowing and Litter Services to J. Nichols Construction, Inc. in the estimated annual amount of \$244,955.00 and authorizing the City Manager to execute any and all necessary documents.** (*G. Hayes, Purchasing*)

- F. Consider, and act upon, Resolution No. 2016-10(R) authorizing the City Manager to execute a Memorandum of Agreement between the Wylie Independent School District and the City of Wylie to jointly cooperate in order to furnish clinical education to students enrolled in the Wylie Independent School District's Emergency Medical Technician Curricula Offerings.**
(B. Parker, Fire Chief)
- G. Consider and place on file, the monthly Revenue and Expenditure Report for the Wylie Economic Development Corporation as of February 29, 2016.** *(S. Satterwhite, WEDC Director)*

REGULAR AGENDA

- 1. Consider, and act upon, the appointment of a board member to the North Texas Municipal Water District (NTMWD) Board to fill an expired term of June 1, 2016 to May 31, 2018.**
(C. Ehrlich, City Secretary)

Executive Summary

The Board of Directors of the North Texas Municipal Water District is a policy making body similar in nature to the City Council. The Board is responsible to both the State of Texas and to the member Cities for assuring that NTMWD operations occur in accordance with state and federal law, in alignment with NTMWD policy, and in the best interests of the Cities receiving services.

READING OF ORDINANCE

Title and caption approved by Council as required by Wylie City Charter, Article III, Section 13-D.

EXECUTIVE SESSION

Recess into Closed Session in compliance with Section 551.001, et.seq. Texas Government Code, to wit:

§§Sec. 551.072. DELIBERATION REGARDING REAL PROPERTY; CLOSED MEETING.

A governmental body may conduct a closed meeting to deliberate the purchase, exchange, lease, or value of real property if deliberation in an open meeting would have a detrimental effect on its negotiating position.

- **Discussion regarding property generally located near the intersection of Country Club and Brown St.**

RECONVENE INTO OPEN SESSION

Take any action as a result from Executive Session.

ADJOURNMENT

If during the course of the meeting covered by this notice, the City Council should determine that a closed or executive meeting or session of the City Council or a consultation with the attorney for the City should be held or is required, then such closed or executive meeting or session or consultation with attorney as authorized by the Texas Open Meetings Act, Texas Government Code § 551.001 et. seq., will be held by the City Council at the date, hour and place given in this notice as the City Council may conveniently meet in such closed or executive meeting or session or consult with the attorney for the City concerning any and all subjects and for any and all purposes permitted by the Act, including, but not limited to, the following sanctions and purposes:

CERTIFICATION

I certify that this Notice of Meeting was posted on April 8, 2016 at 5:00 p.m. as required by law in accordance with Section 551.042 of the Texas Government Code and that the appropriate news media was contacted. As a courtesy, this agenda is also posted on the City of Wylie website: www.wylietexas.gov.

Carole Ehrlich, City Secretary

Date Notice Removed



Wylie City Council

Minutes

City Council Meeting

Tuesday, March 22, 2016 – 6:00 p.m.

Wylie Municipal Complex – Council Chambers

300 Country Club Road, Bldg. 100

Wylie, TX 75098

CALL TO ORDER

Announce the presence of a Quorum.

Mayor Eric Hogue called the meeting to order at 6:00 p.m. City Secretary Ehrlich took roll call with the following City Council members present: Mayor Eric Hogue, Mayor pro tem Keith Stephens, Councilman David Dahl, Councilwoman Candy Arrington, Councilwoman Diane Culver, Councilman Todd Wintters, and Councilman William Whitney III.

Staff present were: City Manager, Mindy Manson; Assistant City Manager, Jeff Butters; Development Services Director, Renae Ollie; Finance Director, Linda Bantz; WEDC Executive Director, Sam Satterwhite; City Engineer, Chris Holsted; City Secretary, Carole Ehrlich; Public Information Officer, Craig Kelly; and various support staff.

INVOCATION & PLEDGE OF ALLEGIANCE

Boy Scout Riley Cook, Troop 1846, gave the invocation and Boy Scout Troop 1846 presented the colors and led the Pledge of Allegiance.

CITIZENS COMMENTS ON NON-AGENDA ITEMS

Residents may address Council regarding an item that is not listed on the Agenda. Residents must fill out a non-agenda form prior to the meeting in order to speak. Council requests that comments be limited to three (3) minutes. In addition, Council is not allowed to converse, deliberate or take action on any matter presented during citizen participation.

No citizens were present wishing to address Council during Citizen Comments.

CONSENT AGENDA

All matters listed under the Consent Agenda are considered to be routine by the City Council and will be enacted by one motion. There will not be separate discussion of these items. If discussion is desired, that item will be removed from the Consent Agenda and will be considered separately.

- A. **Consider, and act upon, approval of the Minutes of March 8, 2016 Regular Meeting of the Wylie City Council.** *(C. Ehrlich, City Secretary)*
- B. **Consider, and place on file, the City of Wylie Monthly Investment Report for February 29, 2016.** *(L. Bantz, Finance Director)*
- C. **Consider, and place on file, the City of Wylie Monthly Revenue and Expenditure Report for February 29, 2016.** *(L. Bantz, Finance Director)*
- D. **Consider, and act upon, a vendor application from the Wylie Art Gallery for a Farmers Market event at Olde City Park on the following dates: August 6, September 3, and October 1, 2016.** *(R. Diaz, Parks and Recreation Superintendent)*
- E. **Consider, and act upon, vendor application for Wylie East High School Cross Country Team to sell items at a cross country meet to be held September 3, 2016 at Founders Park.** *(R. Diaz, Parks and Recreation Superintendent)*

Council Action

A motion was made by Mayor pro tem Stephens, seconded by Councilman Wintters to approve the Consent Agenda as presented. A vote was taken and the motion passed 7-0.

REGULAR AGENDA

Tabled Item from 02-23-2016

Remove from the Table and Consider:

Council Action

A motion was made by Councilman Dahl, seconded by Councilwoman Culver to remove Item #1 from the table and consider. A vote was taken and the motion passed 7-0.

- 1. **Continue a Public Hearing and consider, and act upon, an amendment to PD 2006-01 to allow R5.5 and R8.5 zoning categories for single-family residential development on approximately 104.82 acres, generally located between McCreary Road and Springwell Parkway approximately 1200 feet south of FM544. ZC 2016-02** *(R. Ollie, Development Services Director)*

Executive Summary

Development Services Director Ollie addressed Council stating that the applicant has submitted a letter to withdraw the request to amend PD 2006-01 to allow R5.5 and R8.5 zoning categories. The letter was received by Staff on March 11, 2016.

Public Hearing

Mayor Hogue continued the public hearing on Zoning Case 2016-02 at 6:14 p.m. asking anyone wishing to address Council to come forward.

No citizens were present wishing to address Council.

Mayor Hogue closed the public hearing at 6:15 p.m.

Council Action

A motion was made by Councilwoman Culver, seconded by Councilman Whitney to accept the withdrawal by the applicant of Zoning Case 2016-02. A vote was taken and the motion passed 7-0.

Tabled Item from 02-23-2016

Remove from the Table and Consider

Council Action

A motion was made by Councilwoman Culver, seconded by Councilman Whitney to remove Item #2 from the table and consider. A vote was taken and the motion passed 7-0.

2. **Continue a Public Hearing and consider, and act upon, a change in zoning from Commercial Corridor (CC) and Light Industrial (LI) to Planned Development-Light Industrial (PD-LI) to allow for proposed Mixed Use Development for retail and self-storage use on 6.25 acres, generally located southeast of SH 78 between Century Way and old Alanis Drive. ZC 2016-03** *(R. Ollie, Development Services Director)*

Executive Summary

Development Service Director Ollie addressed Council stating that the applicant has submitted a letter to withdraw the request to change the zoning from Commercial Corridor (CC) and Light Industrial (LI) to Planned Development-Light Industrial (PD-LI) to allow for retail and self-storage use. The letter was received by Staff on March 14, 2016.

Public Hearing

Mayor Hogue continued the public hearing on Zoning Case 2016-03 at 6:17 p.m. asking anyone wishing to address Council to come forward.

No citizens spoke in favor or against this zoning case.

Mayor Hogue closed the public hearing at 6:20 p.m.

Board Action

A motion was made by Councilwoman Culver, seconded by Councilwoman Arrington to accept the withdrawal by the applicant of Zoning Case 2016-03. A vote was taken and the motion passed 7-0.

3. **Consider, and act upon, Ordinance No. 2016-05 to abandon a portion of Industrial Court being a 50' Public Right-of-Way, and to waive the requirement for an appraisal within the Railroad Industrial Park Addition, surrounded by Lots 4-8, consisting of 0.292 acres or approximately 12,718 square feet.** *(R. Ollie, Development Services Director)*

Staff Comments

Development Services Director Ollie addressed Council stating that in accordance with Ordinance No. 2007-21, Section 2.12.A.5, the applicant, Wylie Economic Development Corporation is requesting abandon approximately 12,718 square feet of right-of-way and waive the requirement for a certified appraisal. The subject right-of-way is part of the Railroad Industrial Park Addition, as situated in the S.B. Shelby Abstract No. 820, of the Deed Records of Collin County, Texas and is solely contained within the boundaries of the subject platted lot. The subject right-of-way is used for primary access to the adjoining five lots.

Ollie explained the purpose of the request is to allow the owner/applicant to redevelop the area. Having assembled all properties surrounding the cul-de-sac, the WEDC is beginning the platting process which will maintain a public access easement providing ingress and egress to State Highway 78 via a new curb cut to align with Williams Street. WEDC staff calculates the average value to be \$4.14 per square foot which calculates to a total value of \$52,653.

Executive Director of the WEDC Sam Satterwhite addressed Council stating the long term plans for this development involve the property on Industrial Court as well as the property to the south. WEDC will be developing this property into three restaurant sites. WEDC is also in the process of designing median improvements for north bound SH 78; turning into Williams Street. The WEDC will be providing a replat of the entire five acres. Demolition of the existing properties close to Starbucks will begin in two weeks and June or July will begin the properties on Industrial Court.

Mayor Hogue asked what the WEDC desired to place on the lots. Mr. Satterwhite replied the focus would be on full service restaurants. Councilwoman Culver thanked Satterwhite and the WEDC board of directors for their nine years of work toward this end.

Board Action

A motion was made by Councilwoman Arrington, seconded by Councilwoman Culver to adopt Ordinance No. 2016-05 to abandon a portion of Industrial Court being a 50' Public Right-of-Way, and to waive the requirement for an appraisal within the Railroad Industrial Park Addition, surrounded by Lots 4-8, consisting of 0.292 acres or approximately 12,718 square feet. A vote was taken and the motion passed 7-0.

- 4. Consider, and act upon, all matters incident and related to the issuance and sale of “City of Wylie, Texas, General Obligation Refunding Bonds, Series 2016”, including the adoption of Ordinance No. 2016-06 authorizing the issuance of such bonds, establishing parameters for the sale and issuance of such bonds and delegating certain matters to an authorized official of the City. (L. Bantz, Finance Director)**

Staff Comments

Finance Director Bantz addressed Council stating that the City's Financial Advisor First Southwest Company has recommended that the City consider refunding the 2008 Certificates of Obligation, the 2008 General Obligation Bonds and the 2007 Certificates of Obligation. The present value savings is estimated at approximately \$3,600,000. They recommend the City use a parameters bond ordinance to allow First Southwest to avoid potential bad days in the market to conduct the bond sale. Information detailing the proposed parameters that are reflected in the ordinance is attached.

First Southwest Company representative David Medanich addressed Council and reviewed the parameters that included: delegated financing officers of the City to be the Finance Director and the City Manager; allowing a maximum interest rate of 3.25%; a maximum principal amount of \$40,000, requiring savings of at least 5%, and a final maturity of February 15, 2028, which is the current maturity. The

expiration of Parameter Authority would be 180 days. Medanich recommended approval of the ordinance.

Mayor pro tem Stephens voiced his appreciation to both the Finance Department and First Southwest for assisting the City in refinancing current bonds as a cost savings to the City.

Board Action

A motion was made by Mayor pro tem Stephens, seconded by Councilwoman Arrington to adopt Ordinance No. 2016-06 authorizing the issuance and sale of "City of Wylie, Texas, General Obligation Refunding Bonds, Series 2016", establishing parameters for the sale and issuance of such bonds and delegating certain matters to an authorized official of the City. A vote was taken and the motion passed 7-0.

READING OF ORDINANCES

Title and caption approved by Council as required by Wylie City Charter, Article III, Section 13-D.

City Secretary Ehrlich read the captions to Ordinance No.'s 2016-05 and 2016-06 into the official record.

Mayor Hogue convened into Executive Session at 6:40 p.m. reading the captions below.

EXECUTIVE SESSION

Recess into Closed Session in compliance with Section 551.001, et.seq. Texas Government Code, to wit:

Sec. 551.071. CONSULTATION WITH ATTORNEY; CLOSED MEETING. A governmental body may not conduct a private consultation with its attorney except:

(1) when the governmental body seeks the advice of its attorney about:

(A) pending or contemplated litigation; or

(B) a settlement offer; or

(2) on a matter in which the duty of the attorney to the governmental body under the

Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with this chapter.

- **City of Wylie vs. Parker Country Club, LP pending in Cause No. 003-02341-2014, pending in County Court at Law No. 3, Collin County, Texas**

RECONVENE INTO OPEN SESSION

Take any action as a result from Executive Session.

Mayor Hogue reconvened into Open Session at 7:20 p.m.

There was no action taken as a result of Executive Session.

ADJOURNMENT

A motion was made by Mayor pro tem Stephens, seconded by Councilwoman Arrington, to adjourn the meeting at 7:25 p.m. A vote was taken and the motion passed 7-0.

Eric Hogue, Mayor

ATTEST:

Carole Ehrlich, City Secretary



Wylie City Council

AGENDA REPORT

Meeting Date: April 12, 2016
Department: Planning
Prepared By: Renaë' Ollie
Date Prepared: March 23, 2016

Item Number: B
(City Secretary's Use Only)
Account Code: _____
Budgeted Amount: _____
Exhibits: 1

Subject

Consider, and act upon, approval of a Final Plat for Bozman Farm Estates Phase 5, establishing 119 single family residential lots and six open space lots on 46.888 acres, generally located at Collins Boulevard and Troy Road.

Recommendation

Motion to approve a Final Plat for Bozman Farm Estates Phase 5, establishing 119 single family residential lots and six open space lots on 46.888 acres, generally located at Collins Boulevard and Troy Road.

Discussion

OWNER: DEVELOPMENT SOLUTIONS BZ, INC.

ENGINEER: RIDINGER ASSOC., INC.

The purpose of the plat is to create 119 single-family residential lots and six open space lots on 46.888 acres. The property is part of an overall Planned Development Ordinance 2002-52.

This plat is an adjustment to a previously approved plat from July of 2015. The developer has decreased the number of lots from 193 to 119. The lots not being developed at this time are part of Tract 1 on the northwest corner of Troy and Collins.

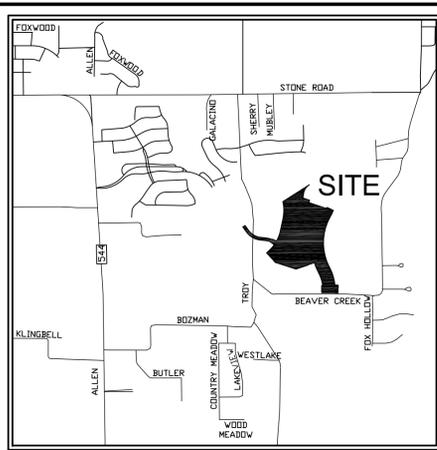
The plat creates Phase 5 of the Bozeman Farm Estates and is consistent with the PD conditions set forth.

The six open space lots are labeled with an "X", excepting the amenity center which is labeled as lot 6. All open space, including the amenity center, will be owned and maintained by the HOA.

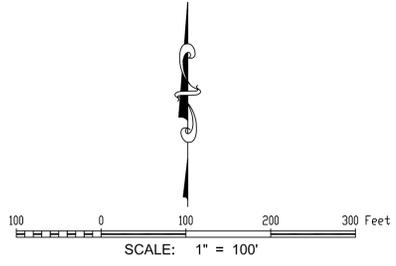
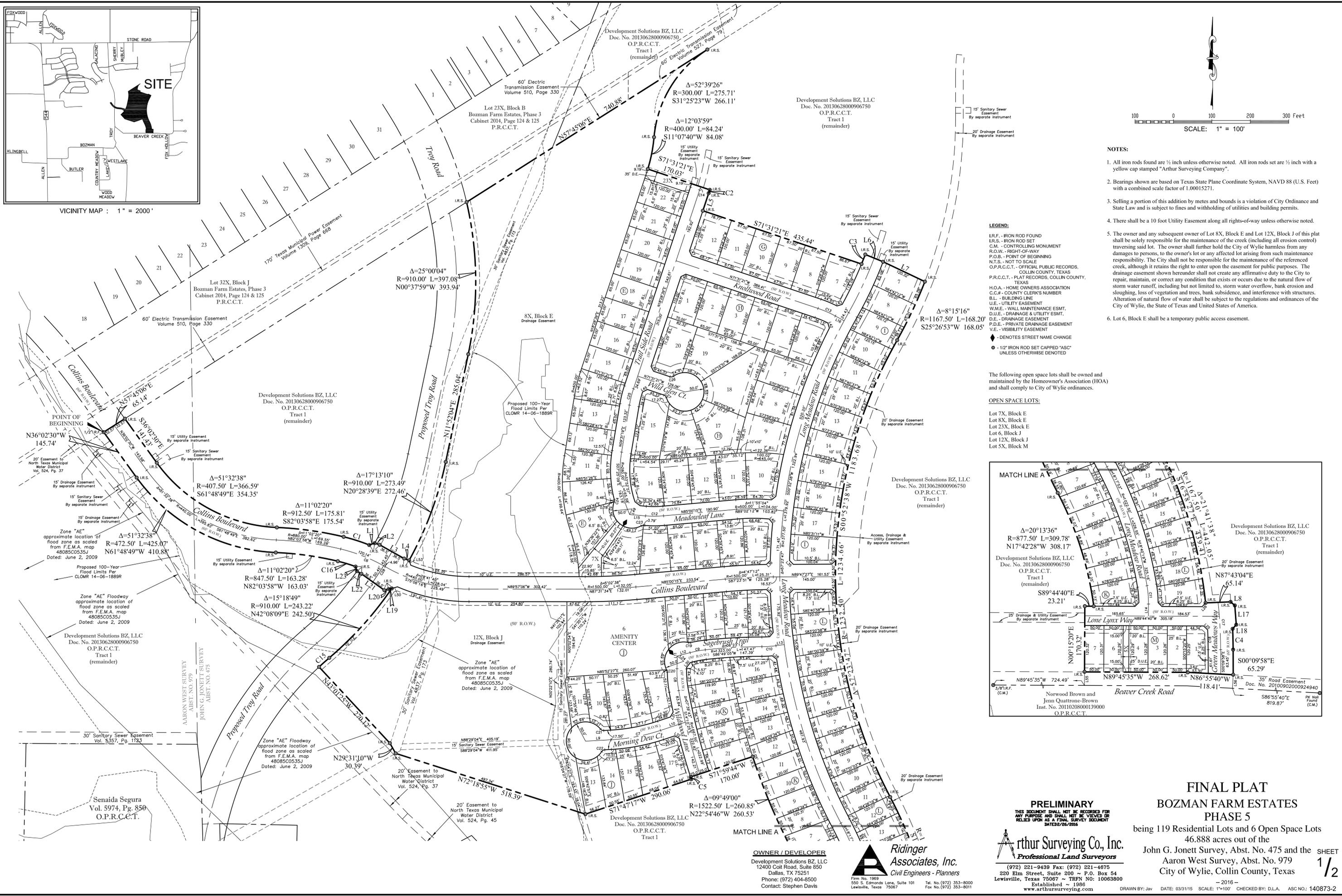
This Final Plat complies with all applicable technical requirements of the City of Wylie and substantially conforms to the adopted PD provisions; and the plat is recommended for approval subject to additions and/or alterations to the engineering plans as required by the Engineering Department.

P&Z Commission Discussion

The Commission recommends approval 6-0 subject to additions and/or alterations to the engineering plans as required by the Engineering Department.



VICINITY MAP : 1" = 2000'



- NOTES:**
- All iron rods found are 1/2 inch unless otherwise noted. All iron rods set are 1/2 inch with a yellow cap stamped "Arthur Surveying Company".
 - Bearings shown are based on Texas State Plane Coordinate System, NAVD 88 (U.S. Feet) with a combined scale factor of 1.00015271.
 - Selling a portion of this addition by metes and bounds is a violation of City Ordinance and State Law and is subject to fines and withholding of utilities and building permits.
 - There shall be a 10 foot Utility Easement along all rights-of-way unless otherwise noted.
 - The owner and any subsequent owner of Lot 8X, Block E and Lot 12X, Block J of this plat shall be solely responsible for the maintenance of the creek (including all erosion control) traversing said lot. The owner shall further hold the City of Wylie harmless from any damages to persons, to the owner's lot or any affected lot arising from such maintenance responsibility. The City shall not be responsible for the maintenance of the referenced creek, although it retains the right to enter upon the easement for public purposes. The drainage easement shown hereunder shall not create any affirmative duty to the City to repair, maintain, or correct any condition that exists or occurs due to the natural flow of storm water runoff, including but not limited to, storm water overflow, bank erosion and sloughing, loss of vegetation and trees, bank subsidence, and interference with structures. Alteration of natural flow of water shall be subject to the regulations and ordinances of the City of Wylie, the State of Texas and United States of America.
 - Lot 6, Block E shall be a temporary public access easement.

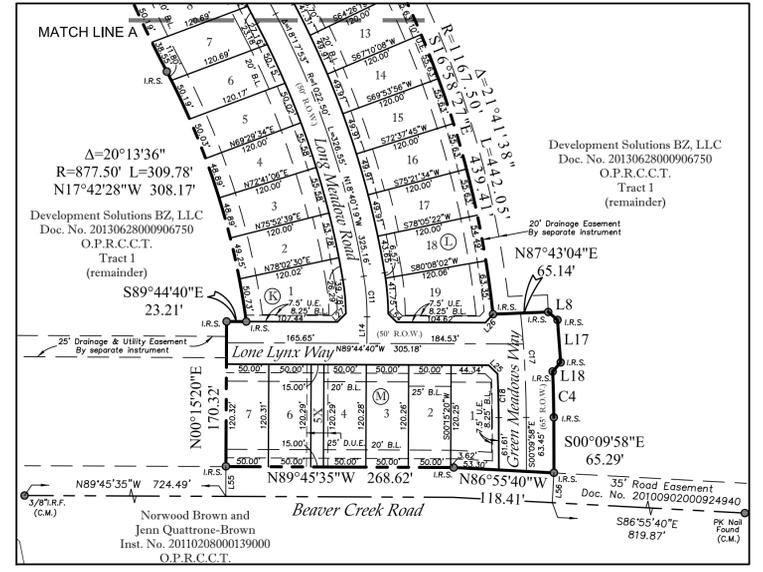
LEGEND:

- IR.F. - IRON ROD FOUND
- IR.S. - IRON ROD SET
- C.M. - CONTROLLING MONUMENT
- R.O.W. - RIGHT-OF-WAY
- P.O.B. - POINT OF BEGINNING
- N.T.S. - NOT TO SCALE
- O.P.R.C.C.T. - OFFICIAL PUBLIC RECORDS, COLLIN COUNTY, TEXAS
- P.R.C.C.T. - PLAT RECORDS, COLLIN COUNTY, TEXAS
- H.O.A. - HOME OWNERS ASSOCIATION
- C.C.# - COUNTY CLERK'S NUMBER
- B.L. - BUILDING LINE
- U.E. - UTILITY EASEMENT
- W.M.E. - WALL MAINTENANCE ESMT.
- D.U.E. - DRAINAGE & UTILITY ESMT.
- D.E. - DRAINAGE EASEMENT
- P.D.E. - PRIVATE DRAINAGE EASEMENT
- V.E. - VISIBILITY EASEMENT
- ◆ - DENOTES STREET NAME CHANGE
- - 1/2" IRON ROD SET CAPPED "ASC" UNLESS OTHERWISE DENOTED

The following open space lots shall be owned and maintained by the Homeowner's Association (HOA) and shall comply to City of Wylie ordinances.

OPEN SPACE LOTS:

- Lot 7X, Block E
- Lot 8X, Block E
- Lot 23X, Block E
- Lot 6, Block J
- Lot 12X, Block J
- Lot 5X, Block M



**FINAL PLAT
BOZMAN FARM ESTATES
PHASE 5**

being 119 Residential Lots and 6 Open Space Lots
46.888 acres out of the
John G. Jonett Survey, Abst. No. 475 and the
Aaron West Survey, Abst. No. 979
City of Wylie, Collin County, Texas

PRELIMINARY
THIS DOCUMENT SHALL NOT BE RECORDED FOR ANY PURPOSE AND SHALL NOT BE VIEWED OR RELIED UPON AS A FINAL SURVEY DOCUMENT DATED 2/26/2016

Arthur Surveying Co., Inc.
Professional Land Surveyors
(972) 221-9439 Fax: (972) 221-4875
220 Elm Street, Suite 200 ~ P.O. Box 54
Lewisville, Texas 75067 ~ TRFN No: 10083800
Established ~ 1986
www.arthursurveying.com

OWNER / DEVELOPER
Development Solutions BZ, LLC
12400 Coll Road, Suite 850
Dallas, TX 75251
Phone: (972) 404-8500
Contact: Stephen Davis

Ridinger Associates, Inc.
Civil Engineers - Planners
Firm No. 1969
550 S. Edmonds Lane, Suite 101
Lewisville, Texas 75067
Tel. No. (972) 353-8000
Fax No. (972) 353-8011

State of Texas §
County of Collin §
Owner's Certificate and Dedication

WHEREAS DEVELOPMENT SOLUTIONS BZ, LLC is the owner of all that certain lot, tract or parcel of land situated in the Aaron West Survey, Abstract Number 979 and the John G. Jonett Survey, Abstract Number 475, City of Wylie, Collin County, Texas, and being a part of that certain tract of land described by deed to Development Solutions BZ, LLC, recorded under Document Number 20130628000906750 of the Official Public Records of Collin County, Texas, and more particularly described as follows:

BEGINNING at a ½ inch iron rod found for the southwest corner of Bozman Farm Estates, Phase 3, an addition to the City of Wylie, Collin County, Texas, according to the plat thereof recorded in Cabinet 2014, Page 124 and 125 of the Plat Records of Collin County, Texas, said point being in the southwestly line of Collins Boulevard, being in the southeast line of a 60 foot wide Electric Transmission Easement, recorded in Volume 510, Page 330, Deed Records, Collin County, Texas;

THENCE North 57 degrees 45 minutes 06 seconds East, with the southeast line of said Bozman Farm Estates, Phase 3 and with the southeast line of said 60 foot wide easement, a distance of 65.14 feet to a ½ inch iron rod with a yellow cap stamped "ARTHUR SURVEYING COMPANY" (ASC) set for corner in the northeast line of said Collins Boulevard;

THENCE South 36 degrees 02 minutes 30 seconds West, a distance of 141.43 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a tangent curve to the left having a radius of 407.50 feet, with a delta angle of 51 degrees 32 minutes 38 seconds, whose chord bears South 61 degrees 48 minutes 49 seconds East, a distance of 354.35 feet;

THENCE continuing with said curve, an arc length of 366.59 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a reverse curve to the right having a radius of 912.50 feet, with a delta angle of 11 degrees 02 minutes 20 seconds, whose chord bears South 82 degrees 03 minutes 58 seconds East, a distance of 175.54 feet;

THENCE continuing with said curve, an arc length of 175.81 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a compound curve to the right having a radius of 472.50 feet, a delta angle of 08 degrees 28 minutes 51 seconds, whose chord bears South 72 degrees 18 minutes 22 seconds East, a distance of 69.87 feet;

THENCE continuing with said curve, an arc length of 69.94 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE North 71 degrees 09 minutes 07 seconds East, a distance of 15.00 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 71 degrees 36 minutes 46 seconds East, a distance of 13.75 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 60 degrees 46 minutes 24 seconds East, a distance of 73.00 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 70 degrees 06 minutes 01 seconds East, a distance of 13.68 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a non-tangent curve to the left having a radius of 910.00 feet, with a delta angle of 17 degrees 13 minutes 10 seconds, whose chord bears North 20 degrees 28 minutes 39 seconds East, a distance of 272.46 feet;

THENCE continuing with said curve, an arc length of 273.49 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE North 11 degrees 52 minutes 04 seconds East, a distance of 285.04 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a tangent curve to the left having a radius of 910.00 feet, with a delta angle of 25 degrees 00 minutes 04 seconds, whose chord bears North 00 degrees 37 minutes 59 seconds West, a distance of 393.94 feet;

THENCE continuing with said curve, an arc length of 397.08 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner in the southeast line of said 60 foot wide Electric Transmission Easement (Volume 510, Page 330);

THENCE North 57 degrees 45 minutes 06 seconds East, with the southeast line of said 60 foot Electric Transmission Easement and continuing with a 60 foot wide Electric Transmission Easement, recorded in Volume 527, Page 79, Deed Records, Collin County, Texas, a distance of 740.88 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a non-tangent curve to the left having a radius of 300.00 feet, with a delta angle of 52 degrees 39 minutes 26 seconds, whose chord bears South 31 degrees 25 minutes 23 seconds West, a distance of 266.11 feet;

THENCE continuing with said curve, an arc length of 275.71 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a reverse curve to the right having a radius of 400.00 feet, with a delta angle of 12 degrees 03 minutes 59 seconds, whose chord bears South 11 degrees 07 minutes 40 seconds West, a distance of 84.08 feet;

THENCE continuing with said curve, an arc length of 84.24 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 71 degrees 31 minutes 21 seconds East, a distance of 170.03 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a non-tangent curve to the right having a radius of 570.00 feet, with a delta angle of 00 degrees 55 minutes 26 seconds, whose chord bears South 18 degrees 00 minutes 56 seconds West, a distance of 9.19 feet;

THENCE continuing with said curve, an arc length of 9.19 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 18 degrees 28 minutes 39 seconds West, a distance of 47.92 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 71 degrees 31 minutes 21 seconds East, a distance of 435.44 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a non-tangent curve to the left having a radius of 997.50 feet, with a delta angle of 01 degrees 31 minutes 34 seconds, whose chord bears North 21 degrees 33 minutes 44 seconds East, a distance of 26.57 feet;

THENCE South 67 degrees 49 minutes 55 seconds East, a distance of 50.01 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 64 degrees 42 minutes 12 seconds East, a distance of 120.32 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a curve to the right having a radius of 1167.50 feet, a delta angle of 08 degrees 15 minutes 16 seconds, whose chord bears South 25 degrees 26 minutes 53 seconds West, a distance of 1168.05 feet;

THENCE continuing with said curve, an arc length of 168.20 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a reverse curve to the left having a radius of 1232.50 feet, a delta angle of 57 degrees 23 minutes 47 seconds, whose chord bears South 00 degrees 52 minutes 38 seconds West, a distance of 1183.68 feet;

THENCE continuing with said curve, an arc length of 1234.66 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a reverse curve to the right having a radius of 1167.50 feet, a delta angle of 21 degrees 41 minutes 38 seconds, whose chord bears South 16 degrees 58 minutes 27 seconds East, a distance of 439.41 feet;

THENCE continuing with said curve, an arc length of 442.05 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE North 87 degrees 43 minutes 04 seconds East, a distance of 65.14 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 49 degrees 42 minutes 34 seconds East, a distance of 14.38 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 04 degrees 17 minutes 48 seconds East, a distance of 50.02 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 41 degrees 44 minutes 28 seconds West, a distance of 14.23 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a non-tangent curve to the right having a radius of 1232.50 feet, a delta angle of 02 degrees 30 minutes 14 seconds, whose chord bears South 01 degrees 25 minutes 05 seconds West, a distance of 53.86 feet;

THENCE continuing with said curve, an arc length of 53.86 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 00 degrees 09 minutes 58 seconds East, a distance of 65.29 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set in the north line of a 35 foot wide Road Easement, recorded under Document Number 20100902000924940 of the Official Public Records of Collin County, Texas, being the north line of Beaver Creek Road;

THENCE North 86 degrees 55 minutes 40 seconds West, with the north line of said Beaver Creek Road, a distance of 118.41 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE North 89 degrees 45 minutes 35 seconds West, a distance of 268.62 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE North 00 degrees 15 minutes 20 seconds East, a distance of 170.32 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 89 degrees 44 minutes 40 seconds East, a distance of 23.21 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a non-tangent curve to the left having a radius of 877.50 feet, a delta angle of 20 degrees 13 minutes 36 seconds, whose chord bears North 17 degrees 42 minutes 28 seconds West, a distance of 308.17 feet;

THENCE continuing with said curve, an arc length of 309.78 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a reverse curve to the right having a radius of 1522.50 feet, a delta angle of 09 degrees 49 minutes 00 seconds, whose chord bears North 22 degrees 54 minutes 46 seconds West, a distance of 260.53 feet;

THENCE continuing with said curve, an arc length of 260.85 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 71 degrees 59 minutes 44 seconds West, a distance of 170.00 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a non-tangent curve to the left having a radius of 1692.50 feet, a delta angle of 00 degrees 12 minutes 27 seconds, whose chord bears South 18 degrees 06 minutes 30 seconds East, a distance of 6.13 feet;

THENCE continuing with said curve, an arc length of 6.13 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 71 degrees 47 minutes 17 seconds West, a distance of 290.06 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE North 72 degrees 18 minutes 55 seconds West, a distance of 518.39 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE North 29 degrees 31 minutes 10 seconds West, a distance of 30.39 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE North 43 degrees 01 minutes 25 seconds West, a distance of 270.12 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a non-tangent curve to the right having a radius of 810.00 feet, with a delta angle of 02 degrees 30 minutes 44 seconds, whose chord bears North 48 degrees 32 minutes 11 seconds East, a distance of 35.51 feet;

THENCE continuing with said curve, an arc length of 35.52 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a reverse curve to the left having a radius of 910.00 feet, with a delta angle of 15 degrees 18 minutes 49 seconds, whose chord bears North 42 degrees 08 minutes 09 seconds East, a distance of 242.50 feet;

THENCE continuing with said curve, an arc length of 243.22 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 78 degrees 20 minutes 41 seconds West, a distance of 8.48 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE South 76 degrees 40 minutes 35 seconds West, a distance of 11.53 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE North 54 degrees 35 minutes 04 seconds West, a distance of 73.00 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE North 59 degrees 20 minutes 00 seconds West, a distance of 13.55 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE North 16 degrees 57 minutes 29 seconds West, a distance of 12.29 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a non-tangent curve to the left having a radius of 407.50 feet, with a delta angle of 06 degrees 47 minutes 11 seconds, whose chord bears North 73 degrees 09 minutes 12 seconds West, a distance of 48.24 feet;

THENCE continuing with said curve, an arc length of 48.27 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a compound curve to the left having a radius of 847.50 feet, with a delta angle of 11 degrees 02 minutes 20 seconds, whose chord bears North 82 degrees 03 minutes 58 seconds West, a distance of 163.03 feet;

THENCE continuing with said curve, an arc length of 163.28 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner, being at the beginning of a reverse curve to the right having a radius of 472.50 feet, a delta angle of 51 degrees 32 minutes 38 seconds, whose chord bears North 61 degrees 48 minutes 49 seconds West, a distance of 410.88 feet;

THENCE continuing with said curve, an arc length of 425.07 feet to a ½ inch iron rod with a yellow cap stamped "ASC" set for corner;

THENCE North 36 degrees 02 minutes 30 seconds West, a distance of 145.74 feet to the **POINT OF BEGINNING**, and containing 46.888 acres and/or 2,042,439 square feet of land, more or less.

NOW, therefore, know all men by these presents:

THAT DEVELOPMENT SOLUTIONS BZ, LLC, acting herein by and through it's duly authorized officers, do hereby adopt this plat designating the hereinabove described property as **Bozman Farm Estates, Phase 5**, an addition to the City of Wylie, Texas, and does hereby dedicate, in fee simple, to the public use forever, the streets and alleys shown thereon. The streets and alleys are dedicated for street purposes. The Easements and public use areas, as shown are dedicated, for the public use forever, for the purposes indicated on this plat. No buildings, fences, trees, shrubs or other improvements may be placed in Landscape Easements, unless approved by the City of Wylie. In addition, Utility Easements may also be used for the mutual use and accommodation of all public utilities desiring to use or using the same unless the easement limits the use to particular utilities, said use by public utilities being subordinate to the Public's and City of Wylie's use thereof. The City of Wylie and public utility entities shall have the right to remove and keep removed all or parts of any buildings, fences, trees, shrubs or other improvements or growths which may in any way endanger or interfere with the construction, maintenance, or efficiency of their respective systems in said Easements. The City of Wylie and public utility entities shall at all times have the full right of Ingress and Egress to or from their respective easements for the purpose of constructing, reconstructing, inspecting, patrolling, maintaining, reading meters, and adding to or removing all or parts of their respective systems without the necessity at any time procuring the permission of anyone.

