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SECTION I

GENERAL INFORMATION
INTRODUCTION

This handbook was developed as a guide to policies and procedures to aid students, faculty, clinical coordinators, and clinical instructors in the Tulsa Community College Occupational Therapy Assistant Program. It should be used as a guide to understand the academic and clinical policies of the program.

_Congratulations on your decision to participate in the Occupational Therapy Assistant Program. We look forward to working with you._
ACCREDITATION

Tulsa Community College is accredited by the Higher Learning Commission (ncahlc.org / 312 263-0456). The College most recently underwent self-study in 2013 and received a 10 year (2023/4) reaccreditation. The College is a member of the American Association of Community Colleges, the North Central Council of Two-Year Colleges and is also approved by the federal government to offer education under the Veteran’s and Social Security laws.

The Tulsa Community College Occupational Therapy Assistant Program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE), P.O. Box 31220 / Bethesda, MD. 20824-1220 / (301) 652-AOTA. The OTA program is fully accredited and scheduled for re-accreditation in 2013/14.

www.acoteonline.org
I ______________________________ agree to read the Policy and Procedure manual of the Tulsa Community College Occupational Therapy Assistant program. I understand that I must abide by the policies and procedures to maintain my enrollment in the Occupational Therapy Assistant program. Familiarity with the policy and procedure manual is my responsibility.

____________________________________
Signature

____________________________________
Date
TULSA COMMUNITY COLLEGE MISSION STATEMENT

The Tulsa Community College betters its community through the intellectual achievement, creative energy, and responsible citizenship of its students, faculty and staff by their engagement in teaching, learning and service opportunities that transform and enrich lives. Tulsa Community College commits to innovative, flexible and affordable education that responds to a dynamic global environment.

TCC OTA PROGRAM MISSION STATEMENT

The TCC OTA program will develop entry level practitioners eligible for licensure that reflect the core values of the profession.

*The program’s curriculum stresses the importance of the American Occupational Therapy Association’s stated core values of:*

- **Altruism:** the unselfish concern for the welfare of others.
- **Equality:** all individuals have the same fundamental rights and opportunities.
- **Dignity:** values the inherent worth and uniqueness of each individual.
- **Freedom:** allows individuals to exercise choice, demonstrate independence, initiative, and self-direction.
- **Justice:** Places value on upholding of such moral principles as fairness, equity, truthfulness, and objectivity.
- **Truth:** requires that we be faithful to the facts and reality.
- **Prudence:** the ability to govern and discipline oneself through the use of reason; includes discretion, vigilance, moderation, care, circumspection in the management of one’s affairs.
Tulsa Community College
Occupational Therapy Assistant Program’s
Philosophy of Education

“Philosophy inspires one’s activities and gives directions to one’s practice”
(Elia\& Merriam, 1995 p.5).

To educate is to assist in the enlightening of the mind, the development of the character and the formation of ideas. Adult learners build on previous knowledge and experience, applying newly attained concepts toward practical application in their chosen field of study. It is through the application of knowledge that a great degree of understanding and retention can be accomplished. The process of education is a mutually cooperative effort between the instructor, the learner and a class as a whole. Success requires the learner put forth the effort required. The instructor carries a large responsibility in fostering student success; however adults are ultimately responsible for their own learning.

CURRICULUM DESIGN

The governing documents of the American Occupational Therapy Association serve as the foundation and guide in the continuing process of curriculum development and revision. Occupational therapy practice is directed at developing, creating, restoring and maintaining independent living skills, enabling clients to live as full and productive lives as they desire and are capable of doing.

Content is presented within a developmental framework from simple to complex. Supportive assignments incorporate the application of previous and current material. Previously acquired information is combined with new concepts and skills each successive semester. As new information and skills are added to the student’s base the information is practiced and integrated. New information and skills are introduced in a structured fashion according to the individual course and overall curriculum design. Situated learning (engaging in tasks which parallel real world application) is incorporated into the curriculum to assist in developing student knowledge and skills progressively upward until entry-level is achieved. Student performance is closely monitored. The advisement process is used as a method to make students aware of their strengths and deficiencies and enables students to reflect on their progress, make adjustments and set goals to assist in developing their academic and professional Competency.

To this end instruction emphasizes normal anatomical structure and function (Applied Anatomy OTA 1363, Neuroanatomy and Physiology OTA 1352, and Clinical Conditions OTA 1303). The normal development sequence is introduced and reinforced in (Development Psychology PSY 2093, Developmental Disability Theory & Practice OTA 2223, Current Trends in Occupational Therapy (geriatrics) OTA 2263). Disability, disease, and a comprehensive understanding of occupation as it relates to productive participatory living are emphasized (Therapeutic Media OTA 1403, Physical Disability OTA 1483, Therapeutic Adaptations OTA 2203, and Psychosocial Theory and Practice OTA 1493). The historical and therapeutic significance of occupation is stressed throughout the curriculum. Over the course of instruction students acquire a theoretical knowledge base, and demonstrate professional behaviors and essential skills that will enable them to function as entry-level occupational therapy assistants.

Within each course foundations of treatment, evaluation, and the occupational therapy process is discussed. Multiple teaching and learning strategies are used to enable the students to achieve entry-level competency. Lectures and power point presentations are used to present foundational information. Demonstration, illustration, situational learning, case studies, problem-solving activities, laboratory practice and independent learning assignments are used to encourage integration of concepts and enhance learning. Structured clinical experiences progressively building on one another, enabling students to see and experience what is discussed in class.
A. Program Development/Evaluation:

The following participants assist with ongoing and/or periodic evaluation and program development and Curriculum Design.

1. Program Director: active in all aspects.

2. Other OTA Faculty: active in all aspects.

3. OTA Students: active in most aspects, through communication with faculty, and through course/instructor evaluations.

4. Advisory Committee: active in most aspects, through communication with Program Director, advisory committee meetings.

5. The Allied Health Associate Dean active in all aspects, through assistance and supervision of Program Director, participation in Advisory Committee meetings, annual program evaluation meetings, etc.

6. The Dean of Nursing and Allied Health, Provost, and Executive Vice-President: are involved as required following program evaluation meetings, advisory committee meetings, and administrative support and decision-making.

B. Course Content, Descriptions

Hours and Numbers: Oklahoma State Board of Regents for Higher Education policy specifies procedures for alteration of catalogue listings. Decisions to alter catalogue listings for the OTA program are based upon input primarily from program faculty, students, Allied Health Associate Dean, and Advisory Committee, with official review of, and agreement as needed. All program faculty plan the details of OTA course content under the supervision of the Program Director.

C. Course Scheduling

The Program Director with input from the OTA faculty and Allied Health Associate Dean plan course / semester schedules and make every effort to accommodate the needs of the students and faculty.

D. Textbook Selection:

OTA faculty will select textbooks. The Program Director is responsible for supervising book selection
CURRICULUM PATTERN

FIRST YEAR

SUMMER SEMESTER
BIO  1314  Anatomy and Physiology
PSY  1113  Introduction to Psychology

FALL SEMESTER
PSY  2023  Developmental Psychology OR
PSY  2193  Personality Theories
OTA  1203  Introduction to Occupational Therapy
OTA  1303  Clinical Conditions, Terminology, and Skills
OTA  1363  Applied Anatomy for OTAs
OTA  1352  Neuroanatomy and Physiology for OTAs

SPRING SEMESTER
ENG  1113  Freshman Composition I
OTA  1293  Introduction to Occupational Therapy II
OTA  1403  Therapeutic Media
OTA  1443  Psychosocial Theory and Practice
OTA  1483  Physical Disabilities

SECOND YEAR

SUMMER SEMESTER
ENG  1213  Freshman Composition II
POS  1113  American Federal Government
OTA  1511  Fieldwork I/A
OTA  1521  Fieldwork I/B

FALL SEMESTER
HIS  1483  American History 1492 to 1865 or
HIS  1493  American History 1865 to Present
OTA  2203  Therapeutic Adaptations
OTA  2223  Developmental Disabilities Theory and Practice
OTA  2263  Current Trends in Occupational Therapy

SPRING SEMESTER
OTA  2356  Fieldwork II A
OTA  2376  Fieldwork II B
SECTION II

POLICIES AND PROCEDURES
CODE OF ETHICS POLICY

The purpose of the code of ethics policy is to ensure professional behavior in all students participating in the occupational therapy assistant program. Students in the program are expected to act ethically both in the classroom and when in a clinical setting. The TCC Clinical Agreement states "The College along with the students shall respect and conscientiously observe the confidential nature of all information, which may come to any or all of them, individually or collectively with respect to patients and patients' records." TCC supports HIPAA privacy practices. TCC OTA students are expected to adhere to the American Occupational Therapy Association's Code of Ethics (www.aota.org) in addition to the following:

1. Each student shall attend and participate in all learning experiences designed to meet the objectives of the course(s) in which he/she is enrolled.