This plat approved subject to all platting ordinances, rules, regulations and resolutions of the City of Wylie, Texas.

WITNESS, my hand, this the ____ day of _____, 2016.

DEVELOPMENT SOLUTIONS BZ, LLC d/b/a/ DS Bozman, LLC

By: _____

State of Texas §
County of Denton §

BEFORE me, the undersigned authority, a Notary Public in and for the State of _____, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and considerations therein expressed.

GIVEN under my hand and seal of office this the ____ day of _____, 2016.

Notary Public in and for the State of _____

LINE TABLE		
LINE	BEARING	DISTANCE
L1	N71°30'07"E	15.00'
L2	S71°36'46"E	13.75'
L3	S60°46'24"E	73.00'
L4	S70°06'01"E	13.68'
L5	S18°28'39"W	47.92'
L6	S67°49'55"E	50.01'
L7	S64°42'12"E	120.32'
L8	S49°42'34"E	14.38'
L9	N86°53'47"E	66.23'
L10	N71°47'17"E	67.64'
L11	S01°16'22"W	32.38'
L12	N73°22'56"E	34.45'
L13	S82°28'25"W	21.90'
L14	S00°15'20"W	31.26'
L15	N65°24'41"W	41.55'
L16	N61°26'27"W	26.06'
L17	S0417'48"E	50.02'
L18	S41°44'28"W	14.23'
L19	S78°20'41"W	8.48'
L20	S76°40'35"W	11.53'
L21	N64°35'04"W	73.00'
L22	N59°20'00"W	13.55'
L23	N16°57'29"W	12.29'
L24	N51°16'18"W	21.70'
L25	N46°20'12"W	14.53'
L26	S42°11'12"W	13.36'
L27	S45°10'37"W	14.12'
L28	S52°23'58"E	14.47'
L29	N36°58'17"E	14.58'
L30	N38°19'39"E	15.96'
L31	N29°45'18"E	14.86'
L32	S61°15'30"E	13.65'
L33	N43°39'49"E	13.94'
L34	N46°13'52"W	14.27'
L35	S44°24'53"E	13.94'
L36	N45°31'21"E	14.32'
L37	N00°50'15"W	48.16'
L38	N26°04'51"E	10.45'
L39	N52°41'34"W	16.83'
L40	S39°22'26"E	14.13'
L41	N51°55'00"E	14.44'
L42	S17°28'49"E	14.19'
L43	N73°34'47"E	14.32'
L44	N85°24'41"W	20.78'
L45	N63°28'37"E	14.14'
L46	N26°31'21"W	14.14'
L47	N06°31'21"W	14.14'
L48	N63°28'39"E	14.14'
L49	N22°28'47"E	15.97'
L50	N74°00'25"E	15.36'
L51	N46°04'51"W	14.36'
L52	S45°39'46"W	14.36'
L53	N19°30'07"W	13.28'
L54	N44°46'17"W	14.16'
L55	S0014'28"W	35.00'
L56	S03°42'20"W	35.00'

CURVE TABLE				
CURVE	LENGTH	RADIUS	DELTA	CHORD
C1	69.84	472.50'	82°28'51"	S72°16'22"E 69.87'
C2	9.19	570.00'	0°55'26"	S18°05'56"W 9.19'
C3	26.57	997.50'	1°31'34"	N21°33'44"E 26.57'
C4	53.86	1232.50'	2°30'14"	S01°26'05"E 53.86'
C5	6.13	1692.50'	0°12'27"	S18°36'30"E 6.13'
C6	125.09'	440.00'	16°17'21"	N68°24'07"W 124.67'
C7	131.85'	500.00'	15°06'30"	N79°20'32"E 131.46'
C8	36.76'	280.00'	11°36'56"	S04°32'09"E 36.67'
C9	40.28'	280.00'	6°14'33"	S79°30'12"W 40.28'
C10	36.84'	280.00'	7°32'15"	N86°14'33"E 36.81'
C11	47.79'	280.00'	9°46'43"	N04°38'02"W 47.73'
C12	46.84'	280.00'	9°35'04"	N89°47'47"E 46.78'
C13	49.27'	280.00'	10°04'54"	N66°28'54"W 49.21'
C14	9.19'	545.00'	0°57'58"	N17°59'40"E 9.19'
C15	35.57'	810.00'	2°30'44"	N49°32'11"E 35.51'
C16	48.27'	407.50'	6°47'11"	N73°09'12"W 48.24'
C17	122.67'	1200.00'	5°51'25"	N03°05'40"W 122.61'
C18	51.30'	1167.50'	2°31'03"	N01°25'29"W 51.30'
C19	4.67'	10.00'	27°53'21"	S89°41'7"E 4.62'
C20	4.88'	10.00'	27°58'16"	N14°32'18"W 4.83'
C21	9.48'	10.00'	54°18'53"	S63°26'47"E 9.13'
C22	9.48'	10.00'	54°18'53"	S59°44'20"W 9.13'
C23	5.80'	10.00'	33°12'32"	S77°59'03"W 5.72'
C24	6.23'	10.00'	35°43'03"	N03°19'28"E 6.13'
C25	43.76'	280.00'	8°57'20"	S13°34'59"W 43.72'
C26	9.48'	10.00'	54°18'53"	N81°19'27"E 9.13'
C27	9.48'	10.00'	54°18'53"	N44°21'58"W 9.13'

RECOMMENDED FOR APPROVAL:

Chairman, Planning & Zoning Commission
City of Wylie, Texas

Date _____

APPROVED FOR CONSTRUCTION:

Mayor, City of Wylie, Texas

Date _____

ACCEPTED:

Mayor, City of Wylie, Texas

Date _____

The undersigned, the City Secretary of the City of Wylie, Texas, hereby certifies that the foregoing final plat of **Bozman Farm Estates, Phase 5** subdivision or addition to the City of Wylie, was submitted to the City Council on the ____ day of _____, 2016, and the Council, by formal action, then and there accepted the dedication of streets, alley, parks, easement, public places, and water and sewer lines as shown and set forth in and upon said plat and said Council further authorized the Mayor to note the acceptance thereof by signing his name as hereinabove subscribed.

Witness my hand this ____ day of _____, A.D. 2016.

City Secretary
City of Wylie, Texas

FINAL PLAT
BOZMAN FARM ESTATES
PHASE 5
being 119 Residential Lots and 6 Open Space Lots
46.888 acres out of the
John G. Jonett Survey, Abst. No. 475 and the
Aaron West Survey, Abst. No. 979
City of Wylie, Collin County, Texas
- 2016 -



(972) 221-9439 Fax: (972) 221-4675
220 Elm Street, Suite 200 ~ P.O. Box 54
Lewisville, Texas 75067 ~ TFPN No: 10063800
Established ~ 1986
www.arthursurveying.com

SHEET
2/2

DRAWN BY: Jav DATE: 03/31/15 SCALE: 1/4"=100' CHECKED BY: D.L.A. ASC-NO: 140873-2

OWNER / DEVELOPER

Development Solutions BZ, LLC
12400 Coit Road, Suite 850
Dallas, TX 75251
Phone: (972) 404-8500
Contact: Stephen Davis



Ridinger Associates, Inc.
Civil Engineers - Planners

Firm No. 1969
550 S. Edmonds Lane, Suite 101
Lewisville, Texas 75067
Tel. No. (972) 353-8000
Fax No. (972) 353-8011



Wylie City Council

AGENDA REPORT

Meeting Date: April 12, 2016
Department: Planning
Prepared By: Renaë' Ollie
Date Prepared: March 23, 2016

Item Number: C
(City Secretary's Use Only)
Account Code: _____
Budgeted Amount: _____
Exhibits: 1

Subject

Consider, and act upon, approval of a Final Plat for Creekwood Estates, creating twenty-one single family residential lots, two open space lots and a public road on 20.613 acres, generally located in the City of Wylie ETJ southeast of the intersection of Whitley Road and Hunters Glen Drive.

Recommendation

Motion to approve a Final Plat for Creekwood Estates, creating twenty-one single family residential lots, two open space lots and a public road on 20.613 acres, generally located in the City of Wylie ETJ southeast of the intersection of Whitley Road and Hunters Glen Drive.

Discussion

OWNER: Don Reddy

APPLICANT: Monk Consulting Engineers

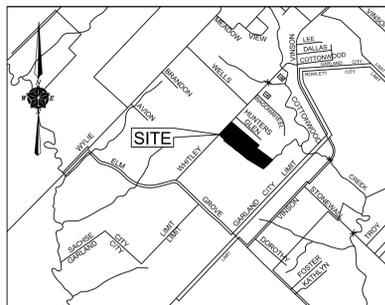
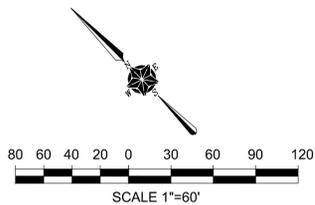
The 20.613 acre tract is located in the City's ETJ in the county of Dallas and is southeast of the intersection of Whitley Road and Hunter's Glen Drive. The Final plat will dedicate 60' of Right-of-Way for Creekwood Place road and establish boundaries for twenty-one single-family residential lots and two open space lots.

A 60' access easement will also be created which will dedicate legal access to the adjacent tract of land to the north. The northern tract of land owned by the applicant, Don Reddy, has an existing driveway from Hunter's Glen Drive.

The plat is technically correct and abides by all aspects of the City of Wylie Subdivision Regulations.

P&Z Commission Discussion

The Commission recommends approval 6-0 subject to additions and/or alterations to the engineering plans as required by the Engineering Department.

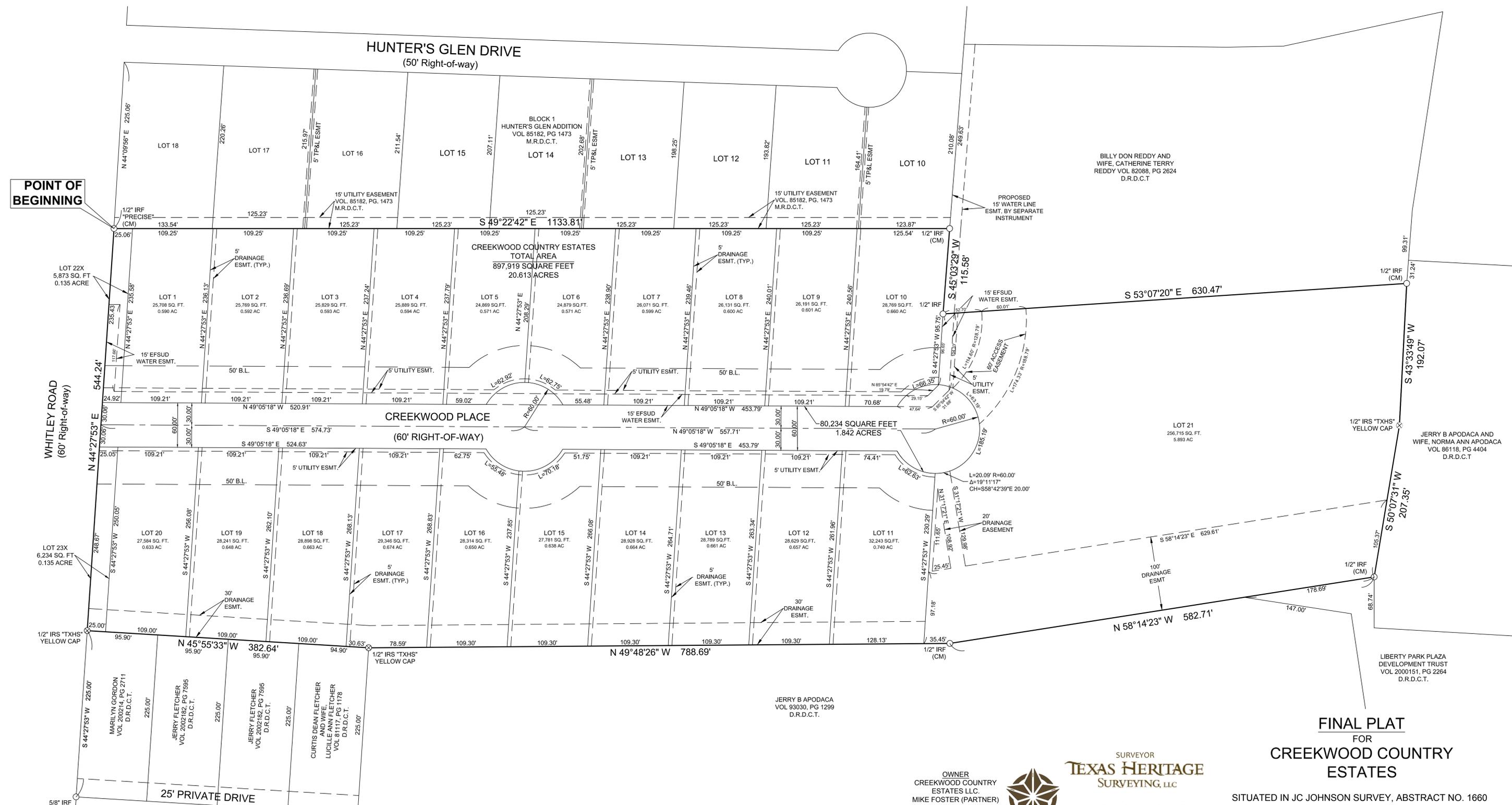


GENERAL NOTES:

- 1) ALL LOTS HAVE A 5 FOOT DRAINAGE EASEMENT ALONG ONE SIDE AS SHOWN
- 2) LOT 1A, AND 1B ARE OPEN SPACE AREAS TO BE MAINTAINED BY HOME OWNERS ASSOCIATION.
- 3) SELLING A PORTION OF THIS ADDITION BY METES AND BOUND IS A VIOLATION OF CITY ORDINANCE AND STATE LAW, AND IS SUBJECT TO FINES AND WITHHOLDING OF UTILITIES AND BUILDING PERMITS.

LEGEND:

- | | |
|------------|------------------------------------|
| IRF | IRON ROD FOUND |
| IRS | IRON ROD YELLOW CAP "TXHS" SET |
| AC | ACRE |
| SQ.FT. | SQUARE FEET |
| D.R.D.C.T. | DEED RECORDS, DALLAS COUNTY, TEXAS |
| M.R.D.C.T. | MAP RECORDS, DALLAS COUNTY, TEXAS |
| CM | CONTROL MONUMENT |
| EFSUD | EAST FORK SPECIAL UTILITY DISTRICT |
| VOL. | VOLUME |
| PG. | PAGE |
| ESMT. | EASEMENT |
| B.L. | BUILDING LINE |
| TYP. | TYPICAL |



FINAL PLAT
FOR
CREEKWOOD COUNTRY ESTATES

SURVEYOR
TEXAS HERITAGE SURVEYING, L.L.C.
10610 Metric Drive, Suite 124 Dallas, TX 75243
Office 214-340-9700 Fax 214-340-9710
txheritage.com
Firm No. 10169300

SITUATED IN JC JOHNSON SURVEY, ABSTRACT NO. 1660
DALLAS COUNTY, TEXAS
SHEET 1 OF 2

OWNER'S CERTIFICATE

STATE OF TEXAS
COUNTY OF DALLAS

WHEREAS, Mike Foster is the owner of a tract of parcel of land situated in the JC Johnson Survey, Abstract No. 1660 and the A Clements Survey, Abstract No. 235, Dallas County, Texas, and being out of a 20.613 acre tract conveyed to him by Billy Don Reddy, recorded as Instrument No. 2012-00312046, Deed Records, Dallas County, Texas, and being more particularly described as follows:

BEGINNING at a 1/2 inch iron rod with "Precise" cap found for the most northerly corner of said Reddy tract and the most westerly corner of Lot 18, Block 1 of Hunter's Glen Addition, an addition to Dallas County, Texas, according to the plat thereof recorded in Volume 85182, Page 1473 of the Map Records of Dallas County, Texas, said point also being in the southeast right-of-way line of Whitley Road;

THENCE South 49 degrees 22 minutes 42 seconds East, along the northeast line of said Reddy tract and the southwest line of said Block 1, a distance of 1,133.81 feet to a 1/2 inch iron rod found for a corner of said Reddy tract and the most southerly corner of said Block 1, said point also being in the northwest line of that certain tract of land conveyed to Billy Don Reddy and wife, Catherine Terry Reddy, as recorded in Volume 82088, Page 1624 of the Deed Records of Dallas County, Texas;

THENCE South 45 degrees 03 minutes 29 seconds West, along a common line of said Reddy tracts, a distance of 115.58 feet to a 1/2 inch iron rod found for an interior corner of said Reddy tract Document No 201200312046;

THENCE South 53 degrees 07 minutes 20 seconds East, continuing along a common line of said Reddy tracts, a distance of 630.47 feet to 1/2 inch iron rod found for the most easterly corner of said Reddy tract Document No. 201200312046, said point also being in the northwest line of that certain tract of land conveyed to Jerry B Apodaca and wife, Norma Ann Apodaca, as recorded in Volume 86118, Page 4404 of the Deed Records of Dallas County, Texas;

THENCE South 43 degrees 33 minutes 49 seconds West, along the southeast line of said Reddy tract Document No. 201200312046 and the northwest line of said Apodaca tract, a distance of 192.07 feet to a 1/2 inch iron rod with "TXHS" yellow cap set for corner;

THENCE South 50 degrees 07 minutes 31 seconds West, continuing along the southeast line of said Reddy tract Document No. 201200312046 and the northwest line of said Apodaca tract, a distance of 207.35 feet to a 1/2 inch iron rod found for the most southerly corner of said Reddy tract Document No. 201200312046 and a northerly corner of that certain tract of land conveyed to Liberty Park Plaza Development Trust, as recorded in Volume 2000151, Page 2264 of the Deed Records of Dallas County, Texas;

THENCE North 58 degrees 14 minutes 23 seconds West, along the southwest line of Reddy tract Document No. 201200312046, a distance of 582.71 feet to a 1/2 inch iron rod found for corner of said Reddy tract Document No. 201200312046 and an interior corner of that certain tract of land conveyed to Jerry B Apodaca, as recorded in Volume 93030, Page 1299 of the Deed Records of Dallas County, Texas;

THENCE North 49 degrees 48 minutes 26 seconds West, along the southwest line of said Reddy tract Document No. 201200312046 and the northeast line of said Apodaca tract, a distance of 788.69 feet to a 1/2 inch iron rod with "TXHS" yellow cap set for corner and the most northerly corner of said Apodaca tract and the most easterly corner of that certain tract of land conveyed to Curtis Dean Fletcher and wife, Lucille Ann Fletcher, as recorded in Volume 81117, Page 1178 of the Deed Records of Dallas County, Texas;

THENCE North 45 degrees 55 minutes 33 seconds West, along the southwest line of said Reddy tract Document No. 201200312046, a distance of 382.64 feet to a 1/2 inch iron rod with "TXHS" yellow cap set for the most westerly corner of said said Reddy tract Document No. 201200312046 and the most northerly corner of that certain tract of land conveyed to Marilyn Gordon, as recorded in Volume 200214, Page 2711 of the Deed Records of Dallas County, Texas, said point also being in the southeast right-of-way line of said Whitley Road;

THENCE North 44 degrees 27 minutes 53 seconds East, along the northwest line of said said Reddy tract Document No. 201200312046 and the southeast right-of-way line of said Whitley Road, a distance of 544.24 feet to the POINT OF BEGINNING and containing 897,919 square foot or 20.613 acres of land.

NOW, THEREFORE, KNOWN ALL MEN BY THESE PRESENTS

That I, Mike Foster, acting herein by and through his duly authorized officer, does hereby adopt this plat designating the herein above described property as **Creekwood Country Estates**, an addition to the City of Wylie, Texas, and does hereby dedicate, in fee simple, to the public use forever, the streets, right-of-way, and other public improvements shown thereon. The streets and alleys, if any, are dedicated for street purposes. The easements and public use areas, as shown, are dedicated, for the public use forever, for the purposes indicated on this plat. No buildings, fences, trees, shrubs, of other improvements or growth shall be constructed or placed upon, over or across the easements as shown, except that landscape improvements may be placed in landscape easement, if approved by the City Council of the City of Wylie. In addition, utility easement may also be used for the mutual use and accommodation of all public utilities desiring to use or using the same unless the easement limits the use to particular utilities, said use by public utilities being subordinate to the Public's and City of Wylie's use thereof. The City of Wylie and public utility entities shall have the right to remove and keep removed all or parts of any buildings, fences, trees, shrubs, or other improvements or growth which may in any way endanger or interfere with the construction, maintenance, or efficiency of their respective systems in said easements. The City of Wylie and public utility entities shall at all times have the full right of ingress and egress to or from their respective easements for the purpose of constructing, reconstructing, inspecting, patrolling, maintaining, reading meters, and adding to or removing all or part of their respective system without the necessity at any time procuring permission from anyone. This plat approved subject to all platting ordinances rules, regulations and resolutions of the City of Wylie, Texas.

WITNESS, my hand, this the ___ day of _____, 20__.
BY:

Authorized Signature of Owner

Printed Name and Title

STATE OF TEXAS:
COUNTY OF _____:

before me, the undersigned authority, a Notary Public in and for the State of Texas, on this day personally appeared Mike Foster (Partner), Owner, known to me to be the person whose name is subscribed to the foregoing instruments and acknowledged to me that he executed the same for the purpose and consideration therein expressed.
Given under my hand and seal of office, this ___ day of _____, 20__.

Notary Public in and for the State of Texas

My Commission Expires On:

SURVEYOR'S CERTIFICATE:
KNOWN ALL MEN BY THESE PRESENTS:

That I, Gary E. Johnson, do hereby certify that I prepared this plat from an actual and accurate survey of the land and that the corner monuments shown thereon as set were properly placed under my personal supervision in accordance with Subdivision Ordinance of the City of Wylie.

PRELIMINARY, THIS DOCUMENT SHALL NOT BE RECORDED FOR ANY PURPOSES AND SHALL NOT BE USED OR VIEWED OR RELIED UPON AS A FINAL SURVEY DOCUMENT. 02/29/2016

Gary E. Johnson
Registered Professional Land Surveyor No. 5299

STATE OF TEXAS
COUNTY OF DALLAS

Before me, the Undersigned authority, a Notary Public in and for the State of Texas, on this day personally appeared Gary E. Johnson, Land Surveyor, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledge to me that he executed the same for the purpose and considerations therein expressed.

Given under my hand and seal of office, this ___ day of _____, 20__.

Notary Public in and for the State of Texas

My Commission Expires On:

GENERAL NOTES:

- 1) ACCORDING TO THE F.I.R.M. NO. 48113C0235 K, THE SUBJECT PROPERTY LIES IN ZONE X AND DOES NOT LIE WITHIN A FLOOD PRONE HAZARD AREA.
- 2) BEARINGS ARE BASED ON STATE PLANE COORDINATE SYSTEM, TEXAS NORTH CENTRAL ZONE 4202, NORTH AMERICAN DATUM OF 1983, 2011.
- 3) SELLING A PORTION OF THIS ADDITION BY METES AND BOUND IS A VIOLATION OF CITY ORDINANCE AND STATE LAW, AND IS SUBJECT TO FINES AND WITHHOLDING OF UTILITIES AND BUILDING PERMITS.

"RECOMMENDED FOR APPROVAL"

Chairman, Planning & Zoning Commission Date
City of Wylie, Texas

"APPROVED FOR CONSTRUCTION"

Mayor, City of Wylie, Texas Date

"ACCEPTED"

Mayor, City of Wylie, Texas Date
The undersign, the City Secretary of the City of Wylie, Texas, hereby certifies that the foregoing final plat if the _____ subdivision or addition to the City of Wylie was submitted to the City Council on the ___ day of _____, 20___, and the Council, by formal action, then and there accepted the dedication of streets, alley, parks, easements, public places, and water and sewer lines as shown and set forth in and upon said plat and said Council further authorized the Mayor to note the acceptance thereof by signing his name as hereinabove subscribed.

Witness my hand this ___ day of _____, A.D., 20__.

City Secretary
City of Wylie, Texas

OWNER
CREEKWOOD COUNTRY
ESTATES LLC
MIKE FOSTER (PARTNER)
135 HUNTERS GLEN DRIVE
WYLIE, TEXAS 75098



SURVEYOR
TEXAS HERITAGE
SURVEYING, LLC
10610 Metric Drive, Suite 124 Dallas, TX 75243
Office 214-340-9700 Fax 214-340-9710
txheritage.com
Firm No. 10169300

FINAL PLAT
FOR
CREEKWOOD COUNTRY
ESTATES
SITUATED IN JC JOHNSON SURVEY, ABSTRACT NO. 1660
DALLAS COUNTY, TEXAS

SHEET 2 OF 2



Wylie City Council

AGENDA REPORT

Meeting Date: April 12th, 2016
Department: CM
Prepared By: Jeff Butters
Date Prepared: March 18, 2016

Item Number: D
(City Secretary's Use Only)
Account Code: _____
Budgeted Amount: _____
Exhibits: Resolution

Subject

Consider, and act upon Resolution No. 2016-09(R) authorizing the City Manager to execute the declaration of deed restriction relating to property owned by Wylie and located at 900 W. Kirby, Wylie Texas 75098; Further authorizing the City Manager to take any and all other actions necessary to effectuate the same: and providing for an effective date.

Recommendation

Motion to approve Resolution No.2016-09(R) authorizing the City Manager to execute the declaration of deed restriction relating to property owned by Wylie and located at 900 W. Kirby, Wylie Texas 75098; Further authorizing the City Manager to take any and all other actions necessary to effectuate the same: and providing for an effective date.

Discussion

The declaration of deed restriction will restrict the property to commercial and or industrial use only and will exclude any development, structures, or uses for residential, daycare, school or park.

This deed restriction is necessary for us to get our "Ready for Re-use" certificate from the EPA.

RESOLUTION NO. 2016-19(R)

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF WYLIE, TEXAS, AUTHORIZING THE CITY MANAGER TO EXECUTE THE DECLARATION OF DEED RESTRICTION RELATING TO PROPERTY OWNED BY WYLIE AND LOCATED AT 900 W. KIRBY, WYLIE, TEXAS 75098; FURTHER AUTHORIZING THE CITY MANAGER TO TAKE ANY AND ALL OTHER ACTIONS NECESSARY TO EFFECTUATE THE SAME; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the City Council of the City of Wylie, Texas (“City Council”) has investigated and determined that it is in the best interest of the City of Wylie, Texas (“Wylie”) and its citizens to approve the Declaration of Deed Restriction (“Declaration”), concerning the future use of real property owned by Wylie and located at 900 W. Kirby, Wylie, Texas 75098; and

WHEREAS, the City Council has further investigated and determined that it is in the best interest of Wylie and its citizens to authorize the City Manager to execute the Declaration and to take any and all other actions necessary to effectuate the Declaration.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF WYLIE, TEXAS:

SECTION 1: Findings Incorporated. The findings set forth above are incorporated into the body of this Resolution as if fully set forth herein.

SECTION 2: Authority of City Manager to Execute Consent. The City Manager is hereby authorized to execute the Declaration and to take any and all other actions necessary to effectuate the same. The form of the Declaration is attached hereto as Exhibit A and incorporated herein for all purposes. Should the final executed version of the Declaration be revised from the version attached as Exhibit A, such final executed version shall replace Exhibit A of this Resolution for all purposes.

SECTION 3. Effective Date. This Resolution is effective immediately upon its passage.

[The remainder of this page intentionally left blank.]

DULY PASSED AND APPROVED BY THE CITY COUNCIL OF THE CITY OF WYLIE, TEXAS, on the 12th day of April, 2016.

Eric Hogue, Mayor

ATTEST:

Carole Ehrlich, City Secretary

**Exhibit A
Declaration**

[3 pages attached hereto]

AFTER RECORDING RETURN TO:

City of Wylie
Attention: City Manager
300 Country Club Road
Wylie, TX 75098

DECLARATION OF DEED RESTRICTION

This Declaration of Deed Restrictions (“Declaration”) is made this _____ day of _____, 2016 (the “Effective Date”) by the CITY OF WYLIE, TEXAS, a home-rule municipality (“Declarant”).

RECITALS:

WHEREAS, the real property subject to this Declaration is located in Wylie, Collin County, Texas, and is more particularly described in Exhibit A attached hereto and incorporated herein by reference (the “Property”); and

WHEREAS, Declarant is the sole owner of the Property; and

WHEREAS, Declarant, as the owner of the Property, intends by the recording of this Declaration to subject the Property to the restrictions hereinafter set forth for the mutual benefit of the Declarant and for the present and future owners of any and all portions of the Property and their respective heirs, executors, successors, assigns, grantees, mortgages and tenants of all or part of the Property; and

WHEREAS, Declarant hereby declares that the Property shall be held, sold, conveyed, encumbered, mortgaged, hypothecated, leased, used, occupied and improved subject to the restrictions set forth in this Declaration.

NOW THEREFORE, Declarant hereby declares as follows:

1. Restriction on Use of Property. The Property shall be used for commercial or industrial uses only. The Property may not be used or developed for any type of residential, park, day care or school purposes, and no structure on the Property shall be used at any time as a residence, park, day care or school (collectively, the “Restriction”).

2. Enforcement and Amendment.

a. The Restriction set forth herein: (i) shall be considered a “covenant running with the land”; and (ii) will bind Declarant, its successors and assigns, and all present and future owners of any and all portions of the Property and their respective heirs, executors, successors, assigns, grantees, mortgages and tenants of all or part of the Property. In the event of a violation of the Restriction, Declarant will have the right to seek injunctive or any other legal or equitable relief in connection with

EXHIBIT A
LEGAL DESCRIPTION OF THE PROPERTY

Legal Description:

All that certain tract or parcel of land situated in Collin County, Texas, being a part of a 31 acre tract and all of a 5.00 acre tract out of E.C. Davidson Survey Abstract 266 described in the deed to the Lease Back Corp. by James H. Hale by deed recorded in Volume 817, Page 230 of the deed records of Collin County, Texas, said five acres being more fully described as follows:

BEGINNING at the Southwest corner of the 31 and 5.00 acre tracts in the North line of the Old Plano-Mills Road, a county road;

THENCE North along the East line of the 31 and 5.00 acre tracts and the West line of the City of Wylie tract a distance of 915.80 feet to corner in the South line of the S.L. & S.W.R.R.;

THENCE South 84 degrees 52 minutes West along the South line of the said Railroad and the North line of the 5.00 acre tract a distance of 240.16 feet to a corner;

THENCE South along the West line of the 5.00 acre tract a distance of 904.48 feet to corner in the South line of the 31 acre tract in the Southwest corner of the 5.00 acre tract in the North line of the County Road;

THENCE North 87 degrees 34 minutes East along the North line of the County Road and the South line of the 31 acre and 5.00 acre tracts a distance of 239.42 feet to the PLACE OF BEGINNING and containing 5.00 acres of land, more or less.

SAVE AND EXCEPT the following described property:

Situated in Collin County, Texas, a part of the E.C. Davidson Survey, Abstract No. 266, and being 0.3284 acres, more or less, out of a 5.0 acre tract described in the deed from Lease Back Corporation to Chemical Recycling Inc., dated April 18, 1975, recorded in Volume 982, page 910 of the Collin County Records and being particularly described by metes and bounds as follows:

BEGINNING at a point in the north right of way line proposed F.M. 544 and West line of 5.00 acre tract, said point bears South 04 degrees 00 minutes 30 seconds West a distance of 866.50 feet from the northwest corner of 5.00 acre tract;

THENCE South 88 degrees 09 minutes 30 seconds East, a distance of 238.44 feet to a point in the East line of 5.00 acre tract;

THENCE South 4 degrees 02 minutes 30 seconds West, a distance of 60.04 feet to a point in the centerline of county road;

THENCE North 88 degrees 09 minutes 30 seconds West, a distance of 238.40 feet to the West line of 5.00 acre tract;

THENCE North 4 degrees 00 minutes 30 seconds East, a distance of 60.04 feet to the Place of Beginning. Said tract of land containing 0.3284 acres, more or less, of which 0.1367 acres is contained in an existing county road, thus leaving a net area of 0.1917 acres.

And Further known for ad valorem property tax purposes and Collin County Tax accounts 424598 and R-6266-000-0030-1 and described by the Collin County Appraisal District as ; Abs A0266 E C Davidson Survey, Tract 3, 4.67 acres.



Wylie City Council

AGENDA REPORT

Meeting Date: April 12, 2016
Department: Public Services/Parks
Prepared By: Glenna Hayes/Purchasing
Date Prepared: March 30, 2016

Item Number: E
(City Secretary's Use Only)
Account Code: 100-5511-56040
Budgeted Amount: \$260,725.00
Exhibits: Evaluation Bid Tabulation

Subject

Consider and act upon the award of bid # W2016-51-A for Parks and Recreation Mowing and Litter Services to J. Nichols Construction, Inc. in the estimated annual amount of \$244,955.00 and authorizing the City Manager to execute any and all necessary documents.

Recommendation

A motion to award bid # W2016-51-A for Parks and Recreation Mowing and Litter Services to J. Nichols Construction, Inc. in the estimated amount of \$244,955.00 and authorizing the City Manager to execute any and all necessary documents.

Discussion

Purchasing and the Parks Division chose a "Best Value" bid methodology for the selection of a contractor to mow medians, rights-of-way, park sites, and other public land. "Best Value" allows the staff to evaluate vendors on criteria beyond pricing (low bid), and to make an award recommendation based on the overall best value for the City. Through past experience, Parks has learned the importance of criteria, in addition to price, as many of these areas are highly visible to our citizens and are part of the impression our community creates to the public. Parks staff determined that aspects such as the longevity of the company, the quality and amount of relevant equipment owned by the contractor, average longevity of full-time employees, and work history with clients of similar size were important aspects that should be considered when selecting a contractor.

The City received five (5) bids and after completing the evaluation process, J. Nichols Construction Inc. was determined to be the contractor who could provide the overall best value to the city. In addition to quoting a price that was within budget, J. Nichols Construction Inc.'s references were excellent, indicating that the company could perform to the high standards required by the City. Their equipment is appropriate to performing the mowing tasks required by this contract, and it is apparent that this company has long-term employees who will be performing the work. This is important, as it indicates a low turnover rate, meaning that crews assigned to City property will be consistent from rotation to rotation. The employee longevity is also a factor in long-term company stability, and confidence that the selected company will fulfill the contract.

Staff recommends the award of bid #W2016-51-A for Parks and Recreation Mowing and Litter Services to J. Nichols Construction, Inc. for an annual contract with renewals in the estimated annual amount of \$244,955.00 as providing the overall best value to the City.



**EVALUATION
W2016-51-A**

**PARKS and RECREATION MOWING AND LITTER SERVICES
Annual Contract with Renewals
March 10, 2016 @ 3:00 pm CDT**

VENDOR NAME	TECHNICAL SCORE	PRICE SCORE	TOTAL
J Nichols Construction, Inc.	2.15	1.72	3.87
Good Earth Corporation	2.30	1.39	3.69
QualiCare Landscape Services, Inc.	2.20	1.36	3.56
Weldon's Lawn and Tree Inc.	1.45	2.00	3.45
Terracare Associastes, LP	1.80	1.62	3.42

The above includes all firms who submitted a bid and were evaluated according to the criteria set forth in the bid specifications.

Glenna Hayes

Glenna Hayes C.P.M., A.P.P. Purchasing Agent

March 23, 2016

Date



Wylie City Council

AGENDA REPORT

Meeting Date: April 12, 2016
Department: Fire Department
Prepared By: Fire Department
Date Prepared: March 23, 2016

Item Number: F
(City Secretary's Use Only)
Account Code: N/A
Budgeted Amount: N/A
Exhibits: 7

Subject

Consider, and act upon, Resolution No. 2016-10(R) authorizing the City Manager to execute a Memorandum of Agreement between the Wylie Independent School District and the City of Wylie to jointly cooperate in order to furnish clinical education to students enrolled in the Wylie Independent School District's Emergency Medical Technician Curricula Offerings.

Recommendation

Motion to approve, Resolution No. 2016-10(R) authorizing the City Manager to execute a Memorandum of Agreement between the Wylie Independent School District and the City of Wylie to jointly cooperate in order to furnish clinical education to students enrolled in the Wylie Independent School District's Emergency Medical Technician Curricula Offerings.

Discussion

In order to encourage interest in emergency response careers, the City of Wylie and Wylie Independent School District (Wylie ISD) have united to mentor students interested in the emergency response profession.

Wylie ISD will offer an emergency medical technician curricula designed to meet the local area health manpower need. The City of Wylie recognizes the need to foster and promote interest in emergency response and will work jointly to cultivate our youth to serve their community or surrounding communities. Wylie Fire Rescue will cooperatively work with appropriate staff members and students of Wylie ISD to ensure a successful experience for students, Wylie ISD and City of Wylie professionals.

RESOLUTION NO. 2016-10(R)

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF WYLIE, TEXAS, HEREBY AUTHORIZING THE CITY MANAGER OF THE CITY OF WYLIE, TEXAS, TO EXECUTE A MEMORANDUM OF AGREEMENT BETWEEN THE WYLIE INDEPENDENT SCHOOL DISTRICT AND THE CITY OF WYLIE TO JOINTLY COOPERATE IN ORDER TO FURNISH CLINICAL EDUCATION TO STUDENTS ENROLLED IN THE WYLIE INDEPENDENT SCHOOL DISTRICT'S EMERGENCY MEDICAL TECHNICIAN CURRICULA OFFERINGS.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF WYLIE, TEXAS:

SECTION 1: The City Manager of the City of WYLIE, Texas, is hereby authorized to execute, on behalf of the City Council of the City of WYLIE, Texas, a Memorandum of Agreement between the Wylie Independent School District and the City of Wylie to jointly cooperate in order to furnish clinical education to students enrolled in the Wylie Independent School District's Emergency Medical Technician Curricula Offerings.

SECTION 2: This Resolution shall take effect immediately upon its passage.

RESOLVED THIS THE 12th day of APRIL, 2016.

ERIC HOGUE, Mayor

ATTEST TO:

CAROLE EHRLICH, City Secretary

MEMORANDUM OF AGREEMENT

between

WYLIE INDEPENDENT SCHOOL DISTRICT

and

WYLIE FIRE DEPARTMENT

This agreement made and entered into this ___ day of ___ 2015 between **WYLIE INDEPENDENT SCHOOL DISTRICT**, hereinafter called the "Wylie ISD," and **WYLIE FIRE DEPARTMENT**, hereinafter called the "Fire Department," **WITNESSETH THAT:**

WHEREAS, the Wylie ISD is desirous of offering an emergency medical technician curricula designed to help meet the local area health manpower need, and

WHEREAS, the Fire Department recognizes the need for providing the community, which it undertakes to serve, with an adequate emergency medical services staff, and

WHEREAS, the contracting parties are desirous of cooperating to furnish clinical education to students enrolled in the Wylie ISD's emergency medical technician offerings, and

WHEREAS, it is mutually agreed by Wylie ISD and the Fire Department that Wylie ISD has established programs for general and technical health care education students. It is further mutually agreed that portions of the clinical training of students enrolled in these programs will be provided by the Fire Department.

NOW, THEREFORE, it is mutually agreed by and between said parties as follows:

Section A: **Wylie ISD** shall do or cause to be done the following:

1. Be responsible after consultation with the Fire Department to plan, coordinate and implement the educational program for the clinical period.
2. Work cooperatively with the appropriate staff members in the selection of students' learning experience.
3. Assure observance of Fire Department policies and procedures by students and faculty.
4. Initiate, as indicated, individual and group conferences with the staff for the purpose of discussing student learning and performance and patient services.
5. Provide a list to the Fire Department of the approximate number of students that will be using the facility and the dates involved.
6. Assure the Fire Department that the students are covered with liability insurance and provide certificate of coverage.
7. Educate students to the requirements of the Texas Confidentiality Act, Chapter 773 Health & Safety code, Sub Chapter D, Section 773.091.
8. Educate students to the requirements set forth by O.S.H.A. in regards to the appropriate precautions for blood borne pathogens and other necessary safety regulations.
9. Be responsible for the administration functions, including admission, scheduling, accounting, and achievement records similar to those records maintained for all students of Wylie ISD and to those records required by the Fire Department.

10. Wylie ISD and their students will abide with any and all other regulatory Fire Department and accreditation standard guidelines applicable to the Fire Department.
11. Conduct criminal background check on all students.
12. Assure students do not have a criminal background. Students with a criminal conviction above a Class C misdemeanor will be evaluated by the Fire Department. The Fire Department will decide if a student with a criminal conviction above a Class C misdemeanor, will be allowed to perform their clinical at the Fire Department.
13. Conduct urinalysis drug screening on all students .
14. Assure students do not have a positive urinalysis drug screen. Students with a positive urinalysis drug screen will not be allowed to perform their clinical at the Fire Department.

Section B: **Fire Department** will do or cause to be done the following:

1. Provide Full cooperation on the part of the Fire Department to help foster the success of the program.
2. Provide opportunity for student practice and observation in the patient areas and other areas of the Fire Department under direct supervision of Fire Department personnel, and under the general supervision of Wylie ISD faculty.
3. Make provision for orientation of faculty members of the college to the facilities, philosophies, and policies of the Fire Department .
4. Assist in the orientation of the students to the health service Fire Department and clear channels of administration for the use of equipment and records as necessary for teaching purposes.
5. Provide adequate space, equipment, and supplies for the clinical practices.
6. Assist in the evaluation of students' learning and performance in providing patient care.
7. The Fire Department will in all situations be ultimately responsible for the care rendered to patients.
8. Have no authority to dismiss faculty or students from the program. Should the Fire Department wish to recommend dismissal of faculty or students such recommendations must be in writing. However, the Fire Department reserves the right summarily to exclude from the Fire Department premises any person who is deemed undesirable.
9. Staff members shall not require a student to commit an act that this student feels unable to do. Likewise, any staff member becoming aware of the likelihood that any student will carry out any act that is deemed inappropriate, has the duty to make reasonable efforts to stop such student from carrying out such act.
10. Allow the use of the Fire Department's food service and parking facilities on the same basis as for the Fire Department employees.
11. Allow the use of the Fire Department's library by the Wylie ISD faculty and students.
12. To the extent possible, provide dressing room space and lockers for the use of Fire Department faculty and students while the students are receiving clinical instruction at the Fire Department.

Section C: Wylie ISD and the Fire Department agree to be mutually responsible for the following:

1. Clinical assignments for students enrolled in the health occupations curricula of Wylie ISD will be planned by the faculty of the Wylie ISD in cooperation with the designated staff leaders of the various units.
2. All arrangements for any special programs, projects, or special provisions not covered by this agreement, will be made through the Clinical Instructor of the students and the Coordinator of Education Fire Department.
3. Faculty and students of the Wylie ISD will abide by the policies of the Fire Department while using the facilities. However, the Fire Department reserves the right summarily to exclude from the Fire Department Premises any person who is deemed undesirable or is deemed dangerous or disruptive to patients or Fire Department employees or staff.
4. Wylie ISD Faculty, Fire Department staff members, and students will work together to maintain an environment which provides quality patient care and quality student learning.
5. Wylie ISD is responsible for training students in infection control and body substance isolation prior to entering clinical/internship rotations.

Section D: The Fire Department *does not* assume liability for an injury and/or illness in any manner and to any extent that a student or faculty member may receive during their experience at the Fire Department and Wylie ISD expressly agrees to indemnify the Fire Department for any claims arising out of the services provided pursuant to this Agreement brought by a student or faculty member. However, if the student/or faculty member is injured and/or ill, the Fire Department will provide access to emergency care at the student's or the faculty's expense.

Section E:

1. This agreement shall be effective upon its execution. Expiration of contract shall be ongoing until terminated by either Fire Department or Wylie ISD. This agreement may be terminated by either party by written notice of such intent submitted ninety (90) days in advance. Such termination shall not effect students then enrolled and participating in the emergency medical services program.
2. This agreement may be modified by mutual consent at any time.
3. If any part of this agreement is determined by any legal authority with jurisdiction to be beyond the power either of the parties hereto or invalid or illegal in any respect, this agreement shall be modified accordingly, but if any such part is a material part of this agreement, the agreement may be canceled by either party.

Section F : **Health Insurance Portability and Accountability Act ("HIPAA")**

The parties hereto shall ensure that all services provided hereunder shall comply with all applicable material laws, ordinances, rules and regulations, including the Health Insurance Portability and Accountability Act ("HIPAA") (in its current form, or as it may be modified from time to time, and such modifications or changes shall automatically become applicable to this Agreement based upon the effective date of the change) and the rules and regulations promulgated there under. The parties hereto shall also require any agent or subcontractor to comply with all applicable laws, ordinances, rules and regulations, including HIPAA, as set forth above. In the event that there are modifications or changes in applicable laws, ordinances, rules or regulations that are not, as of the date of this Agreement, either in effect or promulgated to become effective, and if such modifications or changes cause an increase in cost or time required to perform services under this Agreement, the price and schedule will be equitably adjusted by mutual agreement of the parties; however, the parties shall remain responsible at all times for compliance with all such laws, ordinances, rules and regulations. Wylie ISD shall, at its own

expense, protect, defend and hold the Fire Department, its officers, directors, agents and employees harmless from and against all liability, loss penalties, or damages assessed against or incurred by either party hereto, its officers, directors, agents and employees or any of them (including attorneys' fees and court costs incurred by any party indemnified hereunder) as a result of the Wylie ISD, or its agent's or subcontractor's material noncompliance with this provision.

"My organization will not discriminate on the basis of sex, race, color, national origin, disability, or age in services, activities, or employment practices".

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed by their respective authorized officers as of the date and year first above written.

Day _____ Year _____

WYLIE FIRE DEPARTMENT

WYLIE INDEPENDENT SCHOOL DISTRICT

By _____
Authorized Signature

By _____
Authorized Signature

Title: _____

Title: _____

Date: _____

Date: _____

Wylie ISD

EMT Basic Syllabus

Mike Hudson, LP
Program Director

Email: mike.hudson@wylieisd.net

Office Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Online
	TBA	TBA	TBA	TBA	TBA	8AM-8PM

The information contained in this syllabus is subject to change without notice. Students are expected to be aware of any additional course policies presented by the instructor during the course.

Course Description (include prerequisites):

EMT Basic

Introduction to the level of Emergency Medical Technician (EMT) - Basic. Includes all the skills necessary to provide emergency medical care at a basic life support level with an ambulance service or other specialized services. Four hours lecture and four hours lab each week. Suggested Prerequisite: Current American Heart Association Health Care Provider or American Red Cross Professional Rescuer or equivalent course completion. Licensing/Certification Agency.

Required Textbooks:

EMT Complete 2nd Edition Brady Publishing
Platinum EMS Testing – Exam and Clinical Access

ISBN Numbers:

0-13-254380-X

0-13-237534-6

Student Learning Outcomes:

1. Apply operational principles in out-of-hospital environments; demonstrate life saving care to patients at the Emergency Medical Technician (EMT) level
2. Apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with EMS practices.

3. Demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.
4. Demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using acceptable EMS practices.
5. Display professional and ethical behaviors expected of emergency personnel..

Lectures & Discussions:

See Policies and Procedures

Evaluation/Grading Policy:

See Policies and Procedures

Tests/Exams:

See Policies and Procedures

Assignments:

See Schedule provided by teacher.

Student Responsibilities/Expectations

See Policies and Procedures

Academic Honesty Statement:

"Students are expected to complete course work in an honest manner, using their intellects and resources designated as allowable by the course instructor. Students are responsible for addressing questions about allowable resources with the course instructor. Wylie ISD upholds the highest standards of academic integrity. This course will follow the Wylie ISD Student Code of Conduct.

Academic Ethics

Wylie ISD expects all students to engage in academic pursuits in a manner that is beyond reproach. Students are expected to maintain complete honesty and integrity in their academic pursuit. Academic dishonesty such as cheating, plagiarism, and collusion is unacceptable and may result in disciplinary action. Refer to the student handbook for more information on this subject.

ADA Statement:

It is the policy of Wylie ISD to provide reasonable accommodations for qualified individuals who are students with disabilities. Wylie ISD will adhere to all applicable federal, state, and

local laws, regulations, and guidelines with respect to providing reasonable accommodations as required to afford equal educational opportunity

Family Educational Rights And Privacy Act (Ferpa):

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's educational records. These rights transfer to the student when he or she attends a school beyond the high school level. Students to whom the rights have transferred are considered "eligible students." In essence, a parent has no legal right to obtain information concerning the child's college records without the written consent of the student. In compliance with FERPA, information classified as "directory information" may be released to the general public without the written consent of the student unless the student makes a request in writing. Directory information is defined as: the student's name, permanent address and/or local address, telephone listing, dates of attendance, most recent previous education institution attended, other information including major, field of study, degrees, awards received, and participation in officially recognized activities/sports.

Wylie ISD
EMT-B COURSE SCHEDULE

All Dates TBA

<u>TOPIC</u>	<u>CHAPTER</u>
<p>ADMIN: Accept any incoming student documents; Pass out required forms & student check-list – Review; Review of P & P / course requirements; 1st opportunity to order uniform shirts; Introduction to course; Getting to know your team & Instructor</p> <p>LECTURE: Intro to EMS</p> <p>VIDEOS: Lecture supported material</p>	<p>Ch. 1 Handouts</p>
<p>ADMIN: Accept any student documents; Last opportunity to order uniform shirts Take pictures for student ID's</p> <p>LECTURE: EMT Wellness / Stress Issues & Management Death & Dying Philosophies Extended interactive discussions of topics</p> <p>LAB: Demo / Practice Vital Signs – Pulse, Respirations</p> <p>VIDEOS: Lecture supported material</p> <p style="text-align: center;">***Give info @ <u>NIMS ASSIGNMENT</u> (assignment is MANDATORY, due MONTHLY, and will count as an EXAM grade)***</p>	<p>Ch. 2 Handouts</p>
<p>ADMIN: Accept any student documents</p> <p style="text-align: center;">QUIZ #1 -- Ch. 1, 2 & Syllabus</p> <p>LECTURE: Short Review of Quiz #1 Medical, Legal & Ethical Issues Medical Terminology</p> <p>LAB: Demo / Practice Vital Signs – Blood Pressure (palpation/auscultation)</p> <p style="text-align: center;">Give In-class Assignment #1 -- Due NEXT WEEK!</p>	<p>Ch. 4 Handouts</p>
<p>ADMIN: Accept any student documents</p> <p>LECTURE: Lifting & Moving Patients Life Span Development</p> <p>LAB: Demo / Practice Lifting & Moving; Cont. practice Vital Signs</p> <p>VIDEOS: Lecture supported material</p>	<p>Ch. 3 Ch. 7</p>
<p>SPECIAL CLASS SESSION:</p> <p>AHA CPR Class for students who don't already have CURRENT CPR cards. Students who don't attend will be responsible for having completed course on own at their OWN COST NO LATER THAN FEBRUARY 19!. CPR Certification is MANDATORY & REQUIRED for course completion.</p>	<p>Videos Handouts</p>

<p>ADMIN: Accept any student documents; <i>1st Class for PARTIAL UNIFORM COMPLIANCE</i> Turn in Assignment #1 -- Late work NOT accepted!</p> <p style="text-align: center;">QUIZ #2 -- Ch. 3, 4, & 7</p> <p>LECTURE: Short Review of Quiz #2 Medical Terminology & Beginning Anatomy</p> <p>VIDEO: Lecture Supported Material</p> <p>LAB: Demo / Practice O2, Airway Adjuncts & Suctioning; Cont. practice on Vital Signs</p>	<p>Ch. 5 Video</p>
<p>ADMIN: Accept any student documents</p> <p>LECTURE: Continue Anatomy & Physiology; Pathophysiology Review for TEST #1: Ch. 1-7</p> <p>LAB: Demo / Practice BVM & Mouth-to-Mask; Cont. practice on Vital Signs, O2, Airway Adjuncts & Suctioning</p>	<p>Ch. 5 Ch. 6</p>
<p>ADMIN: Accept any student documents <i>1st Class for COMPLETE UNIFORM COMPLIANCE</i></p> <p style="text-align: center;">TEST #1 -- CH. 1-7</p> <p>LECTURE: Review of TEST #1 Patient Assessment – General Overview</p> <p>LAB: Demo / Practice Medical & Trauma Pt. Assessment; Continue practice on VS, Mech. Aids</p> <p>VIDEOS: Lecture supported material as time allows</p>	<p>Ch. 10-15</p>
<p>ADMIN: Accept any student documents</p> <p>LECTURE: Patient Assessment – Scene Safety, Primary Assessment, & Secondary Assessment broken down into chapters / parts</p> <p>LAB: Practice Trauma Pt. Assessment; Cont. practice on VS, Mech. Aids</p> <p style="text-align: center;">REMINDER: Next class will be LAST DAY to accept documents to qualify for February clinical</p>	<p>Ch. 10-15</p>
<p>ADMIN: LAST DAY to turn in ANY student documents for Sign-up Qualifications for February</p> <p style="text-align: center;">QUIZ #3 -- Ch. 10-15</p> <p>LECTURE: Short Review of Quiz #3 Communications & Documentation</p> <p>LAB: Begin Skills Testing on VS, Mech. Aids; Practice documentation skills</p> <p style="text-align: center;">REMINDER: NIMS 100 Completion Certificate is DUE next class!</p> <p><i>*Clinical Calendars for ER & OB available for FEBRUARY (starts Feb. 15th)*</i></p>	<p>Ch. 17 Handouts</p>

<p>ADMIN: Accept any LATE documents – NO SIGN-UP ELIGIBILITY</p> <p>**TURN IN copy of NIMS 100 Completion Certificate -- Late work after today will be dropped to ½ credit, but still <u>required</u> to complete course!</p> <p>LECTURE: Critical Thinking & Decision Making Skills</p> <p>LAB: Continue / Finish Skills Testing on VS, Mech. Aids; Practice personal & team communication skills</p> <p>VIDEOS: Lecture supported material as time allows</p> <p>NOTE: <i>Any students who have completed ALL course/clinical documentation requirements & have successfully completed Clinical Orientation will begin clinicals TOMORROW!</i></p>	<p>Ch. 16 Handouts</p>
<p>ADMIN: Accept any LATE documents</p> <p>QUIZ #4 -- CH. 16 - 17</p> <p>LECTURE: Short Review of Quiz #4 Airway Management Begin Respiratory & Artificial Ventilation</p> <p>LAB: Finish Skills Testing on VS, Mech. Aids (includes any re-tests)</p> <p>**Clinical Calendars available for FEBRUARY update/changes as well as the initial offer for MARCH available TODAY ONLY (starts AFTER Feb. 21st)**</p>	<p>Ch. 8 Ch. 9</p>
<p>ADMIN: Accept any LATE documents – NO SIGN-UP ELIGIBILITY</p> <p>LECTURE: Finish Respiratory & Artificial Ventilation Respiratory Emergencies</p> <p>LAB: Demo / Practice Bronchodilators & Nebulizers</p>	<p>Ch. 9 Ch. 19</p>
<p>ADMIN: Accept any LATE documents/Clinical documents</p> <p>QUIZ #5 -- Ch. 8, 9, & 19</p> <p>LECTURE: Short Review of Quiz #5 General Pharmacology</p> <p>LAB: Demo / Review of all EMT-Basic Meds available PER PROTOCOL; Demo / Practice Epi Pen ; Cont. Practice of Bronchodilators & Nebulizers</p> <p>**Clinical Calendars available for MARCH update/changes; includes the first availability of EMS rotations calendars**</p>	<p>Ch. 18</p>
<p>***This is the LAST DAY for student's to TURN IN the required documentation for this course or you will be subject to being REMOVED from the class!***</p> <p>ADMIN: Accept any Clinical documents -- NO SIGN-UP ELIGIBILITY</p> <p>LECTURE: Allergic Reactions / Anaphylaxis Review for TEST #2: Ch. 8, 9, 10-15, 17-19, & 22</p> <p>LAB: Cont. Practice Epi Pen; Begin Testing on Bronchodilators & Nebulizers</p>	<p>Ch. 22</p>

<p>EXTRA CREDIT – ACTUAL FIELD PRACTICE EVENT AVAILABLE! Students will have the opportunity to volunteer for a large festival held in Dallas and PRACTICE their skills under the auspices of the Clinical Coord.!</p>	<p>FairPark, Dallas</p>
<p>ADMIN: Accept any Clinical documents – NO SIGN-UP ELIGIBILITY</p> <p style="text-align: center;">TEST #2 -- CH. 8, 9, 10-15, 17-19, & 22</p> <p>LECTURE: Review of TEST #2 Poisonings & Overdoses</p> <p>LAB: Finish Testing on Bronchodilators & Nebulizers; Begin Epi-Pen Testing</p>	<p>Ch. 23</p>
<p>ADMIN: Accept any Clinical documents – NO SIGN-UP ELIGIBILITY</p> <p>LECTURE: Environmental Emergencies</p> <p>LAB: Finish Epi-Pen Testing; If time allows, any RE-TESTS on previously tested skills; Demo / Practice How to Assist ALS Personal (PER COMPANY PROTOCOL)</p> <p style="text-align: center;">Handout Assignment #2 – DUE MARCH 19TH No late work accepted!!!</p> <p style="text-align: center;">REMINDER: NIMS 200 Completion Certificate is DUE next class!</p> <p>NOTE: <i>Any students who completed ALL course requirements thus far & successfully completed the EMS Clinical Orientation will be eligible to begin ambulance clinicals TOMORROW!</i></p>	<p>Ch. 33</p>
<p>SPRING BREAK WORK ON ONGOING NIMS ASSIGNMENT FINISH ASSIGNMENT #2 Students will still be allowed to continue Clinical rotations at this time!</p>	
<p>ADMIN: Accept any Clinical documents Turn in CLASS ASSIGNMENT #2 -- Late work will NOT be accepted **TURN IN copy of NIMS 200 Completion Certificate -- Late work after today will be dropped to ½ credit, but still <u>required</u> to complete course!</p> <p style="text-align: center;">QUIZ #6 -- Ch. 23 & 33</p> <p>LECTURE: Short Review of Quiz #6 Review of 2nd Half of Course Schedule Altered Mental Status & Diabetic Emergencies; Begin Cardiac Emergencies</p> <p>LAB: Demo / Practice Glucometer Skill; Student / Instructor Conference – Performance Update.</p> <p style="text-align: center;">**Clinical Calendars available for MARCH update/changes; April available**</p>	<p>Ch. 21 Ch. 20</p>
<p>ADMIN: Accept any Clinical documents – NO SIGN-UP ELIGIBILITY</p> <p>LECTURE: Finish Cardiac Emergencies</p> <p>LAB: Demo / Practice AED; Demo / Practice Medical Patient Assessment; Practice Scenarios.</p>	<p>Ch. 20</p>

<p>ADMIN: Accept any Clinical documents – NO SIGN-UP ELIGIBILITY</p> <p style="text-align: center;">QUIZ #7 -- Ch. 20 & 21</p> <p>LECTURE: Short Review of Quiz #7 Abdominal, Hematologic, & Renal Emergencies</p> <p>LAB: Demo / Practice Bandaging Skills</p>	<p>Ch. 24 Ch. 26</p>
<p>ADMIN: Accept any Clinical documents</p> <p>LECTURE: Bleeding & Shock Soft Tissue Trauma</p> <p>LAB: Demo / Practice Splinting Skills; Continue practice Bandaging Skills</p> <p style="text-align: center;">**Clinical Calendars available for APRIL updates/changes available today**</p>	<p>Ch. 27 Ch. 28</p>
<p>ADMIN: Accept any Clinical documents– NO SIGN-UP ELIGIBILITY</p> <p style="text-align: center;">QUIZ #8 -- Ch. 24, 26, 27, & 28</p> <p>LECTURE: Short Review of Quiz #8 Chest & Abdominal Trauma Musculoskeletal Trauma</p> <p>LAB: Demo / Practice Traction Splinting Skills; Continue practice Bandaging & Board Splinting Skills</p>	<p>Ch. 29 Ch. 30</p>
<p>ADMIN: Accept any Clinical documents – NO SIGN-UP ELIGIBILITY</p> <p>LECTURE: Trauma to Head, Neck & Spine Multisystem Trauma Review for TEST #3: CH. 20, 21, 23, 24, 26-33</p> <p>LAB: Practice on all bandaging/board splinting skills</p>	<p>Ch. 31 Ch. 32</p>
<p>ADMIN: Accept any Clinical documents – NO SIGN-UP ELIGIBILITY</p> <p style="text-align: center;">TEST #3 -- CH. 20, 21, 23, 24, 26-33</p> <p>LECTURE: Review Test #3 Trauma Review Behavioral & Psychiatric Emergencies</p> <p>LAB: Demo / Practice Spinal Immobilization – Seated & Supine</p>	<p>Ch. 25</p>
<p>ADMIN: <i>LAST DAY FOR STUDENTS TO WITHDRAW WITH “W”</i> Accept any Clinical documents</p> <p>LECTURE: Geriatric Emergencies Students choose Special Populations Topic - DUE: 04 / 18!</p> <p>LAB: Cont. practice on all trauma-related skills</p> <p style="text-align: center;">**Clinical Calendars available for FINAL APRIL update effective April 12th **</p>	<p>Ch. 36</p>

<p>ADMIN: Accept any Clinical documents – NO SIGN-UP ELIGIBILITY</p> <p style="text-align: center;">QUIZ #9 -- Ch. 25 & 36</p> <p>LECTURE: Short Review of Quiz #9 OB / GYN Emergencies Pediatric Emergencies</p> <p>LAB: Demo / Practice Labor & Delivery Skills; Begin Skills Testing on all Splinting - related skills.</p>	<p>Ch. 34 Ch. 35</p>
<p>ADMIN: Accept any Clinical documents – NO SIGN-UP ELIGIBILITY</p> <p style="text-align: center;">Turn in Special Populations WRITTEN Assignment (#3) Students draw for position for Special Pops. Presentation</p> <p>LECTURE: Special Populations Special Populations Presentations (Assignment #3)</p> <p>LAB: Continue skills testing of all splinting-related skills</p>	<p>Ch. 37</p>
<p>ADMIN: Accept any Clinical documents– NO SIGN-UP ELIGIBILITY</p> <p style="text-align: center;">QUIZ #10 -- Ch. 34, 35, & 37</p> <p>LECTURE: Short Review of Quiz #10 HAZMAT & Mass Casualty Incidents EMS Response to Terrorism Triage & Critical Decision Making Scenarios Practice Table-top Scenarios using previously learned skills</p> <p>VIDEOS: Actual MCI & Terrorist Responses w/ following critiques</p> <p>LAB: Demo / Practice PASG / AED; Cont. any trauma – related Skills Testing; Begin PASG and AED skills testing.</p>	<p>Ch. 39 Ch. 41 Handouts</p>
<p>ADMIN: Accept any Clinical documents</p> <p>LECTURE: EMS Operations Highway Safety & Vehicle Extrication Ambulance OPS & Air Medical Response Review for TEST #4: Ch. 25, 34 - 41</p> <p>LAB: FINISH any Trauma & Medical – related Skills Testing; Begin skills tests On Patient Assessment – both Trauma & Medical (as time allows).</p> <p>REMINDER: NIMS 700 & 800 Completion Certificates are DUE next class!</p> <p>**Clinical Calendars ONLY available for students short on patient contacts, NOT for students who mis-scheduled or missing clinical dates – DUE May 7th**</p>	<p>Ch. 38 Ch. 40 Handouts</p>
<p>ADMIN: ALL clinical paperwork MUST be turned in by the NEXT class or will be noted as a FAILING GRADE in clinical.</p> <p style="text-align: center;">**TURN IN copy of NIMS 700 & 800 Completion Certificates -- Late work after today will be dropped to ½ credit, but still REQUIRED to complete course!</p>	<p>--</p>

<p style="text-align: center;">TEST #4 -- CH. 25, 34 - 41</p> <p>LECTURE: Review Test #4 Review for FINAL EXAM</p> <p>LAB: Landing Zone Course Activity Finish skills testing</p> <p>ASSIGNMENT: Hand out ASSIGNMENT #4 (Final Exam Review) --- to be returned for GRADE MAY 7th with NO EXTENSIONS!</p>	<p>Handouts</p> <p>OUTSIDE</p>
<p>ADMIN: LAST TIME to accept ANY student documents; ALL regular session Clinical paperwork (clinical work THRU APRIL 30) MUST be turned in at this time or it could be noted as a FAILING GRADE in clinical.</p> <p>LECTURE: In class informal review.</p> <p>LAB: Online Review Exam. Finish ANY skills testing – NO EXCEPTIONS!</p>	<p>Classroom Computer Lab</p>
<p>ADMIN: Pick up CLASS ASSIGNMENT #4</p> <p style="text-align: center;"><u>LAST DAY STUDENTS ARE REQUIRED TO WEAR UNIFORM</u></p> <p style="text-align: center;">FINAL WRITTEN EXAM -- ALL CHAPTERS / HANDOUTS</p>	<p>ALL CHAPTERS</p>
<p>LECTURE: Review of Final Exam; National Registry information; DHHS information review; Organize student course & clinical files for closure.</p> <p>ADMIN: Instructor / Student Exit Reviews; Students will need to turn in their Identification / Clinical Badges at this time to in order to receive a Course Completion Certificate (upon successful completion of course).</p>	<p>--</p>



WYLIE ISD EMS PROGRAM

Policy & Procedures Manual

ver. 08/2016

TABLE OF CONTENTS

Mission Statement , Vision Statement, Core Values.....	3
Strategic Goal Statements, Statement of Philosophies.....	3
Purpose of WYLIE ISDEMS Program, Teaching & Learning Strategies.....	4
Evaluation Policy	4-5
Affective Domain Evaluation Parameters	5-7
EMT Required Skills, General Course Grade Calculations.....	7-8
Attendance Policy	8
Academic Dishonesty & Cheating, Dress Code Policy.....	9
Mandatory Uniform & Equipment Requirements	10
Grooming & Hygiene	11
Facial Hair, Make-up, Fingernails, Tobacco Use, & Body Odor, Jewelry, Piercings, & Tattoos.....	11-12
Outerwear,	12
EMS Program’s Reserved Right to Remove Any Student from Program	12
Consequences of NOT following EMS Program’s Policies	12
Classroom & Clinical Demeanor	13
Cell Phones, Electronic Devices, Computers, & Electronic Tablets	13
Social Media Policy.....	14-15
Skills Practice, Sexual Harassment & Hazing, Substance Abuse.....	16
Criminal Background Check	17
TDSHS Statement on Criminal Backgrounds	17
Threat Advisory, Health & Welfare Issues.....	17
Infection Control	18-19
Malpractice Insurance, School closure due to Inclement Weather	19
Chain of Command, Conflict Resolution, Grievance Policy	19-21
Course Completion / Withdrawals / Re-Admission Policies.....	21-22
Important Information about the National Registry.....	22-23
Approximate Cost of EMS Programs	24
List of Required Documents for Student’s File	25

APPENDIXES

IMPORTANT DOCUMENTS FORMS TO BE FILLED OUT/SIGNED/RETURNED:

Confidentiality Agreement	26
Waiver of Liability	27
Drug Screening Authorization	28
Acknowledgement of Policies & Procedures	29
Student Information Sheet.....	30
EMT-B Student Performance Monitoring Record.....	31-32
Directions for How to Perform Criminal Background Check	33
Step-by-Step Directions on How to Apply for National Registry Exam	34-35
TDSHS Policy on Person’s applying for EMS Certification with a criminal conviction	36
American’s with Disability Act Statement for EMS.....	37-38
EMS Functional Job Descriptions.....	39-40
Student Notes	41
Skills Verification Forms (20).....	42-60

BASIC: Vital Signs, Mechanical Aids to Breathing (5), Bronchodilators – Nebulizer, Epi-Pen, Bandaging, Bleeding & Shock Mgmt., Splinting (2), Traction Splinting, Spinal Immobilization – Supine & Seated, PASG, AED, Patient Assessment – Trauma & Medical

Mission Statement

The mission of the WYLIE ISDEMS Program is to **educate** all students and **empower** them to **expand** their opportunities.

Vision Statement

Quest for Excellence -- Success for All Students -- Whatever it Takes!

Core Values

We value all students.

We value all teachers.

We value continuous improvement and accountability for all.

We value lifelong learning.

Strategic Goal Statements

1. Raise the bar and optimize academic achievement for each student.
2. Increase the awareness and involvement of community in the success of students.
3. Hire, develop, and retain exemplary teachers.
4. Ensure effective, efficient, and continuous quality improvement systems.

Statement of Philosophies

A medical emergency is immediate, real, and a significant endangerment of the mental, emotional, and physical wellbeing of a person. Rapid and clear thought should prevail. The responding EMTs should take appropriate and aggressive action.

Health is a delicate and precarious state of existence, which is to be protected and maintained.

EMT's and are knowledgeable people who have achieved a discipline of science and understanding concerning holistic pre-hospital patient care.

EMT's and are health care professionals, which provide physiological as well as emotional supportive care to ill and injured persons.

EMT's and have the responsibility to possess cognitive, psychomotor, and affective skills.

The faculty is committed to the preparation of EMT students with the knowledge, skills, and attitudes essential to care for ill and injured persons, and to educational excellence.

The purposes of the WYLIE ISD EMS Program are to prepare a graduate to:

- Function as a practitioner in the pre-hospital care and emergency medical environment at the desired certification level.
- Have a general knowledge of mathematics, natural sciences, behavioral science, and humanities.
- Serve as a self motivated and self directed practitioner in EMS, who strives for personal and professional educational development.

Teaching and Learning Strategies

Teaching and learning strategies focus on individualization for student attainment. Interactive and engaging forms of lecture, discussion, Socratic chairs, demonstration, guided practice, directed practice, and teaching/learning for transfer. Teaching strategies are interchangeable and adaptable to meet student learning expectations

Evaluation Policy

Specific course requirements and grade calculation will be distributed in each semester of learning. Sections A-F must receive a letter grade at least 'C', or be completed to the mastery level.

A. Exams

Major exams must be taken during the scheduled and allotted time. If circumstances require missing a major exam, the student must make arrangements with the assigned instructor to take a make-up exam prior to attending the next scheduled class session and within the next three business days. Failure to complete the makeup exam within three business days will earn the student a grade of zero (0) on the exam. Makeup tests will not be given without an appointment.

B. Clinical Sections

To pass clinical sections students must complete the minimum number of required contact hours. In addition, passing the clinical section requires that all minimum patient contacts and procedures be achieved, and that preceptor evaluations identify the student as competent. Preceptor evaluations which indicate unsatisfactory performance may result in failure of the clinical section. Grading for the clinical section is further defined in the "Clinical Policy and Procedure Manual".

C. Didactic Sections

Each didactic section has three grading domains. A passing grade must be achieved in each domain to pass the course. If all three domains are passed the letter grade will be assigned based on the performance in the Cognitive domain. Failure of the Affective or Psychomotor domain will earn a grade of "D". Failure of the cognitive domain will be given the earned grade.

D. Affective domain

Measures the student's attitudes, behaviors, an professional attributes, as well as classroom conduct. Passing is appropriate classroom behavior, professional ethics, and adherence to policy. Breaches will result in student conference. Significant behavioral issues may result in failure of the affective domain.

In most cases a written warning and time period for improvement will be given before assigning a failing grade. However, in cases where the behavior is significantly unacceptable, egregious, or poses a threat to the well-being of others the posting of a failing grade may be immediate and without warning.

The following are criteria of professional attributes that will be evaluated at LEAST once a semester:

1. INTEGRITY

Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.

2. EMPATHY

Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others ;demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.

3. SELF - MOTIVATION

Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities

4. APPEARANCE AND PERSONAL HYGIENE

Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean and well maintained; good personal hygiene and grooming.

5. SELF - CONFIDENCE

Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.

6. COMMUNICATIONS

Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations

7. TIME MANAGEMENT

Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks, assignments on time, being to class on time, not leaving class early, no excessive absences.

8. TEAMWORK AND DIPLOMACY

Examples of professional behavior include, but are not limited to: Placing the success of the team above self interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.

9. RESPECT

Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.

10. PATIENT ADVOCACY

Examples of professional behavior include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self interest; protecting and respecting patient confidentiality and dignity.

11. CAREFUL DELIVERY OF SERVICE

Examples of professional behavior include, but are not limited to: Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

NOTE: Students will be evaluated in the Affective Domain using the following Scale:

Grade of “**Competent**” = Compliance of an attribute.

(Takes correcting or reminding twice or less during an evaluation period).

Grade of “**Not Competent**” = Non-compliance of an attribute.

(Takes correcting or reminding more than twice during an evaluation period.)

SCORING:

All Competencies met	=	A
1 Competency not met	=	B
2 Competencies not met	=	C
More than 2 competencies not met	=	Failing

If any attributes are not yet competent, a list specific events leading to non-competency and a subsequent Improvement Plan will be given to the student to remediate the competency **PRIOR TO** the next evaluation for improvement. Students who do not improve and//or fail further competencies prior to/at the next performance rating will be subject to dismissal from the program.

E. Cognitive domain is the student’s knowledge as demonstrated by written exams and assignments.

The grading scale for ALL course(s) is/are:

90 to 100	A
80 to 89.9	B
70 to 79.9	C
60 to 69.9	D
Below 60	F

A grade of 75% or higher must be earned on major exams. Students will be advised of their grades at all times. Students scoring below 75% on a major exam will be placed on academic probation. **At the end of the program a final grade of 75% must be achieved.** Also, students **must achieve a 70% on the final exam.** If the student does not achieve a 70% on the final exam AND has a passing grade in the course, one re-attempt will be offered **ONLY** after **required** tutoring. The resulting re-test grade will be averaged with the previous grade to give the number that will be the final exam grade, which still **MUST** average 70 or above.

F. Psychomotor domain

The student’s ability to perform skills and tasks learned in the program. The student must pass each skill. Failure to pass all skills will constitute failure of the psychomotor domain.