2. Each student shall notify the instructor in the event that he/she will not be attending and the reason for the absence.

3. Each student shall identify the need for any reasonable accommodation required for successfully completing the learning objectives for each course and shall work with the disABLED Student Resource Center (MC 331-B, 918-595-7115) to coordinate specific learning needs with the course instructor.

4. If a student believes that a course is not meeting his or her learning needs, the student shall initiate discussion with the course instructor and his advisor as soon as the problem is perceived.

5. Each student may be asked to complete a written evaluation of each course in which the student is enrolled.

6. Each student shall engage in open discussion with OTA program faculty pertaining to any factors interfering with acceptable progress in the course of study.

7. Each student shall adhere to all rules and regulations related to participation in fieldwork placement.

8. In fieldwork, each student will engage in only those activities for which he/she has been trained, minimizing the probability of physical or psychological harm to the client.

9. Each student shall recognize the rights and professional standing of colleagues in their respective professions.
10. In the event that a student or colleague acts in an unethical or incompetent manner, each student is responsible to report this behavior to the fieldwork supervisor. In the event that the fieldwork supervisor is behaving in this manner, the student should notify the immediate supervisor as well as the OTA Program Director.

11. In fieldwork information received from clients will be discussed only for professional purposes and in private. Students will not release unauthorized information to any source. Students must comply with HIPPA regulations and policies of the institutions they are assigned to.

12. Students will neither disclose passwords or security codes, their own or another user's, to anyone nor use another person's password, security code, and/or employee identification badge.

13. Client information gained from a clinical site will be discussed in classes in a way that the confidentiality of the individual is maintained.

14. Written reports will be presented in an objective manner. Subjective data will be identified as such.

15. Each student is responsible for knowing and adhering to all rules, regulations, policies, and procedures of the College, the OTA program, and the fieldwork facilities.

16. Each student will be prepared for all classes, labs, and fieldwork assignments. This includes reading assignments before class, actively participating and allowing others to participate in learning opportunities, and being attentive to the instructor and other students.

(See also "Probation for Unprofessional Behavior" on page 26.)
ACCOMMODATIONS FOR DISABILITY POLICY

Reasonable accommodations are available for students with documented disabilities. In accordance with Tulsa Community College’s Student Code of Conduct, students seeking accommodations must register with the disABLED Student Resource Center. The disABLED Student Resource Center (MC 331-B, 918-595-7115) assists students and instructors in setting up reasonable accommodations.

PREGNANCY POLICY

A student wishing to continue her OTA education while pregnant must present a written statement by her physician indicating that the student is capable of fulfilling the academic and fieldwork requirements. The letter is to be submitted by the end of the first trimester. Following childbirth, a physician's verification of fitness to return to academic and fieldwork activity is again required. Any absence due to pregnancy will be subject to the same rules and regulations as stated in the attendance policy.

ILLNESS OR INJURY POLICY

A student who has an extended illness, surgery, and/or injury will be required to submit a written statement by his/her physician indicating that the student is capable of fulfilling the academic and fieldwork requirements. Any absence due to illness or injury will be subject to the same rules and regulations as stated in the attendance policy.
STUDENT HEALTH SERVICES

The College provides access to a full-time nurse on campus. Services available include emergency care, health screenings, physical assessments, health education and referrals. For further description of the services available please see the TCC website at www.tulsacc.edu, as well as the TCC Catalog. The services are located at MC 135 (595-7270). In addition a Student Fitness Center is available to all enrolled students.

DENTAL SERVICES

Dental hygiene care is available by the TCC dental hygiene students and under the supervision of licensed faculty. This service consists of cleaning, fluoride treatment, oral health education, x-rays, and sealants. Fillings, extractions, and prosthetic appliances are not available through the clinic. Appointments can be made by calling (918) 595-7022. The dental hygiene clinic is located in the Metro Philips Building, Room MP 300.