Skills laboratory and scenarios will be evaluated as a cumulative portion of the grade. The students must show progress towards competence and mastery of skills as defined by the EMS course objectives, Following is a list of all required skills that both programs of students MUST pass prior to the end of the course to receive a Course Completion Certificate.

EMT-B Skills

Bandaging/Bleeding and Shock
Splinting
Traction Splinting
Mechanical Aids to Breathing (5)
Vital Signs Assessment
Seated & Supine Spinal Immobilization
Automatic External Defibrillation
Pneumatic Anti-Shock Garment
Epinephrine Auto Injection
Glucometer
Bronchodilator Administration
Broncho-Nebulizer Administration
Basic Trauma Patient Assessment/Management
Basic Medical Patient Assessment/Management

The above skills score sheets and criteria are included in the Appendix of this Manual. Students MUST PASS ALL SKILLS proficiency verifications upon the third attempt. Students who fail the second attempt at skill proficiency verification will be required to go through a retraining program, before taking the third attempt. The retraining will include an improvement plan and more guided and directed practice. A numeric grade will be calculated from all skill-score sheets.

Calculation of final grades for EMT-Basic comes from the following formulas:

Major Examinations -- 40%
Quizzes / Assignments / Extra Credit -- 20%
Affective Domain -- 10 %
Psychomotor Domain—10%
Final Exam—20%

After ALL work has been completed, the students at ALL LEVELS of the program MUST have a final average of 75% or better to receive a Course Completion Certificate which is needed to test for the National Registry to become certified in their field of discipline.

In the Appendix of this Manual, there is a detailed 2-page Performance Monitoring Record so that the student themselves can maintain a constant update of how his/her own personal grade stands within the program in all domains, as well as how the final grades are calculated.

Attendance Policy

The EMS Faculty takes EMS student course attendance VERY seriously. As we are the facilitators of training, we strongly believe a student is responsible for all knowledge and skills presented. And since a great deal of the material is very integral to the student's performance outcomes, the faculty strongly recommends students attend ALL sessions of classroom and laboratory.

If a student misses more than 15% of a semester (approximately 4 days of a 2-day-a-week class), dismissal from the program will be strongly considered. Students approaching the 10% mark (approximately 2 days of a 2-day-a-week class) will be counseled by the director. Absences will be considered to be Excused or Non-Excused, but **WILL BE COUNTED THE SAME** against the student's overall tally of attendance. However, exclusions and specifics for the Excused and Non-Excused absences are explained below.

A. Absences

Absences not meeting the above criteria will be considered unexcused. The student is responsible to ensure evidence of any excused absence is provided within ONE WEEK of returning to class. Evidence for illnesses **MUST** be a physician's release that would include information allowing the student to resume normal learning activities.

B. Unexcused Absences

These are absences without proper evidence or documentation supporting the reasoning behind an absence. Any deviation from the necessity of specific evidence of absences will be at the sole discretion of the Program Director. Students with unexcused absences will not be able to make up any testing or assignments due the day of the absence.

C. Tardiness & Leaving Class Early

A tardy will be logged for the student if he/she fails to be present within five (5) minutes of the official beginning of class start time. Under the same guidelines, a student who leaves more than five (5) minutes before the class is formally concluded, will also received a "Left Early" mark on their attendance record. After three (3) Tardies AND/OR three (3) Left Early marks are noted in the student's absence record, the student will be given an UNEXCUSED ABSENCE for the habitual tardiness/early departures from class. Students will be counseled after the second tardy/left early mark on their record.

The purpose of such strong attendance policies is twofold: 1) a student who is punctual and stays in full attendance of the class will always get the course objectives at the beginning of class as well as any updates given at the end of class that the student might need to continue forward in their education pursuit in the class, and 2) to help the student gain the necessary discipline and work ethic that will be expected of him/her once they become a part of the work force.

Academic Dishonesty/Cheating Policy

Cheating is defined by Wylie ISD as acts of academic dishonesty committed while taking a test, examination, or preparing an assignment. Cheating also includes getting help from another person, using crib notes, or preparing an assignment in consultation with another person when the instructor expressly states, in writing, the work should be done independently.

Plagiarism is a specific type of cheating. Plagiarism also occurs when a student claims that an original specific product, project, or paper are their own when in fact, they are derived from an existing work created by another person: and the student gives no credit to the source.

Collusion is defined as intentionally aiding or attempting to aid another in an act of scholastic dishonesty. Students are guilty of collusion when they do any of the following. Provide a complete paper or project to another student. Provide an inappropriate level of assistance to another student in the form of writing, e-phrasing, rewriting, or completing the paper or project.

A. Consequences

If the instructor believes a student is guilty of academic dishonesty, Director shall conduct a full investigation in accordance with the Wylie ISD Student Manual. The minimum penalty for a student found guilty of academic dishonesty is a zero for the examination, project, or paper. The instructor may also require the student to resubmit another paper, project, or exercise or retake the exam. In cases of serious or repeated scholastic dishonesty offenses, the student may be referred to the Dean of Allied Health for disciplinary review subject to possible disciplinary action as listed in the Wylie ISD Student Manual.

Wylie ISD may initiate disciplinary proceedings against a student accused of scholastic dishonesty. "Scholastic dishonesty" includes but is not limited to cheating on a test, plagiarism, and collusion. Additionally, the director may elect to report the incident of academic dishonesty to the Texas Department of State Health Services for consideration of decertification under EMS Rule §157.36 (b) 17 and 18. A student found guilty of academic dishonesty has the right to appeal the ruling under the grievance policy in this document.

Dress Code Policy

Students of the EMT-B program are **REQUIRED** to attend clinical rotations as a part of each specific program. Several of the sites in which clinicals are performed have strict policies regarding personal appearance and hygiene. Professionalism, personal appearance and hygiene are also a requirement in the classroom and lab.

A. Clinical and Classroom Uniform

The following uniforms **WILL BE PROPERLY WORN AT ALL TIMES** in the classroom, lab, and clinical settings. Occasional spot inspections will be held to promote student compliance. Students who show up to class or lab improperly dressed or out of uniform will have demotions placed against their grade according to the described point system shown in the Appendix . Students who show up to clinical without a **TOTAL PROPER UNIFORM** will be sent home for that clinical and it will be logged in as an **UNEXCUSED ABSENCE** on the student's record.

PLEASE NOTE: It is **HIGHLY** recommended that each student have a second uniform with them on clinical rotations for use in the event the first uniform gets soiled or contaminated by blood or other body fluids.

MANDATORY MINIMUM UNIFORM / EQUIPMENT REQUIRED (all levels)

**OFFICIAL Wylie ISD EMS uniform polo shirt and EMS-BDU pants, with white crew neck undershirt

**Black Boots or Shoes (no markings)

(Plain & polishable leather tennis/coaching shoes, plain toed boot/shoe; NO cowboy boots).

**Black LEATHER Belt

(Plain without excessive tooling, plain/simple SILVER buckle or Hook/loop fastener).

****BLACK** Pen AND Small Note Pad (fits in pocket).

**Watch with a sweeping second hand or digital timer.

**Stethoscope with a MINIMUM of medium grade quality

** Penlight or Mini-Maglite PLUS EMS Scissors

OPTIONAL / PERSONAL Items of Concern

Wylie ISD EMS or HOSA Utility T-Shirt for classroom/lab only

**Holster, if worn, must be black leather & carry NO MORE THAN 3 items. NO KNIVES!

**Personal Eyewear - no brightly-colored lenses or frames. No sunglasses indoors unless Rx!

Light Jacket. Must be Black or Navy in outer color. No Hoodies.

B. Grooming / Hygiene

· HAIR (both males / females)

BOTH male and female hair must be clean, neatly groomed and of a natural color. The length of the hair on males, must not fall below the bottom of the collar while standing. Female students may have longer hair, but are REQUIRED to wear their hair up AND away from the face. Styles such as a tightly-wrapped single ponytail/braid (on back of head) or having hair wrapped up completely (like a bun) is acceptable. If the sides or bangs hang into the students face where it touches the eyes or mouth, the hair MUST be clipped back. Hair accessories must be of neutral colors (black, brown, grey, or gold/silver metal). No color scrunchies or bows allowed. Both male and female hair styles MUST be such that remains neat and professional throughout the clinical rotation, and one which does not draw unnecessary attention with designs, coloring, styles, or accessories.

- **FACIAL HAIR (males)**

Beards of any kind are not permitted. Mustaches must be neatly cleaned and must not fall over the upper lip; sides of the mustache cannot extend more than 3/4 inch past the corner of the mouth nor drop more than 1/4 inch below the corner of the mouth. Sideburns must be neatly trimmed and groomed and cannot extend more than 1/2 inch below the auditory canal.

- **BODY ODORS, MAKE-UP, FINGERNAILS, & TOBACCO USE**

Perfumes, aftershaves, or colognes are not allowed in the classroom or lab, and especially in the clinical settings. The liberal use of sports-style deodorants and breath fresheners is highly recommended. Makeup, if worn, should be of a conservative/subtle nature. The wearing of false eyelashes is discouraged. Fingernails should be kept groomed short. Nail polish (if worn), needs to be of neutral colors that do NOT attract attention and cannot be peeling.

Smoking or other use of ANY tobacco products, (including E-cigarettes) while in uniform on either the campus or clinical setting is very restricted/prohibited. Reminder, WYLIE

ISDis

tobacco free campus and so are many of our clinical affiliates.

- **JEWELRY, PIERCINGS, & TATTOOS**

No jewelry may be worn at any time during clinical rotations with the following exceptions: watches (prefer breakaway style and not fabric band); wedding bands (NO engagement rings unless stones are channel-set); necklaces (MUST be worn out of site inside uniform shirt with chain long enough NOT to fall out when bending over, and it must have breakaway device); and Medic Alert Bracelets. The wearing of religious emblems will be allowed with the uniform, to the extent it does not create a potential infection control or safety hazard. “Choker” style/type necklaces and rubber/fabric “support” bracelets are NOT allowed. Visible body piercings on males or females are not permitted. The exception is that female students may wear one stud earring per ear. Dangling, hoop, or multiple earrings are not permitted. Male students may not wear ear piercings at all. Tongue studs are not permitted. Visible tattoos are not permitted. Any/all visible tattoos MUST be covered by clothing and/or other approved coverings.

- **OUTERWEAR**

If the student wears a jacket, it should be completely NAVY BLUE or BLACK (if possible) without ANY patches, insignias, lettering, etc. Winter caps/hats are not permitted at any time other than conditions of extreme weather and must be of design for personal protection from heat loss. Ball caps are not permitted while in uniform in the classroom, lab, or clinical sites. Rain coats should be plain, without ANY designs, insignias, or statements and preferably yellow or orange with reflective tape. Camouflage design/material of ANY garment is not allowed. Umbrellas are not to be used on clinical rotations. While on EMS rotations, a reflective safety vest, provided by the EMS agency, MUST be worn as directed by the EMS staff.

****The EMS Program reserves the right to remove ANY student from the classroom, lab, and/or clinical sites for the reason of poor hygiene. This includes**

such things as strong body or breath odors, which includes tobacco odors (whether by primary or secondary smoke exposure), the failure of student to be clean shaven, and hair that is not meeting regulations.

C. Consequences of Failure to Follow the Uniform Policy

Students are to report to the classroom and clinical site dressed completely in a CLEAN clinical uniform. Students who are found on a clinical rotation out of the proper uniform will be asked to leave the clinical site. All hours completed prior to leaving the rotation, including hours from previous clinical experiences, will not count toward the minimum requirement. Students who are reported by clinical sites or other third parties to have been out of the proper uniform, WILL BE REQUIRED to repeat the entire rotation before credit is received. The clinical uniform is graded through the clinical section of the program. Students who fail to represent the EMS Program in a positive light through unethical, immoral, abusive, belligerent, insubordinate, or illegal actions while in clinical uniform, will receive a failing grade for the clinical section, thus preventing the student from completing the program.

Classroom and Clinical Demeanor Policy

Wylie ISD strives to provide a classroom culture and clinical experience which will optimize learning in an atmosphere where students are allowed to concentrate and expand their knowledge and skills. With this consideration, a classroom culture of mutual-respect, professionalism, and common courtesy/decency to one another MUST be maintained at ALL times. The Wylie ISD Student Code of Conduct will be enforced at all times during classroom, lab, and clinical. The Wylie ISD Student Code of Conduct is issued to all students upon enrollment and is available at www.wylieisd.net. Specific policies are also required for the EMT program. If conflicts occur in policy definition or action, The Wylie ISD Student Code of Conduct will prevail.

A. Cell Phones / Electronic Devices / Computers / Electronic Tablets

Unless for educational purposes authorized by the instructor, cell phones are not to be used in the classroom, laboratory or clinical areas. This includes use as a phone, text messaging device, music player, voice recorder, camera, video camera, or any other function which distracts the student from learning in class or disrupts others at any time. This policy is not limited to devices sold as a cell phone. Any electronic device which meets the spirit of this policy is included. This policy is also in effect at ALL clinical sites while the student is on rotation. All cell phones, pagers, and other electronic devices which have an audible alert function must be turned OFF. Silent alerts may be used as long as they are truly silent and do not elicit a response from the owner or others. Electronic devices that are used for audio recording or playback, or video recording or playback, are not to be used in the classroom, laboratory or clinical areas, or in hallways and common areas near the classroom.

Electronics devices with game functions are not to be used in the classroom or clinical settings. Personal laptop style computers and electronic tablets may be brought into the classroom, but can only be accessed with Instructor's permission and NOT during ANY lecture or skills lab/SIMlab participation time.

Students who violate this policy will be asked to discontinue the use immediately. An Affective Domain grade deduction will be issued. A subsequent offense could cause failure of the Affective Domain and the course.

B. Social Media Policy

Distribution of sensitive and confidential information is protected under Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Family Education Rights and Privacy Act (FERPA) whether discussed through traditional communication channels or through social media. Social media are defined as mechanisms for communication designed to be circulated through social interaction which is created using highly accessible publishing techniques. Social media is commonly thought of as a group of Internet-based applications that are built on the ideological and technological foundations of the web that allows the creation and exchange of user-generated content. Examples of social media formats include BUT ARE NOT LIMITED TO LinkedIn, Wikipedia, Second Life, Flickr, blogs, podcasts, RSS feeds, Allnurses.com, Twitter, Facebook, YouTube, and Vine.

Social media often spans traditional boundaries between professional and personal relationships and requires additional awareness to make sure that personal, professional, and college reputations are protected. When publishing information on social media sites, you must remain cognizant that this information may become public for anyone to see and can be traced back to you as the author. This form of two-way communications provides little control about how your posting will be used by others. As such, the student must always be cognizant that private social media sites do not exist. Search engines can turn up posts years after the publication date. Comments can be forwarded or copied. Archival systems save information, including deleted postings. If you feel angry or passionate about a subject, it's wise to delay posting until you are calm and clearheaded. Do not use ethnic slurs, personal insults, obscenity, pornographic images, or engage in any conduct that would not be acceptable in the professional workplace. Think twice before posting. If you have a question or feel the slightest bit uncertain about a post or a comment you are about to publish, it is in your best interest to review the suggestions in this policy and to seek guidance from EMS faculty.

If you in any form/fashion identify yourself as a student of Wylie ISD EMS Program through postings, personal web pages, social media accounts, etc., you MUST ensure that the content you publish and/or acknowledge, be it personal or school related, is consistent with your professional ethics and is compliant to all confidentiality and privacy laws. You should always consider the legal liability of each post you make and the posts that are made on your site as well as on the sites of others.

As an EMT student, you must always be aware that you are building a reputation while preparing for a profession of public service. The public, along with your future employers, expect high standards of professional behavior. Your reputation can be revealed through social media. Employers consistently conduct Web searches on job candidates before extending offers. Be sure that what you post today will not come back to haunt you. A great suggestion is to regulate your social accounts with "Approval before Posting" reviews/commands to make sure that you are compliant with all current confidentiality, privacy, obscenity, laws etc., and to delete comments and to block any individuals who repeatedly post offensive or frivolous comments.

HIPPA guidelines must be followed at all times. Identifiable information concerning clients/patients and clinical rotations must not be posted in any online forum or webpage. Zero-tolerance applies to anyone

posting comments that violate HIPPA guidelines or this policy. Any infraction of this Social Media Policy will result in the IMMEDIATE ineligibility to complete EMT certification.

As an EMS Program Student, it is your responsibility to:

1. Protect confidential, sensitive, and proprietary information: do not post confidential or proprietary information about the college, clinical EMS staff, students and peers, clinical facilities, clients/patients, or others you may come in contact with while in the role of a Wylie ISD EMS student.
2. Protect all private and confidential information related to you and to others. Be responsible for what you post and protect yourself and others.
3. Be aware that you are associated with Wylie ISD and the EMS Department when engaging in online social networks. Regardless of how you identify yourself, be it personal or as a student, ensure that your profile and related content is consistent with how you wish to present yourself to colleagues, clients/patients, and potential employers.
4. Identify your views as your own. When posting your point of view, you should neither claim nor imply that you are speaking on Wylie ISDs behalf, unless you are authorized to do so in writing.
5. Respect copyright and fair use. When posting, be mindful of the copyright and intellectual property rights of others and of the college.
6. Refrain from using Wylie ISD or the EMS Department logos and/or graphics on personal social media sites. Do not use the Wylie ISD name to promote a product, a cause, or a political party or candidate. Use of the EMS Department logos and/or graphics for School sanctioned events (posters, fliers, postings, or others) must be approved by the EMS Program Director.
7. Comply with the expectations for all electronic devices (such as PDAs, Notebooks, Tablets, and Smartphones) that are employed for social media communication during clinical activity. If a PDA is combined with a cell phone, cell phone aspect of the device must be silenced. Use of these devices will be authorized and approved/disapproved by EMS faculty.
8. Restrict the use of computers and electronic devices during class to note taking and approved classroom activities. Other methods of usage are not only distracting to yourself, but to the student within your immediate area.

Violations of client/patient privacy with an electronic device will be subject to HIPAA procedures and guidelines. Consequences will result in termination from the EMT program. Each student is legally responsible for individual postings and may be subject to liability if individual postings are found defamatory, harassing, or in violation of any other applicable law. Students may also be liable if individual postings include confidential or copyrighted information from music, videos, text, and any other media. Students who share confidential or unprofessional information do so at the risk of disciplinary action including failure in a course and/or dismissal from the program.

C. Skills Practice in Lab

Students usually practice simple and rudimentary skills on a partner of their choosing and/or manikins during the lab sessions. All lab sessions are strictly under supervision of the Instructor, and personal safety is the EMS Program's utmost concern which is why horseplay is absolutely forbidden and all standard safety precautions will be adhered to. Grades are given in lab for student's individual participation in the learning process. However, on occasion, a student may be asked by their Instructor to participate in scenarios or skills practice as a mock patient for all to learn from. This participation is

voluntary and will not have an impact on the student's grade if he/she elects not to participate as a mock patient. The Instructor will immediately stop any scenario or skill if the student posing as the mock patient appears or vocalizes that he/she begins to feel uncomfortable. All concerns should be reported to the Program Coordinator immediately.

D. Criminal Background Check

All students entering the EMS program MUST pass an APPROVED criminal background check. The following is a statement from the Texas Department of State Health Services (DSHS) regarding criminal backgrounds. Students with criminal backgrounds, who are in the process of getting evaluation by DSHS, will be allowed to continue in the program. Ultimately, DSHS will decide on certification or denial of certification. Any student with any of the specific listed offenses will not be allowed to enroll in the program.

TDSHS Statement on Criminal Backgrounds

A person shall be disqualified from eligibility to acquire an EMS certification, or a person's initial or renewal application for EMS certification or paramedic licensure shall be denied, or a person's EMS certification or paramedic license, whether active or inactive, shall be revoked if the petitioner, applicant, certificant, or licensed paramedic is convicted of or placed on deferred adjudication community supervision or deferred disposition for an offense committed on or after September 1, 2009 listed in Code of Criminal Procedure, Article 42.12, Sections 3g(a)(1)(A) through (H) as follows:

- (1) murder;
- (2) capital murder;
- (3) indecency with a child;
- (4) aggravated kidnapping;
- (5) aggravated sexual assault;
- (6) aggravated robbery;
- (7) substance abuse offenses, as described in Health and Safety Code, Chapter 481, for which punishment is increased under:
 - (a) Health and Safety Code, §481.140, regarding the use of a child in the commission of an offense; or
 - (b) Health and Safety Code, §481.134(c), (d), (e) or (f), regarding an offense committed within a drug free zone, if it is shown that the defendant has been previously convicted of an offense for which punishment was increased under one of those subsections;
- (8) sexual assault;
- (9) An offense, other than an offense committed on or after September 1, 2009, for which the person is subject to register as a sex offender under Code of Criminal Procedure, Chapter 62.

Criminal offenses NOT LISTED ABOVE are subject to a department review which may lead to denial, suspension, or revocation.

E. Health and Welfare

The EMT program can be mentally and physically taxing at times. The faculty recommends students develop a regular exercise regimen to keep in top physical shape and reduce stress. Exercise facilities are available at Wylie ISD. It is also important for the student to develop regular and even study patterns and cooperative study groups, to avoid the stress involved in "cramming" for an exam. Regular sleep patterns and healthy eating are also encouraged.

Students involved in clinical rotations, have in greatly increased possibility of encountering uncontrolled situations, in which people of various ages and backgrounds will be experiencing the worst moments of their lives. These situations, either individually or through accumulation, can prove difficult to handle for

both inexperienced and veteran personnel alike. Students who encounter an emotionally traumatic event or who begin to feel the accumulation of these events should notify their Instructor or the Program Director as soon as possible. All students should be aware that the following MAY be signs & symptoms of emotional stress:

- isolation
- inappropriate use of humor
- depression
- difficulty eating/lost appetite
- inability to concentrate
- indecisiveness
- difficulty sleeping and nightmares
- irritability with family and friends

It is the goal of the EMS Program to provide each student with the tools and resources to deal with emotional stress related to critical incidents.

F. Infection Control

It is the intent of Wylie ISD that each student enrolled in a health related curriculum meet the objectives necessary for successful completion of that program. This enrollment is inclusive of clinical experience which entails potential exposure to individuals with communicable diseases.

Thus, all students enrolled in any program which includes clinical rotations MUST have a completed physical exam on file. This physical must be performed by a physician or mid-level provider and MUST attest to the following (via documentation):

The immunization or immunity to Tetanus/Diphtheria/Pertussis, Rubella, Mumps, Measles, Chickenpox, Hepatitis A/B, Influenza, and Meningitis (if non-exempt) AS WELL AS a RECENT test (within 1 year) for Tuberculosis which MUST remain current for the student's duration of the program. Thus for TB, the student MUST repeat the screening yearly for re-entry.

These aforementioned immunizations and tests are requirements of the Texas State Department of Health Services AND our clinical affiliates. If the student refuses to obtain a vaccine or test, he or she MUST sign a declining waiver. However, the student must acknowledge that the refusal of certain vaccines may be grounds to EXCLUDE the student from participating in some clinical areas, as this is those facilities' requirements by their own policies. As such, the student may then not be able to successfully complete the program. The student should also be aware that he/she may also become more vulnerable and susceptible to some destructive/detrimental diseases without immunization protection, which will become his/her responsibility/liability for his/her choice.

Because the student must know how to prevent the spread of infectious diseases for his or her safety and for the safety of others, it is the policy of Wylie ISD that principles of infection control are included in the curricula of health occupation programs. It is then the responsibility of students to apply appropriate precautionary measures when providing services to all patients. These measures may include, but are not limited to, hand washing and the use of gloves, masks, protective glasses and gowns as indicated by the circumstances involved in the treatment of a particular patient.

Before beginning clinical rotations, each student must demonstrate a satisfactory understanding of the importance of body substance isolation, personal protection from airborne and blood borne pathogens, and the reporting/notification process for exposure to infectious patients.

In the event a student is exposed, they should immediately notify their Clinical Preceptor, then immediately contact their Instructor. The student will most likely be required to fill out an official Exposure Control Report at the facility as well as for Wylie ISD

Certain disinfection and prophylactic medications may be administered to the student after a known exposure. Any/all costs of the medications and/or treatments after exposures will be incurred by the student, therefore medical insurance is highly recommended.

Wylie ISD offers information concerning low cost medical insurance to students(CHIP). Students assigned to affiliated clinical sites must comply with the infection control policy of the entity to which they are assigned. As new information becomes available, Instructors will disseminate the finding to all students.

Skills practice sessions will be conducted with the intent of preparing students for the practice of patient care on known or suspected infectious patients. All students will wear gloves at all times when in skills practice sessions. Eye protection will be worn during the practice of airway control procedures, peripheral venipuncture, medication administration, or other procedures which could potentially expose the student to the splash or spray of blood or body fluids. At the completion of each skill practice session, students must remove their gloves and wash their hands before handling personal equipment.

Students who may have an infectious disease such as a cold or the flu should not attend class or clinicals. With a physician's release, this will count as an excused absence.

G. Malpractice Insurance

Malpractice insurance for clinical area activity is provided by Wylie ISD for all students, at no cost to the student.

Chain of Command / Conflict Resolution / Grievance Policy

Wylie ISD EMS faculty recognizes that students will, from time to time, encounter disheartening, unpleasant and occasionally hostile situations. These situations may stem from interaction between individual or groups of other students, faculty, clinical preceptors or clinical sites, the general public, or the witnessing of emotionally traumatic events.

While the EMS Program cannot protect students from the dangers and harsh realities of the world which are encountered on clinical rotations, every effort will be made to give the student the knowledge and skills necessary to protect themselves. To a great extent the student must take the responsibility to use these tools at the appropriate time. This includes situations in which the language, attitude, and behavior of other students, clinical personnel and program faculty may innocently or maliciously be offensive or derogatory based on race, religion, gender, ethnic background, national origin, age, veteran status, or disability. The first step in any of these cases is to notify the involved party of the offense. Should the offensive behavior continue, the student should notify the next person up the Chain of Command, as delineated below. In the best interest of all parties involved, students enrolled in the EMS Program MUST abide by the following procedures.

A. Conflicts Occurring in the Classroom

Most student conflicts are expected to be handled between the parties involved. In the event that the situation cannot be resolved peaceably between the individual or group of students, the Course Instructor or Program Director should be notified PRIOR TO pursuing any other individual for

conflict resolution. The situation will attempt to be corrected following program policies, grading criteria, instructional intent and course objectives. The following chain of command **MUST BE** followed by students for problems encountered with the instruction, lab practice, or clinical rotation portions of the EMS Program:

- #1 -- Parties involved
- #2 -- Instructor / Faculty / Staff present at time of incident / Parents
- #3 -- Program Director and Medical Director
- #4 -- Campus Principal

This chain of command is expected to be followed. Any usurping of chain of command drastically slows the conflict resolution process and creates increased conflict.

B. Conflicts During Clinical Rotations

Any situation occurring on clinical rotations are to be reported, immediately, to the student's immediate supervisor at the clinical site (usually the assigned preceptor) and will subsequently progress up the chain of command for that clinical site. In the event the situation involves the immediate supervisor, an attempt at problem resolution should be made **WITHOUT** moving further up the chain of command. In the event the immediate supervisor cannot resolve the situation, the next person in the chain of responsibility should be contacted. Problems regarding differing protocols, treatment **WYLIE ISDEMS** Program Policies and Procedures modalities, or patient care philosophies should be addressed and resolved with an openness for these differences taking into consideration the wide variety of "correct" treatment.

In the event the problem cannot be resolved at the clinical site, the student should report the situation to their course instructor or Program Director at their earliest opportunity. Reporting the problem directly to Program Faculty without consulting the clinical personnel is not permitted without extenuating circumstances. Students should understand that the clinical site has a vested interest in resolving the problem internally. It will be the prerogative and responsibility of the clinical site to report problems and resolution decisions to the EMS Program. The following chain of command should be followed for problems encountered during clinical rotations:

- #1 -- Parties involved
- #2 -- Assigned Preceptor
- #3 -- Duty Supervisor / Station Officer / Charge Nurse
- #4 -- Course Instructor / Parents
- #5 -- Program Director and Medical Director
- #6 -- Campus Principal

This chain of command is expected to be followed by all students without exception. Any usurping of the chain of command drastically slows the conflict resolution process and creates increased conflict.

Course Completion

A. Course Completion Policy

A student is considered to have successfully completed a course when **ALL** classroom affective, cognitive, and psychomotor objectives as well as all clinical competencies have been successfully completed according to program criteria. Upon completion of the course, the Course Instructor and Program Director will re-verify all required documents in the student's file.

Upon re-verification, if all documents are in place and correct, the student will receive an official course completion certificate. The certificate is individually numbered and can be cross referenced to the

student. An exit interview will also be conducted with the student. Failure of either the didactic or clinical portion of the program constitutes the failure of the entire course, and hence the student would be required to complete BOTH portions again if re-application is made.

Important Information about the National Registry

A. Timing of NREMT Examination

Students are encouraged to take the NREMT written and practical examination as quickly as possible after successful course completion. All clinical and classroom requirements must be completed before students are cleared to take the NREMT examination. EMT students have 60 days to complete all requirements after the last official day of class. Any student going beyond that time period, but before 6 months after the last official class day, will be required to take a refresher class and re-take the final exam. Students going beyond 6 months after the last official day of class will be required to follow the re-entering student guidelines policies. Extreme extenuating circumstances will always be considered.

B. Certification Application Procedures

While the student is nearing the completion of the course, applications for the National Registry of EMTs(NREMT) and Texas Department of State Health Services(TDSHS) applications should be completed. Directions for completing the NREMT application is contained in the index of this document. The TDSHS initial application is available on-line.

The NREMT written and practical is the examination required for certification in Texas. TDSHS certification/licensure is required in order to work or volunteer in Texas. These are separate application processes. In order to process applications, students are encouraged to send applications in as quickly as possible. TDSHS requires fingerprinting as a part of the application process.

The program makes best efforts to prepare students for the NREMT certification examination by providing sound teaching and testing strategies. If, for an unforeseen circumstance, a student fails an attempt on the NREMT written examination, free tutoring will be offered. The student must contact the Program Director to set up time and location for tutoring.

**Wylie ISD - Emergency Medical Services
CONFIDENTIALITY AGREEMENT**

I understand that as a student in the Wylie ISD EMS Program , I have an opportunity to observe and participate in the classroom clinical environment, and to be involved in patient care.

I understand that I have a legal and ethical responsibility to maintain the privacy, to protect the patient confidentiality, and to safeguard the personal health information of all patients.

In addition, I understand that during the course of my internship in the classroom and clinical areas, I may see or hear confidential information such as operational or individual information that clinical affiliate is obligated to maintain as confidential.

As a condition of my internship with the Wylie ISD EMS Program clinical affiliates, I understand that I must sign and comply with this agreement.

By signing this document I understand and agree that:

I will disclose patient care information and/or confidential information only if such disclosure complies with the clinical policies, and is required for the performance of my clinical competencies.

I will not access or view any information other than what is required to complete my clinical competencies

If I have any question about whether access to certain information is required for me to complete my clinical competencies, I will immediately ask my preceptor or instructor for clarification.

I will not discuss any information pertaining to confidential information in an area where unauthorized individuals may hear such information (for example, in hallways, in the station, or public).

I understand that it is not acceptable to discuss any patient care information in public areas even if specifics such as a name are not used.

I will not inquire about or facilitate the relay of any confidential information for any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of patient information or confidential information. Such unauthorized transmissions include, but are not limited to; removing and/or transferring confidential information from the clinical affiliate area.

I understand that violation of this Agreement may result in disciplinary action, up to and including removal from the Program; and/or potential personal civil and criminal legal penalties in accordance with the patient confidentiality rules contained in the Health Information Portability Accountability Act (HIPAA) of 1996.

I have read the above agreement and agree to comply with all its terms as a condition of internship in the WYLIE ISDEMS Program.

Signature of Student and Parent

Date

Printed Name of Student and Parent

Signature of Program Director

Date

Printed Name of Program Director

WAIVER OF LIABILITY

STATE OF TEXAS
Collin County

Know all men by these presents that I, the undersigned, a private person, for and in consideration of the privilege of participating in any event sponsored and sanctioned by Wylie ISD ., and in recognition that such participation involves certain inherent dangers, do hereby agree to assume the recognized risk to such participation, to include but not limited to, personal injury and even death, and do hereby release the Wylie ISD, its administrators, agents, and employees in both their public and private capacity from any and all liabilities, claims, suits, demands, or causes of action which may arise from my participation as aforementioned.

This release shall be binding upon my successors and heirs.

Signed: _____

Subscribed and swore to me before me, the undersigned authority, on this

_____ day of _____, A.D. 20_____.

Notary Public in and for Collin County, Texas

**Wylie ISD– EMS Education
Drug Screening Authorization**

I hereby agree, upon a request made under the drug/alcohol testing policy of Wylie ISD EMS Education Program to submit to a drug or alcohol test and to furnish a sample of my urine for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate removal from the clinical site and possibly the program.

I further authorize and give full permission to have Titus Regional Medical Center send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Wylie ISD EMS Program Director.

I understand that only duly-authorized Wylie ISD employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make clinical readiness decisions.

I will hold harmless Wylie ISD, its company physician, and any testing laboratory that might used, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of clinical status as a result of the drug or alcohol test, even if a laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Wylie ISD , its company physician, and any testing laboratory that might be used for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT WYLIE ISD REQUIRES A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ACCIDENT OR INJURY WHILE ON CLINICAL ROTATION, UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Student and Parent

Date

Printed Student's Name and Parent's Name

Attached Drug Screening

ACKNOWLEDGMENT OF WYLIE ISD GENERAL PROGRAM POLICIES AND PROCEDURES

This is to affirm that each student has received an orientation to the policies and procedures, and they have read and understand all facets therein. The following confirms this understanding:

I _____, have received the official
(Print Student's Name)

Wylie ISD EMS policy and procedure manual, orientation, and have read and fully understand the outlined policies and procedures for the Wylie ISD EMS Program. Furthermore, I agree to fully abide by these policies and procedures.

Student's and Parent's Printed Name

Student's and Parent's Signature

Date

Student's EMS Instructor (print)

WYLIE ISDEMS Director (print)

Signature

Signature

Date

Date

Wylie ISD EMS Program Student Information Sheet

PERSONAL HISTORY

Full Name _____ Age _____

Nickname or Name Preferred Called By _____

Mailing Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

If we try to contact you, list the order of contact preference:

Cell Phone (voice contact) _____ Cell Phone (texting) _____

Email _____ Home Phone _____

Other _____ (describe: _____)

Allergies _____

ANY Medical Condition we should be aware of ? YES / NO If yes, please describe: _____

EDUCATION HISTORY

What kind of coursework have you taken here at Wylie ISD?

WORK HISTORY

Are you currently employed? YES /

If you are employed, name of Employer _____

General Hours/Days Work _____

Type of Work You Do _____

MISCELLANEOUS HISTORY

Describe any experience with EMS (volunteer or paid) _____

Hobbies _____

Favorite Snack Foods _____ Favorite Sport _____

Wylie ISD EMS
Performance Monitoring Record – p.2

QUIZ GRADES:

#1 - _____ #2 - _____ #3 - _____ #4 - _____ #5 - _____
 #6 - _____ #7 - _____ #8 - _____ #9 - _____ #10 - _____
 #11 - _____ [FSD Airway - _____ FSD Cardio - _____ FSD Med - _____
 FSD OB - _____ FSD Trauma - _____ FSD OPS - _____]
TOTAL FSD / 6 = average becomes Quiz #11

Drop lowest Quiz grade, add the remaining 10 together & divide total by 10 to get Quiz Avg. Grade

TOTAL for Quiz Grade: _____

NOW, take the Total Quiz Grade & ADD to the Total Assignments
 & Extra Credit Grade (from pg.1) and divide the total by 2 for the

2. TOTAL QUIZ, ASSIGNMENT, & EXTRA CREDIT AVERAGE: _____

TEST & FINAL EXAM GRADES:

#1 - _____ #2 - _____ #3 - _____ #4 - _____
 #5 - _____ [NIMS 100 - _____ NIMS 200 - _____ NIMS 700 - _____ NIMS 800 - _____]
TOTAL NIMS / 4 = average becomes TEST #5

[Test #5 is the NIMS grade – if all sections are turned in complete AND on time, the student receives a 100 for each completion. For later turn ins, use following deductions: turning in next class after due date: -25 points; turning in 1 week after due date: -50 points; turning in after that point: only worth 25 points. NOTE: While a student may get a failing grade in NIMS completion, the completion of ALL NIMS courses are REQUIRED to pass the course!]

Add ALL grades and divide total by 5 to get the student's TEST Average Grade

3. TOTAL FOR TEST GRADE: _____

FISDAP FINAL EXAM Grade: _____ X 20% = _____
 Written FINAL EXAM Grade: _____ X 80% = _____

4. COURSE FINAL EXAM GRADE: _____ (add above 2 percentaged grades)

FINAL GRADE CALCULATION

1. Affective/Psychomotor Average	_____	X 20%	=	_____
2. QUIZ, ASSIGN., & E.C. Average	_____	X 20%	=	_____
3. TEST Average	_____	X 40%	=	_____
4. COURSE FINAL EXAM Average	_____	X 20%	=	_____

FINAL TOTAL GRADE (100% Reported) _____

Follow These Steps to Take the NREMT Exam

Follow these easy steps 3 to 4 weeks in advance of when you plan to test. If you need additional assistance, please contact the NREMT at 1-614-888-4484. We're ready to help!

Step 1: Create Your Account

-- Go to www.nremt.org and click on 'Create New Account'

Step 2: Login

-- After you have completed Step 1, you can return to the home page and login with the username and password you created.

Step 3: Manage Your Account Information

-- Complete all the information in the Personal Account Information fields as prompted. The name you include in this area should be the same as what appears on your driver's license (or the ID you will present at the testing center), and is what will appear on your application, National Registry certificate and card upon successful completion of the examination.

Step 4: Create a New Application

-- Click on 'Create a New Application' to apply to take your exam.

-- Review the Personal Information Summary – if any items are incorrect, you can make corrections by clicking on 'Manage Account Information'.

-- Select the application level you wish to complete.

Step 5: Pay Application Fee

-- It is recommended that you pay your application fee at the time you complete your online application. However, if you choose, you may pay at a later date.

-- To pay at a later date, go to 'Check Application Status' and choose 'Application Payment'.

-- You can pay by credit/debit online or print a money order tracking slip for mailing your money order to the NREMT.

Step 6: Check to see if You Are Approved to Take Your Exam

- When all areas of the application process are completed and have been verified, you will see the following link: 'Print ATT Letter'.
- Monitor the progress of your application and watch for your Authorization to Test (ATT) Letter by going to the NREMT home page and logging in using your username and password.
- Click on 'My Application'.
- Click on 'Check Application Status'.
- If you see 'Submitted' next to the 'Course Completion Verification', this means the NREMT has submitted your information to the program you indicated, and is waiting for authorization from the program indicating that you have completed the course.
- If you see 'Not Submitted' next to the 'Application Payment', you must pay the fee prior to receiving an ATT Letter.
- If you see the link 'Print ATT Letter', click on the link.

Step 7: Print the ATT Letter to Schedule Your Exam

- Scroll down to see if the 'Print ATT Letter' appears.

Step 8: Call Pearson VUE to Schedule Your Exam

- Your ATT Letter will contain the Pearson VUE phone number to call to schedule your examination.
- Your ATT Letter will also include other important information you should read carefully!



ATTENTION

Persons applying for initial Texas EMS certification/licensure with a criminal conviction

A person shall be disqualified from eligibility to acquire an EMS certification, or a person's initial or renewal application for EMS certification or paramedic licensure shall be denied, or a person's EMS certification or paramedic license, whether active or inactive, shall be revoked if the petitioner, applicant, certificant, or licensed paramedic is convicted of or placed on deferred adjudication community supervision or deferred disposition for an offense committed on or after September 1, 2009 listed in Code of Criminal Procedure, Article 42.12, Sections 3g(a)(1)(A) through (H) as follows:

- (1) murder;
- (2) capital murder;
- (3) indecency with a child;
- (4) aggravated kidnapping;
- (5) aggravated sexual assault;
- (6) aggravated robbery;
- (7) substance abuse offenses, as described in Health and Safety Code, Chapter 481, for which punishment is increased under:
 - (a) Health and Safety Code, §481.140, regarding the use of a child in the commission of an offense; or
 - (b) Health and Safety Code, §481.134(c), (d), (e) or (f), regarding an offense committed within a drug free zone, if it is shown that the defendant has been previously convicted of an offense for which punishment was increased under one of those subsections;
- (8) sexual assault;
- (9) An offense, other than an offense committed on or after September 1, 2009, for which the person is subject to register as a sex offender under Code of Criminal Procedure, Chapter 62.

Criminal offenses NOT LISTED ABOVE are subject to a department review which may lead to denial, suspension, or revocation.

AMERICANS WITH DISABILITIES ACT – ALLOWABLE ACCOMMODATIONS

The Americans with Disabilities Act (ADA) of 1990 has implications that pertain to licensure or certification. The law permits testing that requires the use of sensory, manual or speaking skills where the tests are intended to measure essential functions of the profession. For example, an applicant with reading difficulties is required to take a written exam since the ability to read is an essential function of EMS.

- Exams are designed at least in part to measure the student's ability to read.
- A second example is one dealing with skills proficiency verifications that must be performed within established time frames. Performing a skill within established time frames is required because speed of performance is an integral part of patient care.
- Both the ability to read and the ability to perform skills within time frames are essential functions for an EMS provider. Therefore, in EMS, a person with a disability may not be denied the opportunity to take an examination; but this person shall be required to take a written exam and pass the skills proficiency verifications within established criteria.

The Functional Job Descriptions, outlined in the Appendix in the next section, describes the required skills and job requirements essential to EMS personnel. Those descriptions will guide any/all accommodations permitted for the EMT and Paramedic level students.

The following specific points about the Americans With Disabilities Act DO pertain to those involved in EMS training and education programs:

- Students *cannot* be discriminated against on the basis of a disability in the offering of educational programs or services.
- There can be *no* accommodation during screening, evaluation or course examinations that will compromise or fundamentally alter the evaluation of skills that are required to function safely and efficiently in the profession.
- Students who have received an accommodation during the course need to fully understand that there is a separate process for requesting an accommodation for the written certification exam and eligibility for an accommodation is determined on a case-by-case basis. In other words, just because a student was allowed an accommodation during the course does not guarantee an accommodation for the National Registry exam. Documentation confirming and describing the disability should be submitted according to policy for consideration.

****PLEASE NOTE****

There are accommodations that are NOT ALLOWED in the EMS Program because they are not in compliance with the essential job functions of an EMT or paramedic as outlined in the Functional Job

Descriptions. These include, but are not limited to:

1. ***Students are not allowed additional time for skills with specific time frames.***
 - Obviously patients would suffer due to life threatening conditions in emergency situations if treatment were delayed.
2. ***Students are not allowed unlimited time to complete a written exam.***
 - This request is not considered reasonable because a candidate should be able to complete a test within a finite amount of time.
 - Students will be allowed a maximum of time and one-half to complete written exams.
3. ***Students are not allowed to have written exams given by an oral reader.***
 - The ability to read and understand small English print is an essential function of the profession, and written exams are designed, at least in part, to measure that ability.
4. ***Students are not provided a written exam with a reading level of less than grade eight.***
 - The EMS profession requires a reading level of at least grade eight to work safely and efficiently.
5. ***Students must take all exams during the scheduled time, as a member of the enrolled class.***
 - The ability to utilize knowledge on the spur of the moment is an essential task for EMTs and Paramedics.
 - Exams are given to elicit immediate recall and understanding of emergency situations.
 - Students will be permitted a private space to take the exam.
 - Refer to the written examination policy of missed exams due to excused absences.
6. ***Students must answer all written test questions as written. No explanation of the question can be provided by the test proctor or any other individual.***
 - Additional descriptions of test questions would not be a reasonable accommodation because reading and understanding written English is an essential part of EMS communication.
 - Student must be able to understand and converse in medical terms appropriate to the profession. Because of the critical nature of the tasks needed in emergency situations, accommodation requests are considered very carefully, on a case by case basis. The safety and welfare of the community must be insured while providing full protection of the certification applicant's rights. The main question to be considered is: with the accommodation being requested, can this individual perform the essential functions of the job safely and efficiently. The Program Director and WYLIE ISD student services can further define the American with Disabilities Act as needed.

Functional Position Descriptions for ECA / EMT / EMT-I / EMT-P

Introduction

The following general position descriptions for the positions of EMS in Texas are for Emergency Care Attendants (ECA – more currently referred to as First Responders), Emergency Medical Technician – Basic (EMT-B), Emergency Medical Technician – Intermediate (EMT-I), and Emergency Medical Technician – Paramedic (EMT-P – includes the description for Licensed Paramedic (LP)) are provided as a guide for advising those interested in understanding the qualifications, competencies and tasks required for emergency medical services certification and/or licensure. It is the ultimate responsibility of an employer to define specific job descriptions within each Emergency Medical Services (EMS) entity.

Qualifications

To qualify for EMS certification or Licensure in Texas, an individual must successfully complete a State approved EMS course, achieve competency in each of the psychomotor skills within that course, and proficiently complete the clinical requirements of that course. Subsequently upon passing the course, the individual must achieve a passing score on the National Registry written examination. Upon passing the National Registry Exam, the individual may then make application to the Texas Department of State Health Services for either certification or Licensure (if making application with both a passing National Registry AND an appropriate college degree). All EMS personnel must be at least 18 years of age to be certified/Licensed. All EMS personnel must either have a high school diploma or its equivalent (GED).

All EMS personnel MUST have the following abilities:

- Ability to communicate verbally via telephone and radio equipment
- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance)
- Ability to interpret written, oral and diagnostic form instructions
- Ability to use good judgment and remain calm in high-stress situations
- Ability to work effectively in an environment with loud noises and flashing lights
- Ability to function efficiently throughout an entire work shift
- Ability to calculate weight/volume ratios & read small print both under life threatening/time constraints
- Ability to read and understand English language manuals and road maps
- Ability to accurately discern street signs and address numbers; ability to interview 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 as to status of patient.

EMS personnel should also possess good manual dexterity, with ability to perform all tasks related to highest quality patient care. Ability to bend, stoop and crawl on uneven terrain and ability to withstand varied environmental conditions such as extreme heat, cold and moisture is vital. The ability to work in low light, confined spaces and other dangerous environments is required.

Description of Tasks:

- Receives call from dispatcher, responds appropriately to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route and observes traffic ordinances and regulations.
- Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care.
- Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician.
- May use equipment (based on competency level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airway and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation or stabilize injuries.
- Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility.
- Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.
- Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene.
- Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department.
- Observes patient in route and administers care as directed by physician or emergency department or according to published protocol.
- Identifies diagnostic signs that require communication with facility.
- Moves the patient into the emergency facility from the ambulance.
- Reports verbally and in writing concerning observations about the patient, patient care at the scene and in route to facility, provides assistance to emergency staff as required.
- Maintains familiarity with all specialized equipment.
- Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gasoline, water in battery and radiator and tire pressure.

Student Notes

PATIENT ASSESSMENT VITAL SIGNS

CANDIDATE 'S NAME:		DATE:
___ ECA	___ EMT	___ EMTI
___ INITIAL	___ RENEWAL	___ EQUIVALENCY
STATION TIME: 5 MINUTES		END TIME:

0 1 2 *1. Calculates and reports pulse

Candidate _____
Examiner _____
Difference _____

0 1 2 *2. Calculates and reports respiratory rate

Candidate _____
Examiner _____
Difference _____

0 1 2 *3. Palpates and reports systolic blood pressure

Candidate _____
Examiner _____
Difference _____

0 1 2 *4. Auscultates and reports auscultated blood pressure

Systolic
Candidate _____
Examiner _____
Difference _____

Diastolic
Candidate _____
Examiner _____
Difference _____

___ Candidate's Total Points (Minimum passing total: 6 points)	
Absolutes satisfied: ___ Yes ___ No (Must have at least one point for each step marked with an *)	___ Pass ___ Fail
Examiner:	Cert. No. (if assigned):

Documenting Comments:

NREMT OXYGEN ADMINISTRATION

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 5 minutes

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Assembles regulator to tank	1	
Opens tank	1	
Checks for leaks	1	
Checks tank pressure	1	
Attaches nonrebreather mask	1	
Prefills reservoir	1	
Adjusts liter flow to 15 L/min or greater	1	
Applies and adjusts mask to the patient's face	1	
<i>NOTE: The examiner must advise the candidate to apply a nasal cannula to the patient.</i>		
Attaches nasal cannula to oxygen	1	
Adjusts liter flow up to 6 L/min	1	
Applies nasal cannula to the patient	1	
<i>NOTE: The examiner must advise the candidate to discontinue oxygen therapy.</i>		
Removes the nasal cannula	1	
Shuts off the regulator	1	
Relieves the pressure within the regulator	1	
TOTAL:	15	

CRITICAL CRITERIA

- _____ Did not take or verbalize body substance isolation precautions
- _____ Did not assemble the tank and regulator without leaks
- _____ Did not adjust the device to the correct liter flow for the non-rebreather mask (15 L/min)
- _____ Did not prefill the reservoir bag
- _____ Did not adjust the device to the correct liter flow for the nasal cannula (up to 6 L/min)

Documenting Comments:

NREMT AIRWAY MAINTENANCE -- OROPHARYNGEAL AIRWAY

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 2 minutes

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Selects appropriate size airway	1	
Measures airway	1	
Inserts airway without pushing the tongue posteriorly	1	
<i>NOTE: The examiner must advise the candidate that the patient is gagging and becoming conscious</i>		
Removes oropharyngeal airway	1	

SUCTIONING

Approx. Station Time: 2 minutes

<i>NOTE: The examiner must advise the candidate to suction the patient's oropharynx/nasopharynx</i>		
Turns on/prepares suction device	1	
Assures presence of mechanical suction	1	
Inserts suction tip without suction	1	
Applies suction to the oropharynx/nasopharynx	1	

NASOPHARYNGEAL AIRWAY

Approx. Station Time: 2 minutes

<i>NOTE: The examiner must advise the candidate to insert a nasopharyngeal airway</i>		
Selects appropriate size airway	1	
Measures airway	1	
Verbalizes lubrication of the nasal airway	1	
Fully inserts the airway with the bevel facing toward the septum	1	
TOTAL:	13	

CRITICAL CRITERIA

_____ Did not take or verbalize body substance isolation precautions

Documenting Comments:

NREMT MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 4 minutes

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Connects one-way valve to mask	1	
Opens airway (manually or with adjunct)	1	
Establishes and maintains a proper mask to face seal	1	
Ventilates the patient at the proper volume and rate (800-1200 ml per breath/10-20 breaths per minute)	1	
Connects mask to high concentration oxygen	1	
Adjusts flow rate to greater than 15 L/min or greater	1	
Continues ventilation at proper volume and rate (800-1200 ml per breath/10-20 breaths per minute)	1	
NOTE: the examiner must witness ventilations for at least 30 seconds		
TOTAL:	8	

CRITICAL CRITERIA

- _____ Did not take or verbalize body substance isolation precautions
- _____ Did not adjust liter flow to 15 L/min or greater
- _____ Did not provide proper volume per breath
(more than 2 ventilations per minute are below 800 ml)
- _____ Did not ventilate the patient at 10-20 breaths per minute
- _____ Did not allow for complete exhalation

Documenting Comments:

BAG-VALVE-MASK WITH SUPPLEMENTAL OXYGEN

CANDIDATE'S NAME:		DATE:
__ ECA	__ EMT	__ EMTI
__ EMTP	COURSE #:	
__ INITIAL	__ RENEWAL	__ EQUIVALENCY
		__ RETEST
BAG-VALVE-MASK [3 MINUTES]	START TIME:	END TIME:

- 0 1 2 *1. Positions mask properly and opens airway
- 0 1 2 2. Maintains adequate seal around mouth and nose
- 0 1 2 *3. Begins effective ventilations (chest or lung inflation) within 30 seconds of beginning of station time
- 0 1 2 *4. Performs effective ventilations for one (1) minute at a rate of 10-20 ventilations per minute
- 0 2 5. Connects BVM to oxygen source and adjusts liter flow
- 0 2 *6. Resumes ventilations within 15 seconds and continues effective ventilations for 30 seconds at rate of 10-20 ventilations per minute

____ Candidate's Total Points (minimum passing total: 7 points)	
Absolutes satisfied: ____ Yes ____ No (Must have at least one point for each step marked with an *)	____ Pass ____ Fail
Examiner:	Cert. No. (if assigned):

Documenting Comments:

BRONCHODILATOR ADMINISTRATION-HANDHELD METERED DOSE INHALER

CANDIDATE ' S NAME:		DATE:
__ EMT	__ EMTI	__ EMTP
COURSE #:		
__ INITIAL	__ RENEWAL	__ EQUIVALENCY
__ RETEST		
STATION TIME: 5 MINUTES	START TIME:	END TIME:

- | | | | |
|---|---|------|--|
| 0 | 2 | *1. | Avoids contamination of equipment /replaces contaminated equipment prior to use. |
| 0 | 2 | *2. | Confirms order (medication, dosage and route) |
| 0 | 1 | 2 | *3. Informs patient of order for medication and inquires about allergies and recent doses of other bronchodilators |
| 0 | 2 | *4. | Selects correct medication from drug box as requested by Examiner |
| 0 | 2 | *5. | Verbalizes check of medication for contamination and expiration date |
| 0 | 2 | *6. | Shakes the inhaler |
| 0 | 2 | 7. | Attaches spacer to inhaler, if ordered |
| 0 | 2 | 8. | Verbalizes recheck of the medication label |
| 0 | 2 | 9. | Removes nonrebreather mask from patient |
| 0 | 2 | 10. | Verbalizes recheck of the medication label |
| 0 | 2 | *11. | Performs steps 1-10 prior to step 12 and performs at least one (1) recheck of the medication label |
| 0 | 2 | 12. | Instructs patient to exhale deeply |
| 0 | 2 | *13. | Instructs patient to put the mouthpiece in mouth and make a seal with lips |
| 0 | 2 | *14. | Instructs patient to depress the inhaler canister while inhaling and then hold breath as long as comfortable |
| 0 | 2 | *15. | Replaces non-rebreather mask on patient |

____ Candidate ' s Total Points (Minimum passing total: 21 points)	
Absolutes satisfied: ____ Yes ____ No (Must have at least one point for each step marked with an *)	____ Pass ____ Fail
Examiner:	Cert. No. (if assigned):

Documenting Comments:

BRONCHODILATOR ADMINISTRATION-SMALL VOLUME NEBULIZER

CANDIDATE ' S NAME:		DATE:
__ EMT	__ EMTI	__ EMTP
COURSE #:		
__ INITIAL	__ RENEWAL	__ EQUIVALENCY
__ RETEST		
STATION TIME: 5 MINUTES	START TIME:	END TIME:

- | | | | |
|---|-----|------|---|
| 0 | 2 | *1. | Avoids contamination of equipment or replaces contaminated equipment prior to use. |
| 0 | 2 | *2. | Confirms order (medication, dosage and route) |
| 0 | 1 2 | *3. | Informs patient of order for medication and inquires about allergies and recent doses of other bronchodilators |
| 0 | 2 | *4. | Selects correct medication from drug box as requested by Examiner |
| 0 | 2 | *5. | Verbalizes check of medication for contamination and expiration date |
| 0 | 2 | *6. | Adds appropriate volume of medication to the nebulizer |
| 0 | 2 | *7. | Assembles nebulizer according to the manufacturer's standard (or local protocol) and connects to oxygen regulator |
| 0 | 2 | 8. | Verbalizes recheck of the medication label |
| 0 | 1 2 | *9. | Adjusts oxygen liter flow as ordered and allows mist to fill breathing tube or mask prior to applying to patient |
| 0 | 2 | 10. | Verbalizes recheck of the medication label |
| 0 | 2 | *11. | Performs steps 1-10 prior to step 12 and performs at least one (1) recheck of the medication label |
| 0 | 2 | *12. | Removes non-rebreather mask and positions nebulizer device on patient |

____ Candidate ' s Total Points (Minimum passing total: 17 points)	
Absolutes satisfied: ____ Yes ____ No (Must have at least one point for each step marked with an *)	____ Pass ____ Fail
Examiner:	Cert. No. (if assigned):

Documenting Comments:

EPINEPHRINE AUTO INJECTOR

Candidate's Name:		Date:
<input type="checkbox"/> EMT	<input type="checkbox"/> EMTI	<input type="checkbox"/> EMTP
COURSE #:		
<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Equivalency
<input type="checkbox"/> Retest		
Station Time: 5 Minutes	Start Time:	End Time:

- | | | | |
|---|-----|------|--|
| 0 | 2 | *1. | Avoids contamination of equipment or replaces contaminated equipment prior to use. |
| 0 | 2 | *2. | Confirms order (medication, dosage and route) |
| 0 | 1 2 | *3. | Informs patient of order for medication and inquires about allergies |
| 0 | 2 | *4. | Selects correct medication from drug box as requested by Examiner |
| 0 | 2 | *5. | Verbalizes check of medication for contamination and expiration date |
| 0 | 2 | *6. | Selects appropriate site and identifies it by pointing to (touching) the site on self |
| 0 | 2 | 7. | Verbalizes recheck of the medication label |
| 0 | 1 2 | 8. | Prepares the injection site |
| 0 | 2 | 9. | Verbalizes recheck of the medication label |
| 0 | 2 | *10. | Removes safety cap from the injector |
| 0 | 2 | *11. | Performs steps 1-10 prior to step 12 and performs at least one (1) recheck of the medication label |
| 0 | 2 | *12. | Places the tip of auto-injector against the injection site and pushes the injector firmly against the injection site |
| 0 | 2 | *13. | Holds auto-injector against the site for 10 seconds |
| 0 | 2 | 14. | Removes auto-injector and applies pressure |
| 0 | 2 | *15. | Disposes of contaminated equipment |

_____ Candidate's Total Points (minimum passing total: 21 points)	
Absolutes satisfied: _____ Yes _____ No (Must have at least one point for each step marked with an *)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Examiner:	Cert. No. (if assigned):

Documenting Comments:

BANDAGING
[STATION TIME 10 MINUTES]

CANDIDATE'S NAME:		DATE:
<input type="checkbox"/> ECA	<input type="checkbox"/> EMT	<input type="checkbox"/> EMTI
<input type="checkbox"/> EMTP	COURSE #:	
<input type="checkbox"/> INITIAL	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EQUIVALENCY
<input type="checkbox"/> RETEST	INJURY:	START TIME:
		END TIME

- | | | | |
|---|---|---|--|
| 0 | 2 | | *1. Checks circulation (pulse or capillary refill), motor function and sensation distal to injury before bandaging |
| 0 | 2 | | 2. Covers injury completely with clean dressing(s) demonstrating aseptic technique |
| 0 | 1 | 2 | *3. Secures dressing using appropriate pressure with no excessive movement |
| 0 | 1 | 2 | *4. Uses bandaging technique appropriate to injury |
| 0 | 2 | | *5. Checks circulation (pulse or capillary refill), motor function and sensation distal to injury after bandaging |

_____ Candidate's Total Points (minimum passing total: 7 points)	
Absolutes satisfied: _____ Yes _____ No (Must have at least one point for each step marked with an *)	_____ Pass _____ Fail
Examiner:	Cert. No. (if assigned):

Documenting Comments:

NREMT BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 5 minutes

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
Applies a dressing to the wound (see exception on next step)	1	
Bandages the wound(verballyize this/above step if bandaging skill already passed)	1	
<i>Note: The examiner must now inform the candidate that the wound is still continuing to bleed.</i>		
Applies an additional dressing to the wound	1	
<i>Note: The examiner must now inform the candidate that the wound is still continuing to bleed. The second dressing does not control the bleeding.</i>		
Locates and applies pressure to appropriate arterial pressure point	1	
<i>Note: The examiner must now inform the candidate that the bleeding is controlled and the patient is in compensatory shock.</i>		
Applies high concentration oxygen	1	
Properly positions the patient	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates need for immediate transportation	1	
TOTAL:	11	

CRITICAL CRITERIA

- _____ Did not take or verbalize body substance isolation precautions
- _____ Did not apply high concentration of oxygen
- _____ Applies tourniquet before attempting other methods of bleeding control
- _____ Did not control hemorrhage in a timely manner
- _____ Did not indicate a need for immediate transportation

Documenting Comments:

NREMT IMMOBILIZATION SKILLS -- LONG BONE

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 10 minutes

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs application of manual stabilization	1	
Assesses motor, sensory and distal circulation	1	
<i>NOTE: The examiner acknowledges present and normal</i>		
Measures splint	1	
Applies splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes hand/foot in the position of function	1	
Reassesses motor, sensory and distal circulation	1	
<i>Note: The examiner acknowledges present and normal</i>		
TOTAL:	10	

CRITICAL CRITERIA

- _____ Grossly moves injured extremity
- _____ Did not immobilize adjacent joints
- _____ Did not assess motor, sensory and distal circulation after splinting

Documenting Comments:

NREMT IMMOBILIZATION SKILLS -- JOINT INJURY

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 10 minutes

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses motor, sensory and distal circulation	1	
<i>NOTE: The examiner acknowledges present and normal</i>		
Selects proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes bone above injured joint	1	
Immobilizes bone below injured joint	1	
Reassesses motor, sensory and distal circulation	1	
<i>NOTE: The examiner acknowledges present and normal</i>		
TOTAL:	8	

CRITICAL CRITERIA

_____ Did not support the joint so that the joint did not bear distal weight

_____ Did not immobilize bone above and below injured joint

_____ Did not reassess motor, sensory and distal circulation after splinting

Documenting Comments:

TRACTION SPLINTING

CANDIDATE'S NAME:			DATE:
___ ECA	___ EMT	___ EMTI	___ EMTP
COURSE #:			
___ INITIAL COURSE	___ RENEWAL	___ EQUIVALENCY	___ RETEST
STATION TIME: 10 MINUTES	START TIME:	END TIME	

CANDIDATE PULLING TRACTION	CANDIDATE APPLYING SPLINT
0 1 2 *1. Checks circulation, motor function, and sensation distal to injury before applying ankle hitch	0 1 2 1. Prepares equipment
0 2 *2. Applies ankle hitch	0 2 *2. Stabilizes fracture while ankle hitch applied
0 1 2 *3. Applies and maintains traction, elevation, and gentleness	0 2 *3. Positions splint
	0 1 2 4. Fastens ischial strap
	0 1 2 5. Connects hitch to frame
	0 2 *6. Tightens mechanical device to achieve traction and immobilize injury
0 2 *4. Monitors circulation, motor function, and sensation distal to injury after procedure is completed	0 1 2 *7. Secures cravats or velcro straps without aggravating injury
	0 2 8. Verbalizes securing torso and splint to longboard to immobilize hip and prevent movement of splint
0 1 2 5. Communicates with partner & patient	0 1 2 9. Communicates with partner & patient
Minimum passing total: 7 points	Minimum passing total: 15 points

___ Candidate's Total Points	Partner's Name (Print):	
Absolutes satisfied: ___ Yes ___ No (Must have at least one point for each step marked with an *)		___ Pass ___ Fail
Examiner:	Cert. No. (if assigned):	

Documenting Comments:

NREMT SPINAL IMMOBILIZATION -- SUPINE PATIENT

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 10 minutes

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs assistant to place/maintain head in neutral in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Assesses motor, sensory and distal circulation in extremities	1	
Applies appropriate size extrication collar	1	
Positions the immobilization device appropriately	1	
Moves patient onto device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the board as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory and distal circulation in extremities	1	
TOTAL:	14	

CRITICAL CRITERIA

- _____ Did not immediately direct or take manual immobilization of the head
- _____ Releases or orders release of manual immobilization before it was maintained mechanically
- _____ Patient manipulated or moved excessively causing potential spinal compromise
- _____ Device moves excessively up, down, left or right on patient's torso
- _____ Head immobilization allows for excessive movement
- _____ Upon completion of immobilization, head is not in the neutral position
- _____ Did not reassess motor, sensory and distal circulation after immobilization
- _____ Immobilizes head to the board before securing torso

Documenting Comments:

NREMT SPINAL IMMOBILIZATION -- SEATED PATIENT

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 10 minutes

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs assistant to place/maintain head in neutral in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Assesses motor, sensory and distal circulation in extremities	1	
Applies appropriate size extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long board	1	
Reassesses motor, sensory and distal circulation in extremities	1	
TOTAL:	12	

CRITICAL CRITERIA

- ___ Did not immediately direct or take manual immobilization of the head
- ___ Releases or orders release of manual immobilization before it was maintained mechanically
- ___ Patient manipulated or moved excessively causing potential spinal compromise
- ___ Device moves excessively up, down, left or right on patient's torso
- ___ Head immobilization allows for excessive movement
- ___ Torso fixation inhibits chest rise resulting in respiratory compromise
- ___ Upon completion of immobilization, head is not in the neutral position
- ___ Did not reassess motor, sensory and distal circulation after immobilization
- ___ Immobilized head to the board before securing the torso

Documenting Comments:

PNEUMATIC ANTI-SHOCK GARMENT (P.A.S.G.)

CANDIDATE 'S NAME:		DATE:
___ EMT	___ EMTI	___ EMTP
COURSE #:		
___ INITIAL	___ RENEWAL	___ EQUIVALENCY
STATION TIME: 5 MINUTES		END TIME:
START TIME:		

- | | | | |
|---|---|-----|--|
| 0 | 2 | 1. | Prepares patient for application of the P.A.S.G. (Removes clothing or states "Clothing has been removed," as appropriate) |
| 0 | 1 | *2. | Positions and aligns garment |
| 0 | 1 | *3. | Secures leg sections |
| 0 | 1 | *4. | Secures abdominal section |
| 0 | 2 | *5. | Inflates garment (Three (3) compartments all at one time or leg sections then abdominal section)
NOTE: DO NOT ALLOW INFLATION. |
| 0 | 2 | *6. | Sets valves to prevent loss of air from garment |

___ Candidate's Total Points (Minimum passing total: 8 points)	
Absolutes satisfied: ___ Yes ___ No (Must have at least one point for each step marked with an *)	___ Pass ___ Fail
Examiner:	Cert. No. (if assigned):

Documenting Comments:

CARDIAC ARREST MANAGEMENT/AED

CANDIDATE'S NAME:		DATE:
<input type="checkbox"/> EMT	<input type="checkbox"/> EMTI	<input type="checkbox"/> EMTP
COURSE #:		
<input type="checkbox"/> INITIAL	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EQUIVALENCY
		<input type="checkbox"/> RETEST
STATION TIME: 5 MINUTES	START TIME:	END TIME:

- | | | | |
|---|---|------|--|
| 0 | 2 | *1. | Directs rescuers to stop CPR |
| 0 | 1 | *2. | Checks pulse |
| 0 | 2 | *3. | Directs rescuers to continue CPR |
| 0 | 2 | 4. | Turns on power to AED |
| 0 | 2 | *5. | Attaches pads to cables |
| 0 | 2 | *6. | Properly places pads on patient |
| 0 | 2 | *7. | Directs rescuers to stop CPR and to firmly states CLEAR (+ visually checks) |
| 0 | 2 | 8. | Initiates analysis of rhythm |
| 0 | 2 | *9. | Confirms that personnel are clear |
| 0 | 2 | *10. | Delivers shock |
| 0 | 2 | *11. | Repeats steps 9, 10 & 11 until three (3) successive shocks have been delivered |
| 0 | 1 | *12. | Checks pulse |
| 0 | 2 | *13. | Directs rescuers to continue CPR |

____ Candidate's Total Points (Minimum passing total: 18 points)	
Absolutes satisfied: ____ Yes ____ No (Must have at least one point for each step marked with an *)	____ Pass ____ Fail
Examiner:	Cert. No. (if assigned):

Documenting Comments:

NREMT PATIENT ASSESSMENT/MANAGEMENT -- TRAUMA

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 20 minutes

		Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
SCENE SIZE-UP			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
INITIAL ASSESSMENT			
Verbalizes general impression of patient		1	
Determines chief complaint/apparent life threats		1	
Determines responsiveness		1	
Assesses airway and breathing	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
	Injury management	1	
Assesses circulation	Assesses for and controls major bleeding	1	
	Assesses pulse	1	
	Assesses skin (color, temperature and condition)	1	
Identifies priority patients/makes transport decision		1	
FOCUSED PHYSICAL EXAM AND HISTORY/RAPID TRAUMA ASSESSMENT			
Selects appropriate assessment (focused or rapid assessment)		1	
Obtains baseline vital signs		1	
Obtains S.A.M.P.L.E. history		1	
DETAILED PHYSICAL EXAMINATION			
Assesses the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes	1	
	Assesses the facial area including oral and nasal area	1	
Assesses the neck	Inspects and palpates the neck	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assesses the chest	Inspects	1	
	Palpates	1	
	Auscultates the chest	1	
Assesses the abdomen/pelvis	Assesses the abdomen	1	
	Assesses the pelvis	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assesses the extremities	1 point for each extremity Includes inspection, palpation, assessment of pulses, sensory & motor functions	4	
Assesses the posterior	Assesses thorax	1	
	Assesses lumbar	1	
Manages secondary injuries and wounds appropriately 1 point for appropriate management of each injury/wound up to a maximum of 2 points		2	
Verbalizes reassessment of the vital signs		1	
TOTAL:		41	

CRITICAL CRITERIA

- | | |
|---|---|
| _____ Did not take or verbalize body substance isolation precautions | _____ Did not assess for spinal protection |
| _____ Did not provide for spinal protection when indicated | _____ Did not provide high concentration of oxygen |
| _____ Did not evaluate/find conditions of airway, breathing, circulation | _____ Did not transport patient in 10 minute time limit |
| _____ Did not manage/provide airway, breathing, hemorrhage control/treat for shock | _____ Did not differentiate transport decision |
| _____ Does other detailed physical examination before assessing airway, breathing and circulation | |

NREMT PATIENT ASSESSMENT/MANAGEMENT -- MEDICAL

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Approx. Station Time: 20 minutes

		Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
SCENE SIZE-UP			
Determines the scene is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
INITIAL ASSESSMENT			
Verbalizes general impression of the patient		1	
Determines chief complaint/apparent life threats		1	
Determines responsiveness/level of consciousness		1	
Assesses airway and breathing	Assessment Initiates appropriate oxygen therapy Assures adequate ventilation	1 1 1	
Assesses circulation	Assesses/controls major bleeding Assesses pulse Assesses skin (color, temperature and condition)	1 1 1	
Identifies priority patients/makes transport decision		1	
FOCUSED PHYSICAL EXAM AND HISTORY/RAPID ASSESSMENT			
Signs and Symptoms (Assess history of present illness)		1	
Respiratory	Cardiac	Altered Level of Consciousness	Allergic Reaction
*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions	*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions	*Description of the episode *Onset? *Duration? *Associated symptoms? *Evidence of trauma? *Interventions? *Seizures? *Fever?	*History of allergies? *What were you exposed to? *How were you exposed? *Effects? *Progressions? *Interventions
Poisoning/Overdose	Environmental Emergency	Obstetrics	Behavioral
*Substance? *When did you ingest/exposed? *How much did you ingest? *Over what time period? *Interventions? *Estimated weight? *Effects?	*Source? *Environment? *Duration? *Loss of consciousness? *Effects - General or local?	*Are you pregnant? *How long have you been pregnant? *Pain/contractions? *Bleeding or discharge? *Do you feel the need to push? *Last menstrual period? *Crowning?	*How do you feel? *Determine suicidal tendencies *Is the patient a threat to self or others? *Is there a medical problem? *Past medical history? *Interventions? *Medications?
Allergies		1	
Medications		1	
Past medical history		1	
Last meal		1	
Events leading to present illness (rule out trauma)		1	
Performs focused physical examination Assesses affected body part/system or, if indicated, completes rapid assessment		1	
VITALS (Obtains baseline vital signs)		1	
INTERVENTIONS Obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment		1	
TRANSPORT (Re-evaluates transport decision)		1	
Completes detailed physical examination		1	
ONGOING ASSESSMENT (verbalized)			
Repeats initial assessment		1	
Repeats vital signs		1	
Repeats focused assessment regarding patient complaint or injuries		1	
Checks interventions		1	
TOTAL:		31	

CRITICAL CRITERIA

- | | |
|--|--|
| _____ Did not take or verbalize body substance isolation precautions if necessary | _____ Did not determine scene safety |
| _____ Did not evaluate and find conditions of airway, breathing, circulation | _____ Did not provide high concentration of oxygen |
| _____ Did not obtain medical direction or verbalize standing orders for medication interventions | |
| _____ Did not manage/provide airway, breathing, hemorrhage control or treatment for shock | |
| _____ Did not differentiate patient needing transportation versus continued assessment at the scene | |
| _____ Does detailed or focused history/physical examination before assessing airway, breathing and circulation | |



WYLIE ISD

EMT CLINICAL

Policy & Procedures Manual

EMT-Basic Clinical Course Checkpoints

SUBJECT	REFERENCE
<p>Introduction to Clinical. Review of Clinical PREREQUISITES Review of Semester's Clinical Course Calendar Review of Clinical Course Requirements</p>	<p>Clinical Packet</p>
<p>**Hospital Clinical Orientation**</p> <p><i>This is a MANDATORY class that students MUST go through BEFORE being allowed to go to the hospital clinical sites. If you miss this class, you cannot complete clinical, thus you will fail the course! NO EXCEPTIONS!!</i></p>	<p>Handouts, Video, Clinical Packet</p>
<p>**EMS Clinical Orientation**</p> <p><i>This is a MANDATORY class that students MUST go through BEFORE being allowed to go to the EMS/Ambulance sites. If you miss this class, you cannot complete clinical, thus you will fail the course! NO EXCEPTIONS!!</i></p>	<p>Handouts, Video, Clinical Packet</p>
<p>Practice Narrative Writing – S.O.A.P. Practical Narrative Scenarios Review of Clinical Paperwork & Corrections</p>	<p>Clinical Packet</p>
<p>Introduction to Advanced Practice assistance Lab Demo / Practice of Assisted Skills Review of Clinical Paperwork & Corrections</p>	<p>Clinical Packet, Demo / Lab</p>
<p>Final Clinical Class Review of Clinicals to date Review of Clinical Paperwork & Corrections</p>	<p>Clinical Packet</p>

2Hospital and Ambulance Clinical Internship Policies

The hospital and clinical ambulance internships are designed to provide the students with an opportunity to observe, participate, and transfer rote skills and cognitive concepts into actual/live situations. It further enhances knowledge and skill level to facilitate optimal pre-hospital care both in training and post-training performance. While a separately numbered course, it is an integral part of the student's course and thus must be successfully passed in congruence with the didactic portion of the program. The purposes of the WYIE ISD EMS Program are to prepare potential future EMS personnel to:

- Function as practitioners in the pre-hospital care and emergency medical environment at the desired certification level.
- Serve as a self motivated and self directed practitioner in EMS, who strives for personal and professional educational proficiency and continued educational development.