COUNSELING SERVICES

A full-time counselor is available for the students in the Nursing and Allied Health Divisions (MC 330, 595-7108). During the first week of class the incoming students are introduced to the counselor during class time to make them aware of available services. Services available are primarily individual, relational and family counseling as they relate to academics. All counseling session are completely confidential and comply with FERPA and HIPPA privacy practices.

ATTENDANCE POLICY

The purpose of the attendance policy is to clarify its effect on student grades.

Attendance is a prerequisite professional skill. Attendance is expected for all sessions. Students are responsible for contacting faculty regarding absence. Students are responsible for all assignments regardless of absence. Students are responsible for anticipating needs related to a planned absence, initiating arrangements with faculty. Each course syllabus will specify an attendance policy.
GRADUATION POLICY

_Students entering the OTA Program are required to complete the course of study within 3 years._ Two tracks are available. The full-time track is completed within 2 years assuming no remediation of failed course work is required. If a student on the full-time track fails to successfully pass previously failed course work on the second effort, then the student is dismissed from the program. A part-time track is also available that requires 3 years to complete. No remediation of failed course work is available on this track due to time restrictions. It is believed that in order to be adequately prepared for Fieldwork II, classes must be completed in a concise fashion and that long intervals between class work and fieldwork does not serve the best interest of the public or the student.

CONFIDENTIALITY POLICY

Student Confidentiality

Information on any student will not be released from the OTA Program without the express written permission of said student. This includes prospective employers, friends, family, attorney, clergy, educational institutions, and professional organizations, etc. Confidential information includes names, address, telephone number, social security number, fieldwork/class schedule, grades, evaluations, etc.

Requests for Information by Students:

Transcripts - Requests for transcripts or grades must be referred to the registrar

Departmental Files – Individual student files are kept in a locked file cabinet in the program director’s office. A student may request to review the contents of his/her OTA program file. Students are required submit a written request to view his/her file.

Photographs

Students may expect to appear in photographs or media presentations as part of their educational experience. Student will sign a photo release statement form, prior to participation in photographs or other media presentations.
CPR CERTIFICATION POLICY

The purpose of the CPR Certification policy is to ensure that all occupational therapy assistant students are prepared to deal with cardiopulmonary emergency situations during fieldwork.

Prior to the first fall semester, each student must show evidence of having completed Health Provider CPR certification. The Certification is accepted from the American Heart Association only. Students may schedule a CPR class, which is conducted by the Continuing Education Office (Special Programs), at Metro Campus, through a local health care facility, or through the American Heart Association. Students already possessing proof of current certification are exempt, however certification must be current during level II fieldwork.

TUBERCULIN SKIN TEST POLICY

Students must have a tuberculin skin test prior the first fall semester. The student is responsible for providing documentation of a negative test must be provided to the OTA clinical coordinator prior to the first day of class. Students may obtain a TB skin test at the Tulsa Health Department 4616 E 15th St, Tulsa, OK 74112 Phone: (918) 582-9355, or from their physician.

RUBELLA TITER POLICY

Students must provide documentation of immunity to Measles, Mumps and Rubella prior to the first fall semester. The student is responsible for providing documentation to the OTA clinical coordinator. If you need this immunization you can get it at the Tulsa Health Department 4616 E 15th St, Tulsa, OK 74112 Phone: (918) 582-9355. If you have lost your documentation, you can attempt to retrieve it from your physician, or ask your physician if he/she could run a titer to prove immunity. Students who have been pregnant may want to check with their OB/GYN for rubella immunity.