General Clinical Policies

A. Student Expectations in Clinical:

The student is to report to assigned department/ station **fifteen (15) minutes early to get to assigned area and be assigned to/check in with a Preceptor. The student must ALSO perform the following while within ANY of the WYIE ISD clinical affiliated sites:

1. Be properly attired in the correct clinical and/or field uniform WITH your clinical ID, bringing with you ALL appropriate paperwork and a black pen.
2. Introduce them self to the Preceptor, tell them your SHIFT HOURS, and at what level of skill that you will be training.
3. Assist the Preceptor with checking supplies and/or daily inventory.
4. Assist the Preceptor with ANY general maintenance or cleaning needs as requested.
5. Actively participate in patient care as directed by the Preceptor.
6. Ask questions at the appropriate time regarding patient care approach, even if it differs from what was taught in class, in an area away from the patient and/or patient's family.
7. Perform each activity and skill under the direct supervision of the Preceptor, Teacher, and/or physician.
8. If the student is unsure of a skill, they should request a demonstration by the Preceptor PRIOR TO any attempt to perform such skill and MUST BE within the Scope of Practice of the level of certification.
9. Perform only those skills instructed and proficiency has been verified in class. No skill is to be performed without the direct supervision of the Preceptor.
10. Review each skill activity with the Preceptor and accept their constructive criticism.
11. Assist the staff as much as possible in any duties requested as long as it's within the Scope of Practice.
12. Assure that the Preceptor completes the student's documentation / evaluation form and SIGNS IT. Students who do NOT get the appropriate signature and documentation completed will NOT have their clinical time counted and will be REQUIRED to repeat the clinical rotation.
13. Complete the student evaluation of clinical and field experience form.
14. Return ALL COMPLETED clinical documents at the BEGINNING of your NEXT class. Students who do not turn in all documents or incomplete documentation will have their clinical grade reduced. Multiple infractions of late or incomplete paperwork will lead to student disciplinary actions.

B. Scheduling

The Teacher will manage ALL clinical site schedules for all EMS program students for all clinical rotations, regardless of who the student's didactic course Instructor is. Students have some ability in choosing their own clinical rotation schedule, within certain limitations. Scheduling is done on a first come, first serve basis and ONLY on the designated days stated in the student's didactic course calendar....which means that scheduling will be done on a class day.....at the END of class.....and only on THAT day. So if the student is absent during the sign up, the student will have to WAIT until the NEXT available sign up. Once a student is signed up for a clinical site and the schedule has been PRINTED, the schedule may not be changed unless EXTREME extenuating circumstances exist, so students should be VERY SURE of their personal schedules PRIOR TO signing up. The Teacher will NOT make ANY changes to the printed clinical calendars. However, if the calendars are still in their "sign-up" phase, any changes can be made without penalty. But it should be noted that ANY changes made during when schedules are available for updates, are subject to be noted to the student's clinical grade if such changes occur more than TWICE in a semester. Students may not switch time and/or locations with other students. Any student switching times and/or locations will be counted absent and receive an unexcused absence for that clinical rotation. If a student cannot attend their chosen clinical day, then it simply counts as an absence. Copies of the Master Set of calendars are posted in the student's respective classrooms/labs. The Teacher has the Master Set and ONLY that set can have changes made on it IF the Teacher approves. Calendars posted in the rooms are NOT to be changed and WILL NOT qualify as a valid change.

C. Clinical Attendance

Students are REQUIRED to attend both the clinical training sessions as well as all of their clinical rotations at the clinical sites. At least 2 of the clinical training sessions scheduled in the classroom during the semester will be MANDATORY orientation for qualification to the clinical sites. If a student does not attend such training, the student will not be cleared for clinical. If the student doesn't complete clinical, they fail the ENTIRE course, and not just clinical. The clinical training sessions are scheduled to best accommodate the students' course schedules. As such, students are expected to attend all clinical training sessions, and not just the mandatory orientation ones. Students who miss more than 1 clinical training session in a semester will be counseled. If the student misses another clinical training session after the counseling, they are subject to being dismissed from the course. The student must realize the importance of clinical training as an adjunct to their didactic training, and the ONLY way to get such training is simply being there to receive it.

Students MUST report to their chosen clinical sites on time. All program prescribed hospital clinical and ambulance internship times are mandatory for full attendance for the satisfactory completion of the course. The Teacher will verify any/all attendance in the clinical area. The Teacher has the authority to recommend that a student not receive a Course Completion for any of the following clinical issues:

- *One (1) unexcused absence.
- *Excused absences in excess of 10% of the clinical time (for Basics, that's more than 1 shift).
- *Too few clinical hours as prescribed by the program and/or the state for certification.
- *Leaving clinical sites early or habitual tardiness to clinical sites.

D. Clinical / Field Documentation

Students should take ALL appropriate paperwork to their clinical rotation (preferably in a clipboard), as well as a black pen (pencils and other colored pens are NOT allowed). While in the clinical area, the student will be required to document patient contacts and care provided by both the Preceptors and the student. The clinical forms are designed for needed information that describe not only the call / patient, but administrative information like call location, the Preceptor's printed name, scene times, etc. Everything on the form that is shaded is for the Preceptor to write in, everything in white is the student's responsibility. Each respective clinical form MUST be completed by the student at the clinical site PRIOR TO leaving at the end of shift. This allows the Preceptor to read / review the student's work and offer any constructive advice. It is also the time when the Preceptor will fill out the small section on each form to evaluate the student's performance for that clinical rotation and subsequently sign it.

Forms that are returned without a Preceptor's signature will not count as an acceptable clinical rotation verification. If the form is returned and is found to have a falsified signature, the student will be subject to review from the EMS Program Coordinator and could be dismissed from the entire program for an honor violation as it is an attempt to falsify documentation.

Along with the main Clinical Documentation form, the form titled "Student Clinical Evaluation Form" is to be filled out and returned with the main clinical documents. The student's Instructor will check in all clinical documents, date them, and pass them along to the Teacher who will evaluate them for their timeliness, completeness, continuity, adherence to format and the standard of care. Students who are not experiencing or accruing an acceptable amount of skill opportunities OR are reported by their Preceptors to not willing to get involved in patient care, will be counseled and encouraged to exercise more initiative. Feedback concerning the student's clinical documentation forms will be given primarily during the clinical training sessions, although it can be done during the student's didactic course time (usually on breaks) if the timeliness of the feedback is needed. The student must understand that the clinical documentation is an extremely important part of their training as the medical field is inundated with documentation requirements as they are usually tied to financial reimbursements and even legal issues. Therefore, the Wylie ISD EMS Program puts a very high standard on this aspect of the student's training and requirements / compliance. Therefore, to educate the students to the same general importance of documentation, the clinical grade directly reflects the attentiveness to the paperwork. Chronic and/or consistent return of paperwork that is late, incomplete, or below the program standard will result in the student being counseled and will most likely result in lowering the student's grade.

E. Field Clinical Reviews / Conferences

The Teacher does go to all of the clinical sites during ANY 24 hour period, 7 days a week, during the semester. The purpose of the visits is to see the student in action, answer questions from the student and/or Preceptors, and to give a sense of presence of Wylie ISD EMS Program staff in the clinical settings. The Teacher may debrief the student on site and even initiate an open forum of interesting/practice cases. Any such conferences could also address general trends in student's overall program performance as well as evaluate student's performance in the clinical area.

F. Clinical / Field Evaluation Procedures

Criteria for successful completion of the clinical and field area includes the following: clinical attendance records (both training sessions and field clinicals), timely returns of clinical documents the class directly after the clinical, the quality of the clinical and field evaluation forms, and the documented patient contacts & skills evaluations from the Preceptors. Early in the clinical experience, the student's grade reflected by their paperwork has some latitude built into it for the learning experience. However, past the student's first times, any documentation deficits will have a direct impact on the student's grade. A grade that falls too far, could cause the student to fail clinical, thus the entire course. Therefore, the student has full control of his/her performance and product in clinical.

G. Grading the Clinical Course

To pass clinical course, students **MUST** complete the minimum number of required contact hours. In addition, passing the clinical course requires that **ALL** minimum patient contacts and procedures be achieved. Students who have the minimum number of contact hours but **NOT** the minimum patient contacts, will be required to attend more clinical rotations to meet that course requirement. While the student must make sure that all course minimums are met, it should also be noted that **ALL** clinical Preceptor evaluations that the student obtained in the clinical sites identify the student as competent. Preceptor evaluations which indicate unsatisfactory performance may result in failure of the clinical course which means the student fails the entire EMT-Basic course

The grading scale for the clinical area:

90 to 100 --	A	<u>EMT-B Clinical Course Grade</u>
80 to 89.9 --	B	Field Clinical Attendance -- 30%
70 to 79.9 --	C	Training Sessions Attendance -- 30%
60 to 69.9 --	D	Clinical Documentation -- 30 %
Below 60 --	F	Assignments / Exams -- 10%

Students can be advised of their general clinical grade status after the first couple of clinical rotations have been completed. Such information can be obtained from the Teacher, not the student's course Instructor. However, if at any point in the course the student is noted to have a failing performance, attendance, or documentation issue, the Teacher will call for an immediate conference with the student and develop a plan of action to improve on the student's deficits. **At the end of the course, a final grade of 70% or higher must be achieved in clinical to pass.** The grade then obtained in this course, is added to the student's didactic course grade. Thus, it reflects the importance of competent clinical training and performance for an EMS student.

H. Expected Clinical Competencies

The following clinical competencies are required for **ALL** students. Since certain types of patients or just patients in general cannot be created, in certain situations, scenarios and simulation may be substituted for a maximum of 20% of any given competency rather than clinical experience. Substitutions must be approved by the EMS Program Medical Director. In order for verification, all skills and patient information must be documented as directed in the clinical policy.

Expected EMT-Basic Clinical Competencies

Skills

Vital Signs	30
Small Volume Nebulizer	2
Oxygen Administration	10
Spinal Immobilization	2
Bandaging / Splinting	3
Patient Assessments	12
CPR	1

Patients

Total Patient Contacts	35
Medical Patients	15
Trauma Patients	15
Pediatric/Neonatal Patients	5

MINIMUM Clinical Times REQUIRED

MINIMUM Total ER Clinical Time	24 Hours
MINIMUM Total ICU/Cardiac Cath Time	8 Hours
MINIMUM Total Pediatric Clinic	8 Hours
MINIMUM Total OB Clinical Time	8 Hours
MINIMUM Total EMS	5 patient transports

*More time may be needed to achieve patient or skills set. Students **MUST COMPLETE ALL TIME REQUIREMENTS**, even if skill and patient competencies are met.

I. Patient Confidentiality

Patient information garnered during clinical rotations is considered confidential both ethically and, in many cases, legally. Discussion with Preceptors, the Teacher, the EMS Program Medical Director, and/or the student's Instructor is permitted when used for educational or stress management purposes only, and when in private setting. Any other open or public discussion of any confidential patient information outside the clinical setting is strictly prohibited. Confidential patient information is defined as any information which would specifically identify an individual. This includes, but is not limited to: name, address, Social Security number, or driver's license number. At times this may also include specific details, not generally known to the public, which involve a media event.

In Order to Protect Confidentiality the Student Must:

1. Protect confidential, sensitive, and proprietary information: do not post confidential or proprietary information about the college, clinical EMS staff, students and peers, clinical facilities, clients/patients, or others you may come in contact with while in the role of a Wylie ISD EMS student.
2. Protect all private and confidential information related to you and to others. Be responsible for what you post and protect yourself and others.
3. Be aware that you are associated with Wylie ISD when engaging in online social networks. Regardless of how you identify yourself, be it personal or as a student, ensure that your profile and related content is consistent with how you wish to present yourself to colleagues, clients/patients, and potential employers.
4. Identify your views as your own. When posting your point of view, you should neither claim nor imply that you are speaking on Wylie ISD behalf, unless you are authorized to do so in writing.
5. Respect copyright and fair use. When posting, be mindful of the copyright and intellectual property rights of others and of the college.
6. Comply with the expectations for all electronic devices (such as PDAs, Notebooks, Tablets, and Smartphones) that are employed for social media communication during clinical activity.

7. Restrict the use of computers and electronic devices during class to note taking and approved classroom activities. Other methods of usage are not only distracting to yourself, but to the student within your immediate area.

Consequences:

Violations of client/patient privacy with an electronic device will be subject to HIPAA procedures and guidelines. Consequences will result in termination from the program. Each student is legally responsible for individual postings and may be subject to liability if individual postings are found defamatory, harassing, or in violation of any other applicable law. Students may also be liable if individual postings include confidential or copyrighted information from music, videos, text, and any other media. Students who share confidential or unprofessional information do so at the risk of disciplinary action including failure in a course and/or dismissal from the program.

J. Course Completion Policy

A student is considered to have successfully completed this course when ALL clinical affective, cognitive, and psychomotor objectives as well as all clinical competencies have been successfully completed according to program criteria. Upon completion of the course, the Teacher, the Course Instructor AND the student will ALL re-verify all required documents in the student's file. Upon re-verification, if all documents are in place and correct, the student will receive an official course completion certificate. An exit interview will also be conducted with the student. Failure of either the didactic or clinical portion of the program constitutes the failure of the entire course.

CLINICAL OBJECTIVES AND REQUIRED COMPETENCIES

Types of Clinical Experiences Available

The following types of clinical experiences are available to students. Clinical objectives define the required clinical experiences. Emergency Department, Labor/OB, Cath Lab/ICU, and Pediatric Clinic and Emergency Medical Services are required clinicals. All others listed are used periodically and when available.

- A. Emergency Department -- The student will observe and participate in the definitive emergent care of all ranges and acuity of patients. Under the guidance of the Teacher and the Preceptor, the student will be able to perform their appropriate EMT level.
- B. Labor & Delivery / OB-GYN / Nursery -- Preceptors and the Teacher will guide the student in the facets of care for ante-partum and post partum patients. The student will also participate in newborn care and assessment.
- C. Emergency Medical Service -- The student will be assigned to a Mobile Intensive Care rated ambulance service where they will observe, participate, and function with the EMS Preceptors. With guidance, direction, evaluation and feedback from the Preceptors and Teacher, the student will perform their appropriate basic and/or advanced life support procedures. For Paramedics only: their last semester will be mostly dedicated to the ambulance internship as a capstone to the program.
- D. Intensive Care Unit -- While in the Intensive Care Units, the student will be guided by the Clinical Coordinator and Preceptor to observe critical care medicine and participate in the care of acute trauma/medical/surgical patients. This will allow the student to develop a more comprehensive understanding of the health care continuum at a critical/delicate care level.
- E. Pediatrics -- The students will have the opportunity to observe, assess and participate in the care of pediatric patients in a clinic specializing in the definitive care of critical infants and children, while under the direct supervision by critical care Preceptors.
- F. Home Health Care -- Under the direct supervision of a Home Health Care RN, the student will observe and participate in the delivery of care to Home Bound patients.
- G. Mental Health Services -- The student will have an opportunity to observe and limitedly participate in the care of emotionally infirm and other psychiatric patients.
- H. Dialysis Clinic -- The student will have an opportunity to observe and limitedly participate in the care of patients who are undergoing formal in-clinic dialysis treatment.

- I. Medical Examiner / Morgue / Cadaver Lab** – The student will have the opportunity to observe the operations and functions of a morgue, funeral home, or Medical Examiners office. This opportunity would allow the student a unique perspective of the human in a post-mortem condition.
- J. Aeromedical Internship** – On a limited basis, a select number of students will be given the opportunity to fly with an air ambulance for one shift as a Third Rider. The student would have to meet certain flight criteria and will have to sign separate documents not included in the student's file. This is a RARE and unique opportunity for EMS students not usually available in any program. special interest for potential future flight medics.
- L. Medical Director Fellowship** – For a very select number of students, this one-of-a-kind fellowship will be offered to students who meet a very specific criteria. The selected students will have the opportunity to “shadow” the EMS Program's Medical Director for an entire day at Parkland Hospital in Dallas. This rare opportunity will allow the student to be under the direct guidance of Dr. Pease at a world-renowned Level I Trauma facility

Required Clinical Rotations

A. Emergency Department:

The following is a list of expectations of the EMT-Basic student's minimum competencies while in the Emergency Department clinical site that are expected within the WYIE ISD clinical program:

1. The student should report to their clinical site in a punctual manner, appear in clinical uniform with ID and groomed in a professional manner, and be attentive at ALL TIMES in the clinical area.
2. Once at the clinical site, the student should be physically and mentally ready to participate in any clinical activities requested by the Preceptor or Teacher at a proficient level. Furthermore, the student should be able to adapt to most situations and make sound judgements in the clinical area.
3. On each clinical rotation, the student should generally be able to observe:
 - A. chronic disease processes.
 - B. acute illness presentations.
 - C. common injuries & critical trauma.
 - D. general patient entry triage
 - E. ER Team interaction.
 - F. medical control interaction.
 - G. definitive care procedures within AND outside of the normal EMS Scope of Practice.
4. The student should be able to perform the following skills under the direction of the assigned ER Preceptor or Teacher with AT LEAST a level 3 rating (see documentation form for further explanation):
 - 1) a manual set of vital signs and at least a working knowledge of automated vital signs devices,
 - 2) the ability of the student to obtain and/or identify a patient's S.A.M.P.L.E. history,
 - 3) the general working ability to perform primary and secondary patient assessment skills as needed,
 - 4) practical knowledge (demonstrated if available) of proper patient movement/lift techniques,
 - 5) oxygen administration and/ or artificial ventilation via BVM,
 - 6) oral/nasal airway placement and/or any needed oro/nasopharyngeal suctioning,
 - 7) proper CPR skills if a patient is in cardiac arrest,
 - 8) good general patient and ER Team interaction.
5. The student should be able to document the complete patient assessment, interventions, and care plan on THEIR documentation form to a progressively proficient level.

B. Labor & Delivery / OB-GYN / Nursery:

The following is a list of expectations of the EMT-Basic student's minimum competencies while in the Emergency Department clinical site that are expected within the WYIE ISD clinical program:

1. The student should report to their clinical site in a punctual manner, appear in clinical uniform with ID and groomed in a professional manner, and be attentive at ALL TIMES in the clinical area.
2. Once at the clinical site, the student should be physically and mentally ready to participate in any clinical

activities requested by the Preceptor or Teacher at a proficient level. Furthermore, the student should be able to adapt to most situations and make sound judgments in the clinical area.

3. On the clinical rotation, the student should generally be able to observe the following:
 - A. stages of labor
 - B. fetal monitoring
 - C. vaginal and caesarian deliveries.
 - D. neonatal care.
 - E. health care continuum team interaction.
4. The student should be able to perform the following skills under the direction of the assigned L & D Preceptor or Teacher with AT LEAST a level 3 rating (see documentation form for further explanation):
 - 1) a manual set of vital signs and at least a working knowledge of automated vital signs devices,
 - 2) the ability of the student to obtain and/or identify a patient's S.A.M.P.L.E. history,
 - 3) practical knowledge (demonstrated if available) of proper patient movement/lift techniques,
 - 4) oxygen administration,
 - 5) good general patient and Labor & Delivery Pediatric Team interaction.
 - 6) delivery assistance as requested
5. The student should be able to document the complete patient assessment, interventions, and care plan on THEIR documentation form to a progressively proficient level.

C. Pediatrics:

The following is a list of expectations of the EMT-Basic student's minimum competencies while in the Pediatrics clinical site that are expected within the WYIE ISD clinical program:

1. The student should report to their clinical site in a punctual manner, appear in clinical uniform with ID and groomed in a professional manner, and be attentive at ALL TIMES in the clinical area.
2. Once at the clinical site, the student should be physically and mentally ready to participate in any clinical activities requested by the Preceptor or Teacher at a proficient level. Furthermore, the student should be able to adapt to most situations and make sound judgments in the clinical area.
3. On the clinical rotation, the student should generally be able to observe the following:
 - A. childhood diseases and injuries
 - B. childhood development and anatomical differences in adults.
 - E. health care continuum team interaction.
4. The student should be able to perform the following skills under the direction of the assigned L & D Preceptor or Teacher with AT LEAST a level 3 rating (see documentation form for further explanation):
 - 1) a manual set of vital signs and at least a working knowledge of automated vital signs devices,
 - 2) the ability of the student to obtain and/or identify a patient's S.A.M.P.L.E. history,
 - 3) practical knowledge (demonstrated if available) of proper patient movement/lift techniques,
 - 4) oxygen administration,
 - 5) good general patient and Pediatric Team interaction.

5. The student should be able to document the complete patient assessment, interventions, and care plan on THEIR documentation form to a progressively proficient level.

D. Cardiac Cath/ Intensive Care Unit:

1. The student will observe or participate in the following skills under the supervision of a preceptor.
Depending on the availability and/or quality of patients in the Cardiac Cath/ICU and, the student will:
 - 1) take vital signs and evaluate to determine patient status.
 - 2) assist with ventilation
 - 3) assist with suctioning.
 - 4) assist with cardiac monitoring and lead placement.
 - 5) review cardiology equipment used to evaluate a cardiac patient.
 - 6) review the anatomy and physiology of the cardiovascular system.
 - 7) Observe transcutaneous and Transvenous pacing
 - 8) Observe Automatic Implantable Cardiac Defibrillator (AICD)
 - 9) Observe cardiac catheterization.
 - 10) Review the care of patients with cardiovascular disease including prevention and follow-up care.
 - 11) Review thrombolytic therapy.
2. The student should be able to perform the following skills under the direction of a preceptor or clinical instructor with at least a level 3 rating:
oxygen administration, oral/nasal airway, suctioning, ventilation, as well as a primary/secondary and systems approach assessment to all patients contacted.
3. The student should be able to document a complete patient assessment and care plan to the proficient level.
4. The student should be able to participate in all clinical activities at a proficient level.
5. The student should be able to appear professional and punctual in the clinical area.
6. The student should be able to adapt to most situations and make sound judgements in the clinical area.

E. Emergency Medical Services:

The following is a list of expectations of the EMT-Basic student's minimum competencies while in the Emergency Department clinical site that are expected within the WYIE ISD clinical program:

1. The student should report to their clinical site in a punctual manner, appear in clinical uniform with ID and groomed in a professional manner, and be attentive at ALL TIMES in the clinical area.
2. Once at the clinical site, the student should be physically and mentally ready to participate in any clinical activities requested by the Preceptor or Teacher at a proficient level. Furthermore, the student should be able to adapt to most situations and make sound judgements in the clinical area.

3. On the clinical rotation, the student should usually be able to observe:
 - A. EMS ambulance operations.
 - B. primary advanced prehospital health care.
 - C. health-care provider / patient interaction
 - D. the multiple levels of the health care team
 - E. the multiple facets of the functioning public safety realm

4. The student should be able to perform the following skills under the direction of the assigned EMS Preceptor or Teacher with AT LEAST a level 3 rating (see documentation form for further explanation):

11

- 1) a manual set of vital signs on every patient contacted,
 - 2) the ability of the student to obtain and/or assist in obtaining a patient's S.A.M.P.L.E. history,
 - 3) practical knowledge of proper patient movement/lift techniques,
 - 4) oxygen administration and/ or artificial ventilation via BVM,
 - 5) oral/nasal airway placement and/or any needed oro/nasopharyngeal suctioning,
 - 6) proper CPR skills if a patient is in cardiac arrest,
 - 7) bandaging and/or splinting skills (including spinal immobilization) as requested,
 - 8) assist in EMT-Basic level patient medication administration as protocol allows,
 - 9) good general patient and EMS Team interaction.
-
5. The student should be able to document the complete patient assessment, interventions, and care plan on THEIR documentation form to a progressively proficient level.

APPENDIX

**ACKNOWLEDGMENT OF WYIE ISD-EMS
CLINICAL POLICIES AND PROCEDURES**

This is to affirm that each student has received an orientation to the policies and procedures, and they have read and understand all facets therein. The following confirms this understanding:

**I _____, have received the
(Print Student's Name)**

official WYIE ISD-EMS CLINICAL Policies and Procedures Manual, orientation, and have read and fully understand the outlined policies and procedures for the Wylie ISD EMS Program. Furthermore, I agree to fully abide by these policies and procedures.

Printed Name

Signature

Date

Student's EMS Instructor (print)

WYIE ISD EMS Director (print)

Signature

Signature

Date

Date

WYIE ISD EMT – BASIC
EMERGENCY ROOM INTERNSHIP / PERFORMANCE IMPROVEMENT APPRAISAL

STUDENT:				PRECEPTOR:											
LOCATION:				SHIFT TIME:		DATE:									
STUDENTS WILL DOCUMENT THE FOLLOWING INFORMATION ON A MINIMUM OF THREE (3) PATIENTS DURING EACH ROTATION & THEN GIVE THE FORM TO THE PRECEPTOR FOR EVALUATION OF THEIR CLINICAL PERFORMANCE. RETURN FORM ON THE NEXT CLASS DAY.															
PT. #1: Time In		Time Out		AGE:		GENDER:									
						ALLERGIES:									
CHIEF COMPLAINT:															
P:		R:		BP:		TEMP:									
PULSE OX:		EKG:		D-STICK:		PULSE OX:									
						EKG:									
						D-STICK:									
TREATMENT OBSERVED:															
TREATMENT PERFORMED:															
STUDENT NOTES:															
DISPOSITION:															
PT. #2: Time In		Time Out		AGE:		GENDER:									
						ALLERGIES:									
CHIEF COMPLAINT:															
P:		R:		BP:		TEMP:									
PULSE OX:		EKG:		D-STICK:		PULSE OX:									
						EKG:									
						D-STICK:									
TREATMENT OBSERVED:															
TREATMENT PERFORMED:															
STUDENT NOTES:															
DISPOSITION:															
PT. #3: Time In		Time Out		AGE:		GENDER:									
						ALLERGIES:									
CHIEF COMPLAINT:															
P:		R:		BP:		TEMP:									
PULSE OX:		EKG:		D-STICK:		PULSE OX:									
						EKG:									
						D-STICK:									
TREATMENT OBSERVED:															
TREATMENT PERFORMED:															
STUDENT NOTES:															
DISPOSITION:															
PERFORMANCE		RATING						PERFORMANCE		RATING					
STUDENT APPEARANCE		1 2 3 4 5 6 N/A						OBSERVES ASSESSMENTS		1 2 3 4 5 6 N/A					
STUDENT GENERAL ATTITUDE		1 2 3 4 5 6 N/A						OBSERVES HISTORY TAKING		1 2 3 4 5 6 N/A					
FOLLOWS DIRECTIONS		1 2 3 4 5 6 N/A						LIFTING & MOVING SKILLS		1 2 3 4 5 6 N/A					
WILLINGNESS TO PARTICIPATE		1 2 3 4 5 6 N/A						VITAL SIGNS SKILLS		1 2 3 4 5 6 N/A					
ER FAMILIARITY		1 2 3 4 5 6 N/A						BANDAGING / SPLINTING SKILLS		1 2 3 4 5 6 N/A					
ROOM MAINTENANCE SKILLS		1 2 3 4 5 6 N/A						CPR / OTHER EMT SKILLS		1 2 3 4 5 6 N/A					
INFECTION CONTROL SKILLS		1 2 3 4 5 6 N/A						STUDENT / PATIENT RELATIONS		1 2 3 4 5 6 N/A					
KEY: 1 = POOR; 2 = MARGINAL; 3 = ACCEPTABLE; 4 = GOOD; 5 = EXCELLENT; 6 = DID NOT OBSERVE															
PRECEPTORS: Please complete the above evaluation for the clinical rotation AFTER the student has completed the rotation AND all necessary paperwork. Then please answer the following questions in spaces provided (or on back if necessary). Thank You.															
1. Write any reasons for any Performance Ratings of 1 or 2.															
2. Write your suggestions for training that will improve the student's performance on their next clinical rotation.															

PRECEPTOR

STUDENT

SIGNATURE _____

SIGNATURE _____

WYIE ISD EMT – BASIC

AMBULANCE INTERNSHIP / PERFORMANCE IMPROVEMENT APPRAISAL

STUDENT:		PRECEPTOR:	
SHIFT LOCATION:		SHIFT TIME:	DATE:
CALL LOCATION:		TYPE CALL:	DISPATCH TIME:
			CLEAR TIME:
STUDENTS WILL DOCUMENT THE FOLLOWING INFORMATION ON A MINIMUM OF THREE (3) PATIENTS DURING EACH ROTATION & THEN GIVE THE FORM TO THE PRECEPTOR FOR EVALUATION OF THE CLINICAL PERFORMANCE. RETURN FORM AT THE NEXT CLASS.			
GENERAL	RATING	S)	
PUNCTUALITY	1 2 3 4 5 6		
AMBULANCE CHECK	1 2 3 4 5 6		
INFECTION CONTROL	1 2 3 4 5 6		
GENERAL ATTITUDE	1 2 3 4 5 6		
WILLING TO PARTICIPATE	1 2 3 4 5 6		
FOLLOWS DIRECTIONS	1 2 3 4 5 6		
LIFTING & MOVING	1 2 3 4 5 6		
PATIENT INTERACTION	1 2 3 4 5 6	O)	
ASSESSMENT	RATING		
INITIAL	1 2 3 4 5 6		
FOCUSED	1 2 3 4 5 6		
DETAILED	1 2 3 4 5 6		
REASSESSMENT	1 2 3 4 5 6		
S.A.M.P.L.E.	1 2 3 4 5 6		
SKILLS	RATING		
AIRWAY MANAGEMENT	1 2 3 4 5 6		
O2 ADMINISTRATION	1 2 3 4 5 6		
BVM USE / OPA - NPA	1 2 3 4 5 6		
SUCTIONING	1 2 3 4 5 6		
VITAL SIGNS	1 2 3 4 5 6	A)	
BANDAGING / SPLINTING	1 2 3 4 5 6		
SPINAL IMMOBILIZATION	1 2 3 4 5 6	P)	
TRACTION / PASG	1 2 3 4 5 6		
ASSISTED MEDS	1 2 3 4 5 6		
AED / CPR	1 2 3 4 5 6		
KEY: 1 = Poor 4 = Good			
2 = Marginal 5 = Excellent			
3 = Adequate 6 = Did Not Observe			
PRECEPTORS: Please complete the above evaluation for the clinical rotation AFTER the student has completed the rotation AND all necessary paperwork. Then please answer the following questions in spaces provided (or on back if necessary). Thank You.			
1. Write any reasons for any Performance Ratings of 1 or 2.			
2. Write your suggestions for training that will improve the student's performance on their next clinical rotation.			

PRECEPTOR

STUDENT

SIGNATURE _____

SIGNATURE _____

WYLIE ISD EMT**LABOR & DELIVERY INTERNSHIP / PERFORMANCE IMPROVEMENT APPRAISAL**

STUDENT:				PRECEPTOR:													
LOCATION:				SHIFT TIME:		DATE:											
STUDENTS WILL DOCUMENT THE FOLLOWING INFORMATION ON A MINIMUM OF THREE (3) PATIENTS DURING EACH ROTATION, & THEN GIVE THIS FORM TO THE PRECEPTOR FOR EVALUATION OF THEIR CLINICAL PERFORMANCE. RETURN FORM ON THE NEXT CLASS DAY.																	
PT. #1: Time In		Time Out		AGE:		PARA:	GRAVITA:	ALLERGIES:									
CURRENT L/D STATUS:																	
P:		R:	BP:		TEMP:		P:	R:	BP:	TEMP:							
PULSE OX:		EKG:		D-STICK:		PULSE OX:		EKG:		D-STICK:							
TREATMENT OBSERVED:																	
TREATMENT PERFORMED:																	
STUDENT NOTES:																	
DISPOSITION:																	
PT. #2: Time In		Time Out		AGE:		PARA:	GRAVITA:	ALLERGIES:									
CURRENT L/D STATUS:																	
P:		R:	BP:		TEMP:		P:	R:	BP:	TEMP:							
PULSE OX:		EKG:		D-STICK:		PULSE OX:		EKG:		D-STICK:							
TREATMENT OBSERVED:																	
TREATMENT PERFORMED:																	
STUDENT NOTES:																	
DISPOSITION:																	
PT. #3: Time In		Time Out		AGE:		PARA:	GRAVITA:	ALLERGIES:									
CURRENT L/D STATUS:																	
P:		R:	BP:		TEMP:		P:	R:	BP:	TEMP:							
PULSE OX:		EKG:		D-STICK:		PULSE OX:		EKG:		D-STICK:							
TREATMENT OBSERVED:																	
TREATMENT PERFORMED:																	
STUDENT NOTES:																	
DISPOSITION:																	
PERFORMANCE		RATING						PERFORMANCE		RATING							
STUDENT APPEARANCE		1	2	3	4	5	6	N/A	OBSERVES / PERFORMS ASSESSMENTS		1	2	3	4	5	6	N/A
STUDENT GENERAL ATTITUDE		1	2	3	4	5	6	N/A	PARTICIPATES WITH ADVANCED CARE		1	2	3	4	5	6	N/A
FOLLOWS DIRECTIONS		1	2	3	4	5	6	N/A	LIFTING & MOVING SKILLS		1	2	3	4	5	6	N/A
WILLINGNESS TO PARTICIPATE		1	2	3	4	5	6	N/A	VITAL SIGNS SKILLS		1	2	3	4	5	6	N/A
OB / NURSERY FAMILIARITY		1	2	3	4	5	6	N/A	APGAR Score		1	2	3	4	5	6	N/A
ROOM MAINTENANCE SKILLS		1	2	3	4	5	6	N/A	CPR / OTHER EMT SKILLS		1	2	3	4	5	6	N/A
INFECTION CONTROL SKILLS		1	2	3	4	5	6	N/A	STUDENT / PATIENT RELATIONS		1	2	3	4	5	6	N/A
KEY: 1 = POOR; 2 = MARGINAL; 3 = ACCEPTABLE; 4 = GOOD; 5 = EXCELLENT; 6 = DID NOT OBSERVE																	
PRECEPTORS: Please complete the above evaluation for the clinical rotation AFTER the student has completed the rotation AND all necessary paperwork. Then please answer the following questions in spaces provided (or on back if necessary). Thank You.																	
1. Write any reasons for any Performance Ratings of 1 or 2.																	
2. Write your suggestions for training that will improve the student's performance on their next clinical rotation.																	

PRECEPTOR
SIGNATURE _____STUDENT
SIGNATURE _____

**WYLIE ISD EMT
INTENSIVE CARE INTERNSHIP / PERFORMANCE IMPROVEMENT APPRAISAL**

STUDENT:		PRECEPTOR:	
LOCATION:		SHIFT TIME:	DATE:
STUDENTS WILL DOCUMENT THE FOLLOWING INFORMATION ON A MINIMUM OF THREE (3) PATIENTS DURING EACH ROTATION, & THEN GIVE THIS FORM TO THE PRECEPTOR FOR EVALUATION OF THEIR CLINICAL PERFORMANCE. RETURN FORM ON THE NEXT CLASS DAY.			
PT. #1: Time In	Time Out	AGE:	GENDER: ALLERGIES:
REASON(S) FOR ADMISSION:			
P:	R:	BP:	TEMP:
PULSE OX:	EKG:	D-STICK:	PULSE OX: EKG: D-STICK:
TREATMENT OBSERVED:			
TREATMENT PERFORMED:			
STUDENT NOTES:			
DISPOSITION:			

PT. #2: Time In	Time Out	AGE:	GENDER: ALLERGIES:
REASON(S) FOR ADMISSION:			
P:	R:	BP:	TEMP:
PULSE OX:	EKG:	D-STICK:	PULSE OX: EKG: D-STICK:
TREATMENT OBSERVED:			
TREATMENT PERFORMED:			
STUDENT NOTES:			
DISPOSITION:			

PT. #3: Time In	Time Out	AGE:	GENDER: ALLERGIES:
REASON(S) FOR ADMISSION:			
P:	R:	BP:	TEMP:
PULSE OX:	EKG:	D-STICK:	PULSE OX: EKG: D-STICK:
TREATMENT OBSERVED:			
TREATMENT PERFORMED:			
STUDENT NOTES:			
DISPOSITION:			

PERFORMANCE	RATING	PERFORMANCE	RATING
STUDENT APPEARANCE	1 2 3 4 5 6 N/A	OBSERVES / PERFORMS ASSESSMENTS	1 2 3 4 5 6 N/A
STUDENT GENERAL ATTITUDE	1 2 3 4 5 6 N/A	PARTICIPATES WITH ADVANCED CARE	1 2 3 4 5 6 N/A
FOLLOWS DIRECTIONS	1 2 3 4 5 6 N/A	LIFTING & MOVING SKILLS	1 2 3 4 5 6 N/A
WILLINGNESS TO PARTICIPATE	1 2 3 4 5 6 N/A	VITAL SIGNS / EKG SKILLS	1 2 3 4 5 6 N/A
ICU FAMILIARITY	1 2 3 4 5 6 N/A	TELEMETRY / ECG ID	1 2 3 4 5 6 N/A
ROOM MAINTENANCE SKILLS	1 2 3 4 5 6 N/A	CPR / OTHER EMT-B SKILLS	1 2 3 4 5 6 N/A
INFECTION CONTROL SKILLS	1 2 3 4 5 6 N/A	STUDENT / PATIENT RELATIONS	1 2 3 4 5 6 N/A

KEY: 1 = POOR; 2 = MARGINAL; 3 = ACCEPTABLE; 4 = GOOD; 5 = EXCELLENT; 6 = DID NOT OBSERVE

PRECEPTORS: Please complete the above evaluation for the clinical rotation AFTER the student has completed the rotation AND all necessary paperwork. Then please answer the following questions in spaces provided (or on back if necessary). Thank You.

1. Write any reasons for any Performance Ratings of 1 or 2.

2. Write your suggestions for training that will improve the student's performance on their next clinical rotation.

PRECEPTOR
SIGNATURE _____

STUDENT
SIGNATURE _____

WYIE ISD EMT BASIC STUDENT
CLINICAL EVALUATION

CLINICAL SITE: _____ DEPT. _____
DATE: _____

STUDENTS: These evaluations are anonymous, so please answer as honestly as possible as we will strive to continue to improve the student's clinical experiences. However, they are **MANDATORY** to be filled out after each rotation and it must be turned in at the next class following your clinical rotation.

HOW DO YOU FEEL ABOUT THIS PARTICULAR CLINICAL SITE FOR STUDENT ROTATIONS?

WAS THIS ROTATION BENEFICIAL TO YOUR TRAINING?

WERE THERE ANY PROBLEMS OR ISSUES THAT SHOULD BE ADDRESSED?

ARE THERE ANY SUGGESTIONS THAT YOU FEEL COULD IMPROVE THE STUDENT'S CLINICAL EXPERIENCE?

ANY OTHER COMMENTS OR IDEAS?

Wylie ISD



Clinical Preceptor Handbook

Welcome to the Wylie ISD(WISD) EMS Program. We are pleased to have you as a Preceptor for our students. The WISD EMS Program views our Preceptors as leaders in hospital and pre-hospital training and therefore have a massive impact in molding the careers of the future EMS provider. Preceptors are an integral part of the training of the students here at WISD, and as such, are very special to the WISD EMS Program. Your input, training and time are extremely valuable to the WISD EMS Program and our students. Without you, a vital link in the understanding between laboratory and field practitioner of skills via real-life situations and hands-on practice would not be possible.

This handbook has been designed to help you become aware of the philosophy and purpose of the clinical aspects of the EMS Programs that we offer. This handbook will also guide you, the Preceptor, in aiding and assisting the students. This benefits both the student and the college, as your knowledge and training will make and guide the students into a career that can be very challenging, yet very rewarding.

If at any time you have a question or problem with any student, please feel free to contact the **EMS Program Director Mike Hudson at 903-268-4992** .

WISD EMS Preceptors have volunteered, been chosen, and/or approved by their individual hospital facility or EMS Service provider for their expertise, clinical knowledge and interest in teaching to EMS students. It should be mutually understood that these clinical and field Preceptors give freely of their time to aid in the understanding of their professional field and how it affects pre-hospital emergency medicine as well as assist the WISD EMS students while at their clinical sites. In the following pages, information has been compiled to assist the Preceptors on the supervision process and informs the Preceptors of what he/she can/should expect from the students. The Preceptor's employer has agreed to allow the students to observe and perform skills under direct supervision of the hospital staff and/or EMS providers. The EMS Program realizes that the Preceptor will continue to have their primary responsibilities to his/her employer, and it is the EMS Program's intention that students also share in not only the medical aspects of the Preceptor's duties, but the Preceptor's daily general duties as well (such as inventory, stocking, cleaning, maintenance, etc.) which are also an important indirect facet of the EMS profession.

PRECEPTOR INFORMATION

Preceptor Requirements

To be a preceptor for the WISD EMS Program, there are certain requirements and qualifications that must be met. Once approved to be an EMS Preceptor, there will be two parts to the Clinical Preceptor training to occur: delivery of this Clinical / Field Preceptor Manual to the designated facility and a 1on 1 session with the EMS Clinical Coordinator to review the highlights of the program and to ask any questions. It is the WISD EMS Program's intention to utilize quality healthcare providers as Preceptors in its program. As such, we feel the following attributes should apply to those wishing to be an EMS Preceptor:

- Consistently provides care to patients in a safe, competent, and professional manner.
- Demonstrates a solid knowledge base of healthcare principles and skills.
- Exercises good judgment and functions well as part of the team.
- Communicates well with the patient, family, general public, other healthcare and public safety professionals, and other team members.
- Performs well under stress.
- Works within established guidelines of medical protocol and departmental regulations.
- Maintains and displays a positive attitude toward his/her job and/or department/facility/agency.

Expectations from Students

The prospective EMT student from the WISD Program will ONLY be released into the clinical realm with many critical elements already in place. First, all students will have all state and facility-mandated vaccinations taken and documented in their files. Second, all students will have undergone a nationwide background check as well taken/passed an impromptu drug screening. Third, all students will have participated in hours of clinical orientation on campus (individually for both in-facility and pre-hospital environments) to go over all aspects of their future clinical training – from review of WISD policies & procedures and expectations to INDIVIDUAL clinical site policies & procedures and expectations, HIPAA regulations, PPE standards/practices, documentation requirements, etc. Preceptors can expect the following:

- 1) Usually they will have LITTLE TO NO EXPOSURE to the clinical and field realms on a professional level. Hence, they may be apprehensive, nervous, and possibly need more direction over simple skills as well as encouragement to become involved.
- 2) Will have over one-third of primary didactic training completed as well as critical skill check-offs completed PRIOR TO release into the in-facility clinical realm (including CPR certified, Vital Signs, basic airway mgmnt., O2 therapy, basic lifting) and will be over half completed prior to release into the field internship.

Expectations of the Preceptor

The initial clinical preparation has brought a basic foundation together within a semi-controlled treatment environment, in order to develop their basic patient interactions, thought processes, and psychomotor abilities. The current phase that they are embarking on, and that you are such an integral part of, is their Clinical and Field Internships. It will be your responsibility to evaluate, critique, and positively influence the student. You will be their guide to a strong and effective foundation development for a productive and meaningful career in the treatment of the sick and injured. This manual is provided to you, as the Clinical and Field Preceptor, to assist you not only in the technicalities of the program, but to guide you and the EMT-B's and Paramedics through standard and consistent field experiences. It is incumbent upon you as a Preceptor to continually evaluate the social surroundings in which you are training the student in order to provide a professional and ethically superior environment for student learning. Each student must be treated as an individual, without specific regard to his or her ethnicity, socioeconomic background, gender, disabilities, age, sexual preferences, religious beliefs, political views, or cultural background. Your individual standards, content, and methods should not differ between Preceptors. We thank you for making every effort to create an atmosphere of mutual respect with your students, eliminating any harassment, exploitation or discriminatory treatment of students, peers, and patients.

Preceptor Responsibilities

1. Direct supervision of the student is required at all times. The student shall not be left totally responsible for a patient who is in unstable or critical condition. The student will never be the only healthcare provider in the back of the ambulance, even in a BLS transfer situation.
2. Review of EMS operational procedures and policies, standing orders, and medical protocol.
3. Review of all equipment as determined in daily goals.
4. Confirm patient consent for permission of student to administer patient care.
5. Critique calls as soon as possible after completion of run.
Including evaluation and scene control, patient assessment, hx. taking, communication/documentation skills, teamwork, judgment/treatment skills, use of equipment, establishment of priorities.
6. Problems of a serious nature should be brought to the attention of the on duty Clinical or EMS Supervisor, and the WISD EMS Clinical Coordinator IMMEDIATELY. (eg. unprofessional conduct/manner, critical uniform issues, student continually late, noncompliance w/ PPE, and/or student/patient injury).
7. Complete the student evaluation, sign the document, and review with the student.

Considerations in Evaluating Students

To be an effective preceptor, it is essential that you be a good practitioner. You must also know the difference between the ideas of techniques and standards. In your role as a Preceptor, the final determination for release is if you can honestly, openly, and without reservation answer the following questions about the student you are evaluating:

- Did the student performed in accordance with expectations in conformity to standards?
- Did the techniques demonstrated by the student achieve appropriate results?
- Did the student meet safety requirement expectations for the patient, the student, and those on the scene?
- Did the student successfully demonstrate a thorough working knowledge of Knowledge Skills and Applications?

- Would you allow this student to treat your most beloved family member or friend?
- Would you be able to comfortably and willingly take this student on as your future partner?

If the answer to the above questions are yes, then you have successfully completed your task(s). You have the obligation, duty, and honor of allowing the student to move forward in their career.

Preceptor Feedback

Preceptors will receive copies of their student evaluations as a source of ongoing feedback on their performance. Copies of student evaluations will also be forwarded to the WISD EMS Program Medical Director and the director or training office of organizations participating in the Preceptor program.

ADMINISTRATIVE INFORMATION FOR PRECEPTORS

The WISD EMS Program regularly provides instruction to all students within the program about personal safety and hygiene measures to reduce the risk of infection either from or to other persons in the clinical setting. However, it should be understood by all parties that due to inherent nature of the profession, there is an assumption of risk of exposure to infectious diseases.

WISD EMS Student Immunization Requirements

WISD EMS Program has on file the documented proof or certification of appropriate immunity from the following selected diseases for all students currently within the program.

ALL EMS students are required to have the following immunizations:

- Diphtheria -Pertussis-Tetanus - (within 10 years of enrollment)
- Measles, Mumps, Rubella
- Tuberculosis (TB) (current throughout duration of class)
- Hepatitis A (single shot within 10 years of course)
- Hepatitis B series (three shots, currently w/in the series, or a positive titer w/out proof of shots)
- Meningitis (students under 25 OR a notarized waiver in file)
- Current Flu vaccine
- Pneumococcal (optional)

Notification Procedures

Late of Sick Student

The STUDENT will be notifying the WISD EMS Clinical Coordinator immediately upon realization that the student is running late , cannot attend their clinical rotation, or must leave their clinical site prior to their scheduled time. It is NOT the responsibility of the Preceptor to make contact for the student NOR is the student suppose to be making contact /arrangements with the Preceptor without the Clinical Coordinator being notified FIRST. All EMS students have the Clinical Coordinator's personal cell phone, and as such, have no excuse as to not being able to reach/leave a message notifying the Clinical Coordinator of their situation.

Injury to Student

This includes any injury to the student or to a patient where the student was involved. Preceptors need to notify their on-duty supervisor as soon as possible and then attempt to make contact with the EMS Clinical Coordinator or EMS Program Director as soon as possible if the student is unable to do so themselves.

Illness or Infectious Disease Exposure

Students who are show up infected or through progression of their shift, are at risk of compromising the health of patients or other healthcare workers, should be discharged from the clinical site by their Preceptor. Upon dismissal from the site, the student should immediately contact the WISD Clinical Coordinator. If the student is uncooperative about leaving, then the Preceptor should contact the Clinical Coordinator immediately to assist.

If the student incurs an injury where an exposure or if there was an exposure to an infectious disease is known or reasonably suspected to have occurred during the performance of their clinical responsibilities at the WISD EMS Program, the individual will incur all costs. If an exposure is suspected or confirmed, the Preceptor should follow their facility's policy in the situation, and then please notify the WISD EMS Clinical Coordinator as soon as possible. The student will then need to provide the EMS program written statement of the date and circumstances of the exposure prior to being allowed to continue their clinical rotations. All information acquired pursuant to these policies regarding any aspect of the infectious disease status of any person shall be confidential unless disclosure is authorized or required by law.

Problem Resolution Procedures

Preceptors and students are encouraged to openly communicate with each other regarding problems that may occur during the internship phase of training. Should problems arise that are not resolvable at the time, the following procedure should be utilized.

The Preceptor may ask a student to leave during a shift for the following reason(s):

- ✓ Unauthorized or non-approved uniform or offensive personal hygiene;
- ✓ Student's inability to adequately treat patients; i.e., knowledge deficit, unacceptable skills performance, deficiency in protocol knowledge;
- ✓ Impairment of the student that jeopardizes patient care, including being under the influence of an illegal substance or alcohol;
- ✓ Argumentative/hostile attitude towards patients, Preceptor, or co-workers;
- ✓ Poor attitude that affects patient care;
- ✓ Action/attitude that jeopardize the safety of the patient, hospital or pre-hospital care workers;
- ✓ Any violation of federal, state or local law.

Whenever a student is suspended from a shift for an incident that is non-illness or non-injury related, the Preceptor and student will need to notify the Clinical Coordinator as soon as possible. During this time, the student's internship will be suspended until the problem is resolved.

Student Dress Code

Students must wear the uniform and the student ID as described below. Failure to do so will result in dismissal from clinical site for that day. The Preceptor must notify the EMS Clinical Coordinator when a student has been dismissed from clinical for any infraction / reason.

1. Official WISD EMS uniform polo shirt.
2. White T-shirt under the polo (only same color as polo long-sleeve shirt allowed as substitute).
3. WISD EMS Program ID displayed on polo COLLAR. No alterations to tag ID are allowed.
4. Clean, pressed navy blue EMS pants.
5. Black 1"-2" belt w/ plain buckle. No excessive tooling on the belt. No fabric belts. No large buckles.
6. Navy blue or black socks. Black shoes or black boots (clean/polished). No cowboy boots.
7. Pen with BLACK ink.
8. All appropriate clinical paperwork in a secured clipboard or notebook.
9. Watch with sweep second hand or digital watch with seconds visible.
10. Stethoscope
11. Preferably an extra pair of gloves in pants pocket.
12. Students should NOT have over-bearing body/mouth odors. A high level of personal hygiene is expected.
13. Hair must be clean, well groomed, and off the collar / out of the face at ALL times. Female hair holders need to be of neutral colors and NOT overly notable. No caps or hats of any type/style are allowed.
14. Males must be freshly shaved (trimmed mustaches and trimmed goatees are allowed – no beards at all); Females may wear conservative make-up. No colognes or perfumes are allowed by any student.
15. Only a wedding BAND may be worn (but NOT encouraged). A necklace can ONLY be worn if it can be hidden behind the T-Shirt under uniform shirt. Females can wear 1 post earring in each ear. No additional jewelry is allowed while wearing WISD uniform (except for a medical alert bracelet).
16. Appropriate fingernail length, care and use of soft, subtle polish shades are required
17. No tattoos or piercings can be visible.

Specified Student Roles and Responsibilities in the Clinical and Field Areas

**ALL EMS students must perform the following while within ANY of the WISD clinical affiliated sites:

1. Students should park in the VISITOR parking areas at each of the clinical/field rotation facilities unless specifically given directions to a different parking area.
2. Be properly attired in the correct clinical and/or field uniform WITH your clinical ID, bringing with you ALL appropriate paperwork and a black pen. The student will also carry their current CPR card, driver's license (or other appropriate ID), and their current EMS certification (if applicable).
3. The student is to report to assigned department/ station **fifteen (15) minutes early** to get to assigned area and be assigned to/check in with a Preceptor. Introduce them self to the Preceptor, tell them your SHIFT HOURS, and at what level of skill that you will be training.
4. Assist the Preceptor with checking supplies, daily inventory, and/or stocking. Assist the Preceptor with ANY general maintenance or cleaning needs as requested.
5. Early into the rotation, the student should discuss that particular internship's objectives for the shift/day. The student should then take the time to familiarize themselves with the location they will be working in.
6. Students should not eat, drink, chew gum, or use tobacco in any form where patients can see them. Break areas should be used for these activities. Tobacco use policies established by the clinical facilities must be observed. Students should not eat food found in the clinical/field facilities without FIRST being invited, nor should the student expect staff/crews to take them to get food.
7. Students should take all proper precautions at all times to avoid potential infections and are REQUIRED to wash their hands after EVERY patient contact.
8. Actively participate in patient care as directed by the Preceptor. When a clinical area is quiet and there are no patients to observe or help with, the student should not expect the staff/crew to sit and entertain them. As such, the student should bring something to study (no electronics!); however, patient care always takes priority over studying during clinical/field rotations.
9. Students are NOT to use cell phones or any electronic devices while on clinical/field rotation unless on a designated break. That means phone MUST BE turned off or COMPLETELY silent at all times within the clinical sites. The student should also not attempt to get the telephone number of the clinical areas or station to gain personal access. Students will not use facility or other peoples telephones for making calls.
10. Students should ask questions at the appropriate time regarding patient care approach, even if it differs from what was taught in class, in an area away from the patient and/or patient's family. Students should refer all questions from the patient, their family and friends, or others regarding the patient's condition or treatment to the appropriate clinical staff member.
11. Students are not to discuss or criticize the actions of physicians, nurses, technicians, support staff, field EMS personnel, or program faculty and staff. If they have a problem or concern, they should take it up privately with the Clinical Coordinator or the EMS Program Director.
12. Should not seek medical advice for themselves, family, or their friends while on clinical/field rotations and should not bring friends or relatives to the clinical/field rotations under any circumstances.
13. Perform each activity and skill under the direct supervision of the Preceptor, Clinical Coordinator, and/or physician. If the student is unsure of a skill, they should request a demonstration by the Preceptor PRIOR TO any attempt to perform such skill and MUST BE within the Scope of Practice of the level of certification. Perform only those skills instructed and proficiency has been verified in class. No skill is to be performed without the direct supervision of the Preceptor.
14. Review each skill activity with the Preceptor and accept their constructive criticism.
15. Assist the staff as much as possible in any duties requested as long as it's within the Scope of Practice.
16. Assure that the Preceptor completes the student's documentation / evaluation form and SIGNS IT. Students who do NOT get the appropriate signature and documentation completed will NOT have their clinical time counted and will be REQUIRED to repeat the clinical rotation.
17. Students should not stay beyond the end of their assigned shift unless approved by the shift supervisor AND the EMS Clinical Coordinator. Students should complete all work begun by them before leaving, and that INCLUDES getting all appropriate paperwork SIGNED before departure.

18. Return ALL COMPLETED clinical documents at the BEGINNING of your NEXT class. Students who do not turn in all documents or incomplete documentation will have their clinical grade reduced. Multiple infractions of late or incomplete paperwork will lead to student disciplinary actions.
19. If a problem of **any** kind arises during field/clinical rotations, students should discuss them with the Clinical Coordinator. **Students should not attempt to solve problems or resolve differences with others outside the program or on their own.**

EMT-Basic Clinical Competencies

Skills

Vital Signs	25
Small Volume Nebulizer	2
Oxygen Administration	10
Spinal Immobilization	2
Bandaging / Splinting	3
Patient Assessments	12
CPR	1

Patients

Total Patient Contacts	25
Medical Patients	10
Trauma Patients	10
Pediatric/Neonatal Patients	5

Clinical Times

Total ER Clinical Time	24 hours (3 - 8 hr. shifts)
Total OB Clinical Time	8 hours (1 - 8 hr shift)
Total Pediatric Clinical Time	8 hours (1 – 8 hr shift)
Total ICU Clinical Time	8 hours (1 – 8 hr shift)
Total EMS Time	5 Patient Contacts

Hours may be shifted from one department to another to facilitate completion of the patient contact and/or skills performance requirements at the discretion of the Program Director. Patient contacts/skills performed minimums may be obtained in either the clinical practicum or the field internship. Minimum patient contacts/skills performed may only be altered/changed by the Program Director of the WISD EMS Program

Clinical Objectives

A. Emergency Department:

The following is a list of expectations of the EMT-Basic student's minimum competencies while in the Emergency Department clinical site that are expected within the WYIE ISD clinical program:

1. The student should report to their clinical site in a punctual manner, appear in clinical uniform with ID and groomed in a professional manner, and be attentive at ALL TIMES in the clinical area.
2. Once at the clinical site, the student should be physically and mentally ready to participate in any clinical activities requested by the Preceptor or Teacher at a proficient level. Furthermore, the student should be able to adapt to most situations and make sound judgements in the clinical area.
3. On each clinical rotation, the student should generally be able to observe:
 - A. chronic disease processes.
 - B. acute illness presentations.
 - C. common injuries & critical trauma.
 - D. general patient entry triage
 - E. ER Team interaction.
 - F. medical control interaction.
 - G. definitive care procedures within AND outside of the normal EMS Scope of Practice.
4. The student should be able to perform the following skills under the direction of the assigned ER Preceptor or Teacher with AT LEAST a level 3 rating (see documentation form for further explanation):
 - 1) a manual set of vital signs and at least a working knowledge of automated vital signs devices,
 - 2) the ability of the student to obtain and/or identify a patient's S.A.M.P.L.E. history,
 - 3) the general working ability to perform primary and secondary patient assessment skills as needed,
 - 4) practical knowledge (demonstrated if available) of proper patient movement/lift techniques,
 - 5) oxygen administration and/ or artificial ventilation via BVM,
 - 6) oral/nasal airway placement and/or any needed oro/nasopharyngeal suctioning,
 - 7) proper CPR skills if a patient is in cardiac arrest,
 - 8) good general patient and ER Team interaction.
5. The student should be able to document the complete patient assessment, interventions, and care plan on THEIR documentation form to a progressively proficient level.

B. Labor & Delivery / OB-GYN / Nursery:

The following is a list of expectations of the EMT-Basic student's minimum competencies while in the Emergency Department clinical site that are expected within the WYIE ISD clinical program:

1. The student should report to their clinical site in a punctual manner, appear in clinical uniform with ID and groomed in a professional manner, and be attentive at ALL TIMES in the clinical area.
2. Once at the clinical site, the student should be physically and mentally ready to participate in any clinical

activities requested by the Preceptor or Teacher at a proficient level. Furthermore, the student should be able to adapt to most situations and make sound judgments in the clinical area.

3. On the clinical rotation, the student should generally be able to observe the following:
 - A. stages of labor
 - B. fetal monitoring
 - C. vaginal and caesarian deliveries.
 - D. neonatal care.
 - E. health care continuum team interaction.
4. The student should be able to perform the following skills under the direction of the assigned L & D Preceptor or Teacher with AT LEAST a level 3 rating (see documentation form for further explanation):
 - 1) a manual set of vital signs and at least a working knowledge of automated vital signs devices,
 - 2) the ability of the student to obtain and/or identify a patient's S.A.M.P.L.E. history,
 - 3) practical knowledge (demonstrated if available) of proper patient movement/lift techniques,
 - 4) oxygen administration,
 - 5) good general patient and Labor & Delivery Pediatric Team interaction.
 - 6) delivery assistance as requested
5. The student should be able to document the complete patient assessment, interventions, and care plan on THEIR documentation form to a progressively proficient level.

C. Pediatrics:

The following is a list of expectations of the EMT-Basic student's minimum competencies while in the Pediatrics clinical site that are expected within the WYIE ISD clinical program:

1. The student should report to their clinical site in a punctual manner, appear in clinical uniform with ID and groomed in a professional manner, and be attentive at ALL TIMES in the clinical area.
2. Once at the clinical site, the student should be physically and mentally ready to participate in any clinical activities requested by the Preceptor or Teacher at a proficient level. Furthermore, the student should be able to adapt to most situations and make sound judgments in the clinical area.
3. On the clinical rotation, the student should generally be able to observe the following:
 - A. childhood diseases and injuries
 - B. childhood development and anatomical differences in adults.
 - E. health care continuum team interaction.
4. The student should be able to perform the following skills under the direction of the assigned L & D Preceptor or Teacher with AT LEAST a level 3 rating (see documentation form for further explanation):
 - 1) a manual set of vital signs and at least a working knowledge of automated vital signs devices,
 - 2) the ability of the student to obtain and/or identify a patient's S.A.M.P.L.E. history,
 - 3) practical knowledge (demonstrated if available) of proper patient movement/lift techniques,
 - 4) oxygen administration,

- 5) good general patient and Pediatric Team interaction.
5. The student should be able to document the complete patient assessment, interventions, and care plan on THEIR documentation form to a progressively proficient level.

D. Cardiac Cath/ Intensive Care Unit:

1. The student will observe or participate in the following skills under the supervision of a preceptor.
Depending on the availability and/or quality of patients in the Cardiac Cath/ICU and, the student will:
 - 1) take vital signs and evaluate to determine patient status.
 - 2) assist with ventilation
 - 3) assist with suctioning.
 - 4) assist with cardiac monitoring and lead placement.
 - 5) review cardiology equipment used to evaluate a cardiac patient.
 - 6) review the anatomy and physiology of the cardiovascular system.
 - 7) Observe transcutaneous and Transvenous pacing
 - 8) Observe Automatic Implantable Cardiac Defibrillator (AICD)
 - 9) Observe cardiac catheterization.
 - 10) Review the care of patients with cardiovascular disease including prevention and follow-up care.
 - 11) Review thrombolytic therapy.
2. The student should be able to perform the following skills under the direction of a preceptor or clinical instructor with at least a level 3 rating:
oxygen administration, oral/nasal airway, suctioning, ventilation, as well as a primary/secondary and systems approach assessment to all patients contacted.
3. The student should be able to document a complete patient assessment and care plan to the proficient level.
4. The student should be able to participate in all clinical activities at a proficient level.
5. The student should be able to appear professional and punctual in the clinical area.
6. The student should be able to adapt to most situations and make sound judgements in the clinical area.

E. Emergency Medical Services:

The following is a list of expectations of the EMT-Basic student's minimum competencies while in the Emergency Department clinical site that are expected within the WYIE ISD clinical program:

1. The student should report to their clinical site in a punctual manner, appear in clinical uniform with ID and groomed in a professional manner, and be attentive at ALL TIMES in the clinical area.
2. Once at the clinical site, the student should be physically and mentally ready to participate in any clinical activities requested by the Preceptor or Teacher at a proficient level. Furthermore, the

student should be able to adapt to most situations and make sound judgements in the clinical area.

3. On the clinical rotation, the student should usually be able to observe:
 - A. EMS ambulance operations.
 - B. primary advanced prehospital health care.
 - C. health-care provider / patient interaction
 - D. the multiple levels of the health care team
 - E. the multiple facets of the functioning public safety realm
4. The student should be able to perform the following skills under the direction of the assigned EMS Preceptor or Teacher with AT LEAST a level 3 rating (see documentation form for further explanation):

11

- 1) a manual set of vital signs on every patient contacted,
 - 2) the ability of the student to obtain and/or assist in obtaining a patient's S.A.M.P.L.E. history,
 - 3) practical knowledge of proper patient movement/lift techniques,
 - 4) oxygen administration and/ or artificial ventilation via BVM,
 - 5) oral/nasal airway placement and/or any needed oro/nasopharyngeal suctioning,
 - 6) proper CPR skills if a patient is in cardiac arrest,
 - 7) bandaging and/or splinting skills (including spinal immobilization) as requested,
 - 8) assist in EMT-Basic level patient medication administration as protocol allows,
 - 9) good general patient and EMS Team interaction.
5. The student should be able to document the complete patient assessment, interventions, and care plan on THEIR documentation form to a progressively proficient level.

WYIE ISD EMT – BASIC
EMERGENCY ROOM INTERNSHIP / PERFORMANCE IMPROVEMENT APPRAISAL

STUDENT:				PRECEPTOR:			
LOCATION:				SHIFT TIME:		DATE:	
STUDENTS WILL DOCUMENT THE FOLLOWING INFORMATION ON A MINIMUM OF THREE (3) PATIENTS DURING EACH ROTATION & THEN GIVE THE FORM TO THE PRECEPTOR FOR EVALUATION OF THEIR CLINICAL PERFORMANCE. RETURN FORM ON THE NEXT CLASS DAY.							
PT. #1: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #2: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #3: Time In		Time Out		AGE:		GENDER: ALLERGIES:	
CHIEF COMPLAINT:							
P:		R:		BP:		TEMP:	
PULSE OX:		EKG:		D-STICK:		PULSE OX: EKG: D-STICK:	
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PERFORMANCE		RATING		PERFORMANCE		RATING	
STUDENT APPEARANCE		1 2 3 4 5 6 N/A		OBSERVES ASSESSMENTS		1 2 3 4 5 6 N/A	
STUDENT GENERAL ATTITUDE		1 2 3 4 5 6 N/A		OBSERVES HISTORY TAKING		1 2 3 4 5 6 N/A	
FOLLOWS DIRECTIONS		1 2 3 4 5 6 N/A		LIFTING & MOVING SKILLS		1 2 3 4 5 6 N/A	
WILLINGNESS TO PARTICIPATE		1 2 3 4 5 6 N/A		VITAL SIGNS SKILLS		1 2 3 4 5 6 N/A	
ER FAMILIARITY		1 2 3 4 5 6 N/A		BANDAGING / SPLINTING SKILLS		1 2 3 4 5 6 N/A	
ROOM MAINTENANCE SKILLS		1 2 3 4 5 6 N/A		CPR / OTHER EMT SKILLS		1 2 3 4 5 6 N/A	
INFECTION CONTROL SKILLS		1 2 3 4 5 6 N/A		STUDENT / PATIENT RELATIONS		1 2 3 4 5 6 N/A	
KEY: 1 = POOR; 2 = MARGINAL; 3 = ACCEPTABLE; 4 = GOOD; 5 = EXCELLENT; 6 = DID NOT OBSERVE							
PRECEPTORS: Please complete the above evaluation for the clinical rotation AFTER the student has completed the rotation AND all necessary paperwork. Then please answer the following questions in spaces provided (or on back if necessary). Thank You.							
1. Write any reasons for any Performance Ratings of 1 or 2.							
2. Write your suggestions for training that will improve the student's performance on their next clinical rotation.							

PRECEPTOR
SIGNATURE _____

STUDENT
SIGNATURE _____

**WYIE ISD EMT – BASIC
AMBULANCE INTERNSHIP / PERFORMANCE IMPROVEMENT APPRAISAL**

STUDENT:		PRECEPTOR:	
SHIFT LOCATION:		SHIFT TIME:	DATE:
CALL LOCATION:		TYPE CALL:	DISPATCH TIME:
			CLEAR TIME:
STUDENTS WILL DOCUMENT THE FOLLOWING INFORMATION ON A MINIMUM OF THREE (3) PATIENTS DURING EACH ROTATION & THEN GIVE THE FORM TO THE PRECEPTOR FOR EVALUATION OF THE CLINICAL PERFORMANCE. RETURN FORM AT THE NEXT CLASS.			
GENERAL	RATING	S)	
PUNCTUALITY	1 2 3 4 5 6		
AMBULANCE CHECK	1 2 3 4 5 6		
INFECTION CONTROL	1 2 3 4 5 6		
GENERAL ATTITUDE	1 2 3 4 5 6		
WILLING TO PARTICIPATE	1 2 3 4 5 6		
FOLLOWS DIRECTIONS	1 2 3 4 5 6		
LIFTING & MOVING	1 2 3 4 5 6		
PATIENT INTERACTION	1 2 3 4 5 6	O)	
ASSESSMENT	RATING		
INITIAL	1 2 3 4 5 6		
FOCUSED	1 2 3 4 5 6		
DETAILED	1 2 3 4 5 6		
REASSESSMENT	1 2 3 4 5 6		
S.A.M.P.L.E.	1 2 3 4 5 6		
SKILLS	RATING		
AIRWAY MANAGEMENT	1 2 3 4 5 6		
O2 ADMINISTRATION	1 2 3 4 5 6		
BVM USE / OPA - NPA	1 2 3 4 5 6		
SUCTIONING	1 2 3 4 5 6		
VITAL SIGNS	1 2 3 4 5 6	A)	
BANDAGING / SPLINTING	1 2 3 4 5 6		
SPINAL IMMOBILIZATION	1 2 3 4 5 6	P)	
TRACTION / PASG	1 2 3 4 5 6		
ASSISTED MEDS	1 2 3 4 5 6		
AED / CPR	1 2 3 4 5 6		
KEY: 1 = Poor 4 = Good			
2 = Marginal 5 = Excellent			
3 = Adequate 6 = Did Not Observe			
PRECEPTORS: Please complete the above evaluation for the clinical rotation AFTER the student has completed the rotation AND all necessary paperwork. Then please answer the following questions in spaces provided (or on back if necessary). Thank You.			
1. Write any reasons for any Performance Ratings of 1 or 2.			

2. Write your suggestions for training that will improve the student's performance on their next clinical rotation.

PRECEPTOR SIGNATURE _____ STUDENT SIGNATURE _____

**WYLIE ISD EMT
LABOR & DELIVERY INTERNSHIP / PERFORMANCE IMPROVEMENT APPRAISAL**

STUDENT:			PRECEPTOR:				
LOCATION:			SHIFT TIME:		DATE:		
STUDENTS WILL DOCUMENT THE FOLLOWING INFORMATION ON A MINIMUM OF THREE (3) PATIENTS DURING EACH ROTATION, & THEN GIVE THIS FORM TO THE PRECEPTOR FOR EVALUATION OF THEIR CLINICAL PERFORMANCE. RETURN FORM ON THE NEXT CLASS DAY.							
PT. #1: Time In		Time Out	AGE:	PARA:	GRAVITA:	ALLERGIES:	
CURRENT L/D STATUS:							
P:	R:	BP:	TEMP:	P:	R:	BP:	TEMP:
PULSE OX:		EKG:	D-STICK:	PULSE OX:		EKG:	D-STICK:
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #2: Time In		Time Out	AGE:	PARA:	GRAVITA:	ALLERGIES:	
CURRENT L/D STATUS:							
P:	R:	BP:	TEMP:	P:	R:	BP:	TEMP:
PULSE OX:		EKG:	D-STICK:	PULSE OX:		EKG:	D-STICK:
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							
PT. #3: Time In		Time Out	AGE:	PARA:	GRAVITA:	ALLERGIES:	
CURRENT L/D STATUS:							
P:	R:	BP:	TEMP:	P:	R:	BP:	TEMP:
PULSE OX:		EKG:	D-STICK:	PULSE OX:		EKG:	D-STICK:
TREATMENT OBSERVED:							
TREATMENT PERFORMED:							
STUDENT NOTES:							
DISPOSITION:							

PERFORMANCE	RATING	PERFORMANCE	RATING
STUDENT APPEARANCE	1 2 3 4 5 6 N/A	OBSERVES / PERFORMS ASSESSMENTS	1 2 3 4 5 6 N/A
STUDENT GENERAL ATTITUDE	1 2 3 4 5 6 N/A	PARTICIPATES WITH ADVANCED CARE	1 2 3 4 5 6 N/A
FOLLOWS DIRECTIONS	1 2 3 4 5 6 N/A	LIFTING & MOVING SKILLS	1 2 3 4 5 6 N/A
WILLINGNESS TO PARTICIPATE	1 2 3 4 5 6 N/A	VITAL SIGNS SKILLS	1 2 3 4 5 6 N/A
OB / NURSERY FAMILIARITY	1 2 3 4 5 6 N/A	APGAR Score	1 2 3 4 5 6 N/A
ROOM MAINTENANCE SKILLS	1 2 3 4 5 6 N/A	CPR / OTHER EMT SKILLS	1 2 3 4 5 6 N/A
INFECTION CONTROL SKILLS	1 2 3 4 5 6 N/A	STUDENT / PATIENT RELATIONS	1 2 3 4 5 6 N/A

KEY: 1 = POOR; 2 = MARGINAL; 3 = ACCEPTABLE; 4 = GOOD; 5 = EXCELLENT; 6 = DID NOT OBSERVE
PRECEPTORS: Please complete the above evaluation for the clinical rotation AFTER the student has completed the rotation

AND all necessary paperwork. Then please answer the following questions in spaces provided (or on back if necessary). Thank You.

1. Write any reasons for any Performance Ratings of 1 or 2.

2. Write your suggestions for training that will improve the student's performance on their next clinical rotation.

PRECEPTOR SIGNATURE _____

STUDENT SIGNATURE _____

**WYLIE ISD EMT
INTENSIVE CARE INTERNSHIP / PERFORMANCE IMPROVEMENT APPRAISAL**

STUDENT:		PRECEPTOR:	
LOCATION:		SHIFT TIME:	DATE:
STUDENTS WILL DOCUMENT THE FOLLOWING INFORMATION ON A MINIMUM OF THREE (3) PATIENTS DURING EACH ROTATION, & THEN GIVE THIS FORM TO THE PRECEPTOR FOR EVALUATION OF THEIR CLINICAL PERFORMANCE. RETURN FORM ON THE NEXT CLASS DAY.			
PT. #1: Time In _____	Time Out _____	AGE: _____	GENDER: _____ ALLERGIES: _____
REASON(S) FOR ADMISSION:			
P: _____ R: _____ BP: _____ TEMP: _____	P: _____ R: _____ BP: _____ TEMP: _____		
PULSE OX: _____ EKG: _____ D-STICK: _____	PULSE OX: _____ EKG: _____ D-STICK: _____		
TREATMENT OBSERVED:			
TREATMENT PERFORMED:			
STUDENT NOTES:			
DISPOSITION:			
PT. #2: Time In _____	Time Out _____	AGE: _____	GENDER: _____ ALLERGIES: _____
REASON(S) FOR ADMISSION:			
P: _____ R: _____ BP: _____ TEMP: _____	P: _____ R: _____ BP: _____ TEMP: _____		
PULSE OX: _____ EKG: _____ D-STICK: _____	PULSE OX: _____ EKG: _____ D-STICK: _____		
TREATMENT OBSERVED:			
TREATMENT PERFORMED:			
STUDENT NOTES:			
DISPOSITION:			
PT. #3: Time In _____	Time Out _____	AGE: _____	GENDER: _____ ALLERGIES: _____
REASON(S) FOR ADMISSION:			
P: _____ R: _____ BP: _____ TEMP: _____	P: _____ R: _____ BP: _____ TEMP: _____		
PULSE OX: _____ EKG: _____ D-STICK: _____	PULSE OX: _____ EKG: _____ D-STICK: _____		
TREATMENT OBSERVED:			
TREATMENT PERFORMED:			
STUDENT NOTES:			
DISPOSITION:			
PERFORMANCE	RATING	PERFORMANCE	RATING
STUDENT APPEARANCE	1 2 3 4 5 6 N/A	OBSERVES / PERFORMS ASSESSMENTS	1 2 3 4 5 6 N/A
STUDENT GENERAL ATTITUDE	1 2 3 4 5 6 N/A	PARTICIPATES WITH ADVANCED CARE	1 2 3 4 5 6 N/A
FOLLOWS DIRECTIONS	1 2 3 4 5 6 N/A	LIFTING & MOVING SKILLS	1 2 3 4 5 6 N/A
WILLINGNESS TO PARTICIPATE	1 2 3 4 5 6 N/A	VITAL SIGNS / EKG SKILLS	1 2 3 4 5 6 N/A
ICU FAMILIARITY	1 2 3 4 5 6 N/A	TELEMETRY / ECG ID	1 2 3 4 5 6 N/A
ROOM MAINTENANCE SKILLS	1 2 3 4 5 6 N/A	CPR / OTHER EMT-B SKILLS	1 2 3 4 5 6 N/A
INFECTION CONTROL SKILLS	1 2 3 4 5 6 N/A	STUDENT / PATIENT RELATIONS	1 2 3 4 5 6 N/A
KEY: 1 = POOR; 2 = MARGINAL; 3 = ACCEPTABLE; 4 = GOOD; 5 = EXCELLENT; 6 = DID NOT OBSERVE			

PRECEPTORS: Please complete the above evaluation for the clinical rotation AFTER the student has completed the rotation AND all necessary paperwork. Then please answer the following questions in spaces provided (or on back if necessary). Thank You.

1. Write any reasons for any Performance Ratings of 1 or 2.

2. Write your suggestions for training that will improve the student's performance on their next clinical rotation.

PRECEPTOR
SIGNATURE _____

STUDENT
SIGNATURE _____

WYIE ISD EMT BASIC STUDENT
CLINICAL EVALUATION

CLINICAL SITE: _____ DEPT. _____

DATE: _____

STUDENTS: These evaluations are anonymous, so please answer as honestly as possible as we will strive to continue to improve the student's clinical experiences. However, they are **MANDATORY** to be filled out after each rotation and it must be turned in at the next class following your clinical rotation.

HOW DO YOU FEEL ABOUT THIS PARTICULAR CLINICAL SITE FOR STUDENT ROTATIONS?

WAS THIS ROTATION BENEFICIAL TO YOUR TRAINING?

WERE THERE ANY PROBLEMS OR ISSUES THAT SHOULD BE ADDRESSED?

ARE THERE ANY SUGGESTIONS THAT YOU FEEL COULD IMPROVE THE STUDENT'S CLINICAL EXPERIENCE?

ANY OTHER COMMENTS OR IDEAS?



Wylie City Council

AGENDA REPORT

Meeting Date: April 12, 2016
Department: WEDC
Prepared By: Angel Wygant
Date Prepared: March 18, 2016

Item Number: G
(City Secretary's Use Only)
Account Code: _____
Budgeted Amount: _____
Exhibits: 1

Subject

Consider and place on file, the monthly Revenue and Expenditure Report for the Wylie Economic Development Corporation as of February 29, 2016.

Recommendation

Motion to approve, the monthly Revenue and Expenditure Report for the Wylie Economic Development Corporation as of February 29, 2016.

Discussion

The Wylie Economic Development Corporation (WEDC) Board of Directors approved the attached financials on March 18, 2016.

111-WYLIE ECONOMIC DEVEL CORP

ACCOUNT#	TITLE		
ASSETS			

1000-10110	CLAIM ON CASH AND CASH EQUIV.	796,596.63	
1000-10115	CASH - WEDC - INWOOD	0.00	
1000-10135	ESCROW	0.00	
1000-10180	DEPOSITS	2,000.00	
1000-10198	OTHER - MISC CLEARING	0.00	
1000-10341	TEXPOOL	0.00	
1000-10343	LOGIC	0.00	
1000-10481	INTEREST RECEIVABLE	0.00	
1000-11511	ACCTS REC - MISC	100.00	
1000-11517	ACCTS REC - SALES TAX	0.00	
1000-12810	LEASE PAYMENTS RECEIVABLE	0.00	
1000-12950	LOAN PROCEEDS RECEIVABLE	0.00	
1000-12996	LOAN RECEIVABLE	68,386.11	
1000-12997	ACCTS REC - JTM TECH	0.00	
1000-12998	ACCTS REC - FORGIVEABLE LOANS	533,333.33	
1000-14112	INVENTORY - MATERIAL/ SUPPLY	0.00	
1000-14116	INVENTORY - LAND & BUILDINGS	6,618,521.46	
1000-14118	INVENTORY - BAYCO/ SANDEN BLVD	0.00	
1000-14310	PREPAID EXPENSES - MISC	0.00	
1000-14410	DEFERRED OUTFLOWS	580,500.00	
			8,599,437.53

			8,599,437.53

			8,599,437.53

TOTAL ASSETS

8,599,437.53

LIABILITIES

2000-20110	FEDERAL INCOME TAX PAYABLE	0.00	
2000-20111	MEDICARE PAYABLE	0.00	
2000-20112	CHILD SUPPORT PAYABLE	0.00	
2000-20113	CREDIT UNION PAYABLE	0.00	
2000-20114	IRS LEVY PAYABLE	0.00	
2000-20115	NATIONWIDE DEFERRED COMP	0.00	
2000-20116	HEALTH INSUR PAY-EMPLOYEE	0.17	
2000-20117	TMRS PAYABLE	0.00	
2000-20118	ROTH IRA PAYABLE	0.00	
2000-20119	WORKERS COMP PAYABLE	0.00	
2000-20120	FICA PAYABLE	0.00	
2000-20121	TEC PAYABLE	0.00	
2000-20122	STUDENT LOAN LEVY PAYABLE	0.00	
2000-20123	ALIMONY PAYABLE	0.00	
2000-20124	BANKRUPTCY PAYABLE	0.00	
2000-20125	VALIC DEFERRED COMP	0.00	
2000-20126	ICMA PAYABLE	0.00	
2000-20127	EMP. LEGAL SERVICES PAYABLE	0.00	
2000-20130	FLEXIBLE SPENDING ACCOUNT	0.00	
2000-20131	EDWARD JONES DEFERRED COMP	0.00	
2000-20132	EMP CARE FLITE	12.00	
2000-20151	ACCRUED WAGES PAYABLE	0.00	
2000-20180	ADDIT EMPLOYEE INSUR PAY	1.46	
2000-20199	MISC PAYROLL PAYABLE	0.00	

111-WYLIE ECONOMIC DEVEL CORP

ACCOUNT#	TITLE		
2000-20201	AP PENDING	4,418.34	
2000-20210	ACCOUNTS PAYABLE	0.00	
2000-20530	PROPERTY TAXES PAYABLE	0.00	
2000-20540	NOTES PAYABLE	580,500.00	
2000-20810	DUE TO GENERAL FUND	0.00	
2000-22270	DEFERRED INFLOW	263,386.11	
2000-22275	DEF INFLOW - LEASE PRINCIPAL	0.00	
2000-22280	DEFERRED INFLOW - LEASE INT	0.00	
2000-22915	RENTAL DEPOSITS	2,500.00	
TOTAL LIABILITIES			850,818.08
EQUITY			
=====			
3000-34110	FUND BALANCE - RESERVED	0.00	
3000-34590	FUND BALANCE-UNRESERV/UNDESIG	7,984,197.60	
TOTAL BEGINNING EQUITY		7,984,197.60	
TOTAL REVENUE		825,979.59	
TOTAL EXPENSES		1,061,557.74	
REVENUE OVER/(UNDER) EXPENSES		(235,578.15)	
TOTAL EQUITY & OVER/(UNDER)			7,748,619.45
TOTAL LIABILITIES, EQUITY & OVER/(UNDER)			8,599,437.53

922-GEN LONG TERM DEBT (WEDC)

ACCOUNT#	TITLE		
ASSETS			
=====			
1000-10312	GOVERNMENT NOTES	0.00	
1000-18110	LOAN - WEDC	0.00	
1000-18120	LOAN - BIRMINGHAM	0.00	
1000-18210	AMOUNT TO BE PROVIDED	0.00	
1000-18220	BIRMINGHAM LOAN	0.00	
1000-19050	DEF OUTFLOW - CONTRIBUTIONS	23,447.00	
1000-19075	DEF OUTFLOW - INVESTMENT EXP	5,062.00	
1000-19100	DEF OUTFLOW - ACT EXP/ASSUMP	2,154.00	
			30,663.00
TOTAL ASSETS			30,663.00
			=====
LIABILITIES			
=====			
2000-20310	COMPENSATED ABSENCES PAYABLE	44,287.86	
2000-20311	COMP ABSENCES PAYABLE-CURRENT	0.00	
2000-21410	ACCRUED INTEREST PAYABLE	4,018.84	
2000-28205	WEDC LOANS - CURRENT	282,901.21	
2000-28220	BIRMINGHAM LOAN	0.00	
2000-28230	INWOOD LOAN	0.00	
2000-28232	ANB LOAN - EDGE	0.00	
2000-28233	ANB LOAN - PEDDICORD/WHITE	616,779.19	
2000-28234	ANB LOAN - RANDACK/HUGHES	138,838.31	
2000-28235	ANB LOAN	0.00	
2000-28236	ANB CONSTRUCTION LOAN	0.00	
2000-28237	ANB ROAD CONSTRUCTION LOAN	690,867.94	
2000-28238	ANB LOAN - BUCHANAN	242,652.56	
2000-28239	ANB LOAN - JONES/HOBART PAYOFF	296,438.73	
2000-28240	HUGHES LOAN	0.00	
2000-28250	CITY OF WYLIE LOAN	0.00	
2000-28260	PRIME KUTS LOAN	0.00	
2000-28270	BOWLAND/ANDERSON LOAN	0.00	
2000-28280	CAPITAL ONE CAZAD LOAN	0.00	
2000-28290	HOBART/COMMERCE LOAN	0.00	
2000-29150	NET PENSION LIABILITY	147,106.00	
TOTAL LIABILITIES			2,463,890.64
			=====
EQUITY			
=====			
3000-34590	FUND BALANCE-UNRESERV/UNDESIG(2,525,176.19)	
3000-35900	UNRESTRICTED NET POSITION	(114,969.00)	
TOTAL BEGINNING EQUITY			(2,640,145.19)
TOTAL REVENUE			0.00
TOTAL EXPENSES			(206,917.55)
REVENUE OVER/(UNDER) EXPENSES			206,917.55
TOTAL EQUITY & OVER/(UNDER)			(2,433,227.64)

922-GEN LONG TERM DEBT (WEDC)

ACCOUNT# TITLE

TOTAL LIABILITIES, EQUITY & OVER/ (UNDER)

30,663.00
=====

CITY OF WYLIE
REVENUE AND EXPENSE REPORT - (UNAUDITED)
AS OF: FEBRUARY 29TH, 2016

111-WYLIE ECONOMIC DEVEL CORP
FINANCIAL SUMMARY

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
TAXES	2,257,829.00	260,166.17	0.00	590,048.03	0.00	1,667,780.97	26.13
INTERGOVERNMENTAL REV.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
INTEREST INCOME	12,958.00	1,131.69	0.00	5,524.39	0.00	7,433.61	42.63
MISCELLANEOUS INCOME	141,200.00	(1,492,461.83)	0.00	(1,454,592.83)	0.00	1,595,792.83	30.16-
OTHER FINANCING SOURCES	0.00	754,614.00	0.00	1,685,000.00	0.00	(1,685,000.00)	0.00
TOTAL REVENUES	2,411,987.00	(476,549.97)	0.00	825,979.59	0.00	1,586,007.41	34.24
<u>EXPENDITURE SUMMARY</u>							
DEVELOPMENT CORP-WEDC	3,858,411.00	(300,884.20)	0.00	1,061,557.74	754,977.51	2,041,875.75	47.08
TOTAL EXPENDITURES	3,858,411.00	(300,884.20)	0.00	1,061,557.74	754,977.51	2,041,875.75	47.08
REVENUE OVER/(UNDER) EXPENDITURES	(1,446,424.00)	(175,665.77)	0.00	(235,578.15)	(754,977.51)	(455,868.34)	68.48

CITY OF WYLIE
 REVENUE AND EXPENSE REPORT - (UNAUDITED)
 AS OF: FEBRUARY 29TH, 2016

111-WYLIE ECONOMIC DEVEL CORP
 REVENUES

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
TAXES							
4000-40150 REV IN LEIU OF TAXES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4000-40210 SALES TAX	<u>2,257,829.00</u>	<u>260,166.17</u>	<u>0.00</u>	<u>590,048.03</u>	<u>0.00</u>	<u>1,667,780.97</u>	<u>26.13</u>
TOTAL TAXES	2,257,829.00	260,166.17	0.00	590,048.03	0.00	1,667,780.97	26.13
INTERGOVERNMENTAL REV.							
4000-43518 380 ECONOMIC AGREEMENTS	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL INTERGOVERNMENTAL REV.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
INTEREST INCOME							
4000-46050 CERTIFICATE OF DEPOSIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4000-46110 ALLOCATED INTEREST EARNINGS	1,000.00	135.20	0.00	541.94	0.00	458.06	54.19
4000-46140 TEXPOOL INTEREST	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4000-46143 LOGIC INTEREST	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4000-46150 INTEREST EARNINGS	3,817.00	287.90	0.00	1,468.76	0.00	2,348.24	38.48
4000-46160 LOAN REPAYMENT (PRINCIPAL)	8,141.00	708.59	0.00	3,513.69	0.00	4,627.31	43.16
4000-46210 BANK MONEY MARKET INTEREST	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL INTEREST INCOME	12,958.00	1,131.69	0.00	5,524.39	0.00	7,433.61	42.63
MISCELLANEOUS INCOME							
4000-48110 RENTAL INCOME	141,200.00	17,050.00	0.00	69,050.00	0.00	72,150.00	48.90
4000-48310 RECOVERY - PRIOR YEAR EXPEN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4000-48410 MISCELLANEOUS INCOME	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4000-48430 GAIN/(LOSS) SALE OF CAP ASS	<u>0.00</u>	<u>(1,509,511.83)</u>	<u>0.00</u>	<u>(1,523,642.83)</u>	<u>0.00</u>	<u>1,523,642.83</u>	<u>0.00</u>
TOTAL MISCELLANEOUS INCOME	141,200.00	(1,492,461.83)	0.00	(1,454,592.83)	0.00	1,595,792.83	30.16
OTHER FINANCING SOURCES							
4000-49160 TRANSFER FROM GENERAL FUND	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4000-49325 BANK NOTE PROCEEDS	0.00	754,614.00	0.00	1,685,000.00	0.00	(1,685,000.00)	0.00
4000-49550 LEASE PRINCIPAL PAYMENTS (O	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL OTHER FINANCING SOURCES	0.00	754,614.00	0.00	1,685,000.00	0.00	(1,685,000.00)	0.00
TOTAL REVENUES							
	<u>2,411,987.00</u>	<u>(476,549.97)</u>	<u>0.00</u>	<u>825,979.59</u>	<u>0.00</u>	<u>1,586,007.41</u>	<u>34.24</u>

CITY OF WYLIE
REVENUE AND EXPENSE REPORT - (UNAUDITED)
AS OF: FEBRUARY 29TH, 2016

111-WYLIE ECONOMIC DEVEL CORP
DEVELOPMENT CORP-WEDC
DEPARTMENTAL EXPENDITURES

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>PERSONNEL SERVICES</u>							
5611-51110 SALARIES	238,052.00	19,497.38	0.00	75,746.09	0.00	162,305.91	31.82
5611-51130 OVERTIME	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-51140 LONGEVITY PAY	1,073.00	0.00	0.00	1,024.00	0.00	49.00	95.43
5611-51145 SICK LEAVE BUYBACK	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-51160 CERTIFICATION INCENTIVE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-51170 PARAMEDIC INCENTIVE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-51210 CAR ALLOWANCE	12,600.00	986.18	0.00	4,376.00	0.00	8,224.00	34.73
5611-51220 PHONE ALLOWANCE	4,656.00	0.00	0.00	2,028.00	0.00	2,628.00	43.56
5611-51230 CLOTHING ALLOWANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-51260 MOVING ALLOWANCE	5,000.00	0.00	0.00	0.00	0.00	5,000.00	0.00
5611-51310 TMRS	36,677.00	2,984.48	0.00	11,622.76	0.00	25,054.24	31.69
5611-51410 HOSPITAL & LIFE INSURANCE	38,107.00	2,503.38	0.00	9,998.86	0.00	28,108.14	26.24
5611-51415 EXECUTIVE HEALTH PLAN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-51420 LONG-TERM DISABILITY	1,357.00	52.88	0.00	317.28	0.00	1,039.72	23.38
5611-51440 FICA	15,607.00	1,235.36	0.00	2,773.43	0.00	12,833.57	17.77
5611-51450 MEDICARE	3,650.00	288.92	0.00	1,143.78	0.00	2,506.22	31.34
5611-51470 WORKERS COMP PREMIUM	663.00	0.00	0.00	569.70	0.00	93.30	85.93
5611-51480 UNEMPLOYMENT COMP (TWC)	810.00	0.00	0.00	0.00	0.00	810.00	0.00
TOTAL PERSONNEL SERVICES	358,252.00	27,548.58	0.00	109,599.90	0.00	248,652.10	30.59
<u>SUPPLIES</u>							
5611-52010 OFFICE SUPPLIES	3,500.00	517.76	0.00	892.13	0.00	2,607.87	25.49
5611-52040 POSTAGE & FREIGHT	980.00	2.84	0.00	36.50	0.00	943.50	3.72
5611-52130 TOOLS/ EQUIP (NON-CAPITAL)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-52810 FOOD SUPPLIES	2,000.00	195.07	0.00	588.48	0.00	1,411.52	29.42
5611-52990 OTHER	5,000.00	0.00	0.00	0.00	0.00	5,000.00	0.00
TOTAL SUPPLIES	11,480.00	715.67	0.00	1,517.11	0.00	9,962.89	13.22
<u>MATERIALS FOR MAINTENANC</u>							
5611-54630 TOOLS & EQUIPMENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-54810 COMPUTER HARD/SOFTWARE	3,000.00	375.00	0.00	825.00	0.00	2,175.00	27.50
5611-54990 OTHER	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL MATERIALS FOR MAINTENANC	3,000.00	375.00	0.00	825.00	0.00	2,175.00	27.50
<u>CONTRACTUAL SERVICES</u>							
5611-56030 INCENTIVES	2,014,914.00	147,272.87	0.00	1,127,885.68	0.00	887,028.32	55.98
5611-56040 SPECIAL SERVICES	112,900.00	7,049.68	0.00	32,818.93	0.00	80,081.07	29.07
5611-56080 ADVERTISING	35,280.00	1,500.00	0.00	11,679.00	0.00	23,601.00	33.10
5611-56090 COMMUNITY DEVELOPMENT	47,250.00	4,400.00	0.00	16,133.68	0.00	31,116.32	34.15
5611-56110 COMMUNICATIONS	5,960.00	503.48	0.00	2,425.40	0.00	3,534.60	40.69
5611-56180 RENTAL	29,400.00	4,719.68	0.00	13,295.68	0.00	16,104.32	45.22
5611-56210 TRAVEL & TRAINING	29,450.00	1,407.68	0.00	3,494.43	0.00	25,955.57	11.87
5611-56250 DUES & SUBSCRIPTIONS	18,890.00	757.56	0.00	5,730.24	0.00	13,159.76	30.33
5611-56310 INSURANCE	4,310.00	0.00	0.00	5,684.51	0.00	1,374.51	131.89
5611-56510 AUDIT & LEGAL SERVICES	23,000.00	929.50	0.00	10,778.00	0.00	12,222.00	46.86
5611-56570 ENGINEERING/ARCHITECTURAL	20,000.00	0.00	0.00	8,642.21	0.00	11,357.79	43.21
5611-56610 UTILITIES-ELECTRIC	2,000.00	550.16	0.00	2,624.45	0.00	624.45	131.22
TOTAL CONTRACTUAL SERVICES	2,343,354.00	169,090.61	0.00	1,241,192.21	0.00	1,102,161.79	52.97

CITY OF WYLIE
 REVENUE AND EXPENSE REPORT - (UNAUDITED)
 AS OF: FEBRUARY 29TH, 2016

111-WYLIE ECONOMIC DEVEL CORP
 DEVELOPMENT CORP-WEDC
 DEPARTMENTAL EXPENDITURES

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>DEBT SERVICE & CAP. REPL</u>							
5611-57110 DEBT SERVICE	686,825.00	0.00	0.00	0.00	0.00	686,825.00	0.00
5611-57410 PRINCIPAL PAYMENT	0.00	39,915.86	0.00	206,572.18	0.00	(206,572.18)	0.00
5611-57415 INTEREST EXPENSE	0.00	11,716.46	0.00	50,367.49	0.00	(50,367.49)	0.00
5611-57710 BAD DEBT EXPENSE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL DEBT SERVICE & CAP. REPL	686,825.00	51,632.32	0.00	256,939.67	0.00	429,885.33	37.41
<u>CAPITAL OUTLAY</u>							
5611-58110 LAND-PURCHASE PRICE	200,000.00	758,634.50	0.00	1,709,020.50	753,634.50	(2,262,655.00)	231.33
5611-58120 DEVELOPMENT FEES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-58150 LAND-BETTERMENTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-58210 STREETS & ALLEYS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-58410 SANITARY SEWER	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-58810 COMPUTER HARD/SOFTWARE	3,000.00	488.95	0.00	2,219.18	0.00	780.82	73.97
5611-58830 FURNITURE & FIXTURES	2,500.00	0.00	0.00	0.00	1,343.01	1,156.99	53.72
5611-58910 BUILDINGS	250,000.00	0.00	0.00	0.00	0.00	250,000.00	0.00
5611-58995 CONTRA CAPITAL OUTLAY	0.00	(1,309,369.83)	0.00	(2,259,755.83)	0.00	2,259,755.83	0.00
TOTAL CAPITAL OUTLAY	455,500.00	(550,246.38)	0.00	(548,516.15)	754,977.51	249,038.64	45.33
<u>OTHER FINANCING (USES)</u>							
5611-59111 TRANSFER TO GENERAL FUND	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-59190 TRANSFER TO THOROUGHFARE IMP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-59430 TRANSFER TO CAPITAL FUND	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5611-59990 PROJECT ACCOUNTING	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL OTHER FINANCING (USES)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL DEVELOPMENT CORP-WEDC	3,858,411.00	(300,884.20)	0.00	1,061,557.74	754,977.51	2,041,875.75	47.08
TOTAL EXPENDITURES	3,858,411.00	(300,884.20)	0.00	1,061,557.74	754,977.51	2,041,875.75	47.08
REVENUE OVER (UNDER) EXPENDITURES	(1,446,424.00)	(175,665.77)	0.00	(235,578.15)	(754,977.51)	(455,868.34)	68.48

*** END OF REPORT ***

Wylie Economic Development Corporation
Inventory Subledger
February 29, 2016

Inventory - Land

	Date of Pur.	Address	Acreage	Improvements	Cost Basis	Sub-totals
Cooper						
McMasters	7/12/05	709 Cooper	0.48	n/a	\$202,045	
Heath	12/28/05	706 Cooper	0.46	3,625	186,934	
Perry	9/13/06	707 Cooper	0.49	Demo	200,224	
Bowland/Anderson	10/9/07	Cooper Dr.	0.37	n/a	106,419	
KCS	8/1/08	Cooper Dr.	0.41	n/a	60,208	
Duel Products	9/7/12	704 Cooper Dr.	0.50	n/a	127,452	
Randack	10/23/12	711-713 Cooper Dr.	1.09	8,880	400,334	
Lot 2R3	7/24/14	Cooper Dr.	0.95	n/a	29,056	\$1,312,672
Industrial Ct.						
Hughes	7/25/06	211 - 212 Industrial	0.74	10,000	420,361	
		R.O.W.	0.18		41,585	
Prime Kuts	10/8/07	207 Industrial	0.20	4,550	229,284	
		R.O.W.	0.11	n/a	77,380	
Cazad	3/17/08	210 Industrial	0.27	3,900	200,782	
Buchanan	8/13/14	400 S. Hwy 78	1.25	12,750	503,233	
Glenn	4/24/15	209 Industrial Ct	0.18	2,900	326,773	
		R.O.W.	0.12	n/a		
Mann Made	2/10/16	398 S. Hwy 78	1.23	15,000	750,244	2,549,642
Regency						
Ferrell	9/29/05	2806 F.M. 544	1.09	Demo	239,372	
Sale of R.O.W.	2/14/07		-0.09	n/a	-20,094	
Crossroads	6/12/09	2804 F.M. 544	0.44	2,800	171,842	
Regency Pk.	6/4/10	25 Steel Road	0.65	n/a	25,171	416,290
Commerce						
Hobart Investments	11/12/13	Commerce	1.60	n/a	156,820	
Hobart	1/6/14	605 Commerce	1.07	20,000	386,380	543,200
Jackson						
Heath	3/17/14	104 N. Jackson	0.17	Demo	220,034	
Udoh	2/12/14	109 Marble	0.17	n/a	70,330	
Peddicord	12/12/14	108/110 Jackson	0.35	4,444	486,032	
City Lot	12/12/14	100 W. Oak St	0.35	n/a		
Jones (K&M)	9/3/15	106 N. Birmingham	0.21	4,125	190,596	966,992
Alanis						
White Property (Alanis)	12/12/14	Alanis	6.63	n/a	420,336	420,336
South Ballard						
Birmingham Trust	6/3/15	505 - 607 S. Ballard	0.95	Demo	409,390	409,390
Total			22.60	\$1,709,373	92,974	\$6,618,522

*A Journal entry was made by auditors to adjust the cost of the Hughes land by \$4,638.79. This amount was for taxes owed and not part of land value.

*Prime Kuts total purchase price was \$306,664.45. The distribution between 207 Industrial and R.O.W. purchased was developed by Seller for tax purposes.

Wylie Economic Development Corporation
 Balance Sheet Sub Ledger
 February 29, 2016

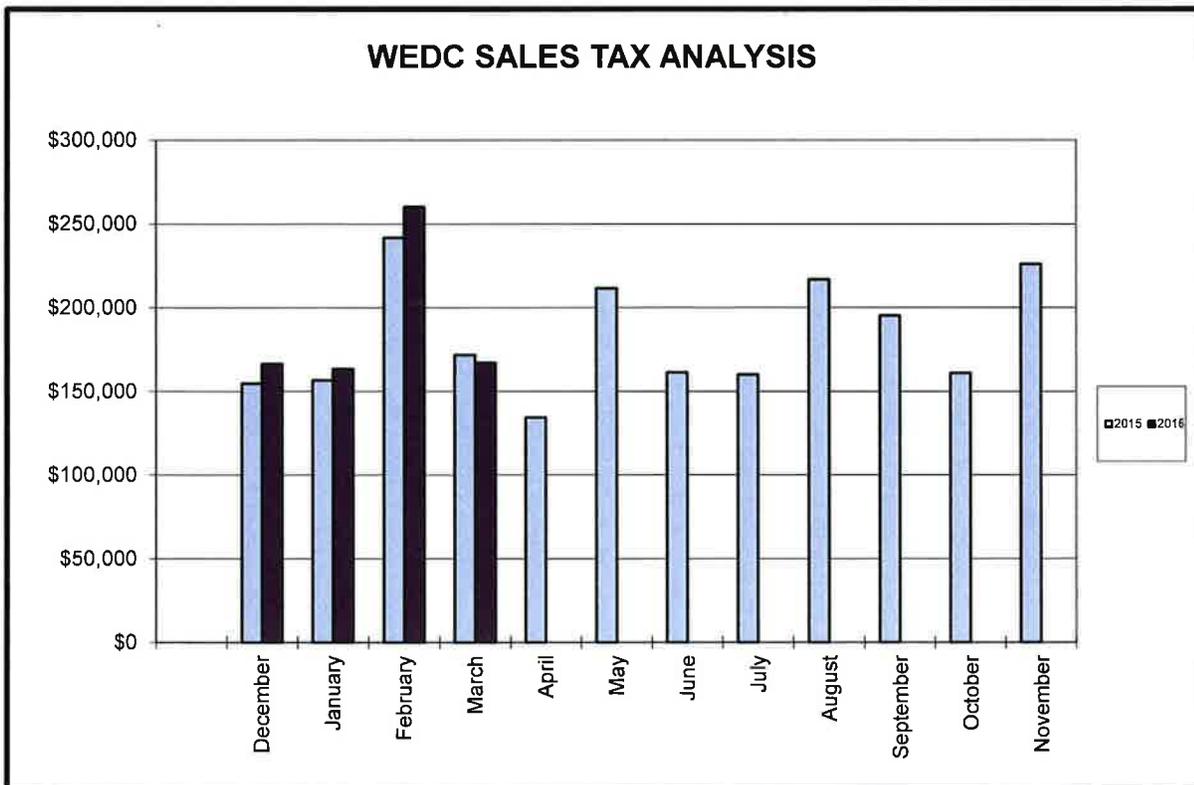
Notes Payable

		Date of Purchase	Payment	Beginning Bal.	Principal	Interest	Rate of Interest	Principal Balance
February 1, 2016								3,278,499.15
ANBTX - 88130968	HUGHES/RANDACK(39 of 60)	10/23/12	10,107.00	214,708.54	9,369.04	737.96	3.99	205,339.50
ANBTX -88130976	WOODBIDGE PKWY (#18 of 60)	8/15/14	13,267.93	783,865.99	11,506.19	1,761.74	2.61	772,359.80
ANBTX -88148481	BUCHANAN (#18 of 60)	8/13/14	7,331.95	294,474.17	6,406.81	925.14	3.77	288,067.36
ANBTX - 88149711	PEDDICORD / WHITE (#14 OF 120	12/12/14	7,382.45	657,918.40	5,079.74	2,302.71	4.20	652,838.66
ANBTX - 88158043	K&M / HOBART (5 of 48)	9/2/15	8,745.25	357,350.95	7,554.08	1,191.17	4.00	349,796.87
ANBTX - 88157334	LINDUFF (5 of 9 Interest only)	10/21/15	4,797.74	1,680,000.00	0.00	4,797.74	4.00	1,680,000.00
February 29, 2016					\$39,915.86	\$11,716.46		3,948,402.19

Note: Principal and Interest payments vary by date of payment.
 * Balance adjusted \$514.68 at payoff of ANBTX - 88122627 (Martinez)

**WYLIE ECONOMIC DEVELOPMENT CORPORATION
SALES TAX REVENUE
FOR THE MONTH OF MARCH 2016**

MONTH	WEDC 2014	WEDC 2015	WEDC 2016	DIFF 15 VS 16	% DIFF 15 VS 16
DECEMBER	\$134,371	\$154,719	\$166,418	\$11,700	7.56%
JANUARY	128,968	156,685	163,463	6,778	4.33%
FEBRUARY	213,877	241,858	260,166	18,309	7.57%
MARCH	121,483	171,741	167,082	-4,659	-2.71%
APRIL	124,866	134,475			
MAY	200,476	211,645			
JUNE	145,137	161,426			
JULY	149,537	159,973			
AUGUST	193,751	216,962			
SEPTEMBER	154,328	195,347			
OCTOBER	152,545	160,876			
NOVEMBER	213,292	226,078			
Sub-Total	\$1,932,632	\$2,191,785	\$757,130	\$32,128	4.43%
AUDIT ADJ					
TOTAL	\$1,932,632	\$2,191,785	\$757,130	\$32,128	4.43%





Wylie City Council

AGENDA REPORT

Meeting Date: April 12, 2016
Department: City Secretary
Prepared By: Carole Ehrlich
Date Prepared: March 28, 2016

Item Number: 1
(City Secretary's Use Only)
Account Code: _____
Budgeted Amount: _____
Exhibits: NTMWD Letter

Subject

Consider, and act upon, the appointment of a board member to the North Texas Municipal Water District (NTMWD) Board to fill an expired term of June 1, 2016 to May 31, 2018.

Recommendation

A motion to appoint _____ to the North Texas Municipal Water District (NTMWD) Board of Directors for a term to begin June 1, 2016 and end May 31, 2018.

Discussion

The Board of Directors of the North Texas Municipal Water District is a policy making body similar in nature to the City Council. The Board is responsible to both the State of Texas and to the member Cities for assuring that NTMWD operations occur in accordance with state and federal law, in alignment with NTMWD policy, and in the best interests of the Cities receiving services.

In accordance with the statute creating the District (Article 8280-141), the qualifications of a director include the following: "No person shall be appointed a Director unless he resides in the city from which he is appointed. No member of a governing body of a city and no employee of a city shall be appointed as a Director." Under other state law, no other government official that receives compensation could be appointed.

NTMWD's existing Board (18 member cities) is comprised of individuals who have worked to represent their communities in other capacities and who have a solid understanding of municipal concerns to share with other Directors. Historically, Directors have dedicated from 10 to 30 years of service to the Board, thereby gaining experience and contributing the necessary leadership. This provides the maximum benefit in order to assure the city's needs are met in the most effective manner. All NTMWD programs provide service based on cost to serve, with all cities provided equal treatment. Therefore, NTMWD policy established by the Board of Directors affects cost, performance and quality of service.

The City of Wylie has two board members on the NTMWD Board; Mr. Marvin Fuller whose term expires May 31, 2016 and Mr. Bob Thurmond, Jr. whose term expires May 31, 2017. NTMWD is requesting that by majority vote, the Wylie City Council reappoint Mr. Marvin Fuller or appoint another Director to serve a term from June 1, 2016 to May 31, 2018.

Mr. Fuller has agreed to serve another term if appointed. The City Council will need to make this appointment before the term expires May 31, 2016.



**NORTH TEXAS MUNICIPAL
WATER DISTRICT**

Regional Service Through Unity

March 23, 2016

Mrs. Mindy Manson, City Manager
City of Wylie
300 Country Club Road
Wylie, Texas 75098

RE: NTMWD BOARD MEMBER APPOINTMENT

Dear Mrs. Manson:

The current term of office for some of the Directors of the North Texas Municipal Water District (NTMWD) Board will end in May. Please accept this as your official notification that Mr. Marvin Fuller's current term as an NTMWD Board Director will expire on May 31, 2016. The City Council has the option to either reappoint Mr. Fuller or appoint a new Director to serve the term from June 1, 2016, to May 31, 2018.

The NTMWD appreciates the service Mr. Fuller has provided to the NTMWD. He was appointed by the City of Wylie in 1996 and has been a leader on the Board serving as President, Vice President, and Secretary. Mr. Fuller currently serves as the Chairman of the Wastewater Committee and also serves on the Personnel and Policy Committees.

In accordance with the statute creating the District (Article 8280-141), the qualifications of a Director include the following: "No person shall be appointed a Director unless he resides in and owns taxable property in the city from which he is appointed. No member of a governing body of a city, and no employee of a city, shall be appointed as a Director." Under other state law, no other public official that receives compensation could be appointed. A list of roles and responsibilities of an NTMWD Board member is enclosed for reference.

Please notify my office in writing once the City Council has appointed a Director for the new term. Should you have any questions or need additional information, please do not hesitate to contact my office.

Sincerely,

THOMAS W. KULA
Executive Director

TWK/mcf

Enclosure

cc: Mr. Marvin Fuller
Ms. Carole Ehrlich, City Secretary