HEPATITIS B POLICY

The college recommends that you be vaccinated against Hepatitis B prior to enrollment in any Allied Health Program. During orientation prior to your first semester you will be given information about Hepatitis B. You may elect not to receive the Hepatitis B vaccine. If this is the case a signed waiver will be required prior to the first semester. If you do wish to be immunized against Hepatitis B, you can get these shots from your physician’s office or through the Tulsa County Health Department. It is a series of 3 shots which cost $50.00 each at the Health Department located at 4616 E 15th St, Tulsa, OK 74112 Phone: (918) 582-9355. Some clinical sites and hospitals require Tulsa Community College students to have the Hepatitis B vaccination before they are allowed to participate in their clinical setting.
BACKGROUND CHECKS

All Allied Health Services students are required to complete and receive clearance on an Oklahoma State Bureau of Investigation (OSBI) and Sex Offender Registry check. You will be given a packet with directions on how to obtain your background check, submit it to Tulsa Community College, and how to authorize Tulsa Community College to complete the sex offender registry check. Students will be given further instructions during orientation. This process must be complete prior to the first day of class.
DRESS CODE POLICY

The context for the OTA Program dress code is found in the Tulsa Community College Clinical Agreement. In this regard, the uniform or other dress which said student shall wear shall be acceptable to the Institution as well as to the College and College students shall be identified as students of the College.

The purpose of the dress code policy is to clarify prudent professional dress behaviors and specify clinical dress requirements in the healthcare work environment, which embraces a conservative mode of dress. Please know that occupational therapy is a medical profession. Professionals provide service to the persons of all ages, gender, and cultures. Some individuals are sensitive to fads. They may not mention their preferences to you, but it could disrupt or even terminate the treatment process prematurely. Because we want to build rapport with clients and earn the trust and respect of other professionals and not alienate or offend clients or colleagues, the following dress code is required.

Professional behaviors are emphasized throughout the program to enhance the student’s employability. Students are encouraged to exercise judgment in the consideration of a professional image, especially while out in the community on fieldtrips, observations, preclinical and clinical fieldwork experiences.

General Appearance

Hygiene. Good personal and oral hygiene will be maintained. Daily showers or baths are expected along with the use of deodorant.

Facial hair. Men are expected to maintain facial hair in a manner that is neat and appropriate to the setting.

Hair. Hair will be restrained off the shoulders and away from the face. It should not get in the way of performing your clinical functions. Men generally wear conservative haircuts. Men with longer hair should pull it back with an elastic band and tuck it in the shirt collar, if requested by the clinical site. Hairstyles and colors will meet the conservative standard of the clinical or fieldwork site.

Jewelry. Jewelry will be limited. Rings, bracelets, and long earrings can scratch clients with fragile skin or give agitated clients something to grab. Facial piercing (eyebrow, nose, lips, tongue, etc.) should be removed with the exception of up to two piercing in each ear.

Tattoos. Tattoos should be covered with clothing or another method.

Nails. Many clinical settings do not allow artificial nails due to infection risks to clients. Nails will be short and clean. If polish is used, it should be maintained to avoid chipping, and conservative colors should be used. Cuticles will be maintained to avoid infection to self or others.
Cosmetics. Use of makeup will be sparing and appropriate for day or work appearance.

Perfume, cologne, and after-shave. Scent will be sparing as strong scents may be noxious for clients who are ill, have respiratory disease, asthma, or allergies.

Clothing. Clothing should be clean and modest to allow freedom of movement and safe performance of clinical functions and to prevent provocation. Students are required to wear their TCC OTA nametags (available by order from the TCC bookstore) to all fieldtrips and clinical visits. Students will need to have one pair of slacks and one dress polo or shirt with sleeves and a collar for fieldtrips and clinical visits. The solid color slacks should approximate the natural waistline and be secured with a belt. Pants should not drag the floor. (Shorts, capri pants, and jogging or wind pants are not acceptable for clinical visits. Jeans are prohibited in most clinical settings.) The shirt should fit neatly but not tightly and, as with the slacks, allow freedom of movement for transfers and other tasks. Shirts should be long enough to tuck into slacks. Some clinical sites may require dress shoes or non-athletic closed-toed shoes. Some sites allow athletic shoes that are neat and conservative in appearance. All sites require that socks or hosiery be worn with shoes. Slip-on shoes, sandals, clogs, mules and bare feet are generally not allowed. Check with the faculty or call the site in advance to confirm the dress code.

Fit of clothing for fieldtrips, clinical visits, or fieldwork. Students should be able to reach overhead with arms extended, forward bend, squat, twist, and reach horizontally without cleavage, navels, brassieres, men's t-shirts, undergarment waistbands or excessive skin showing. Low rise pants or baggy pants that sit below the undergarment waistband are not acceptable. All students are expected to wear suitable undergarments. Our "OT clothes” may need to fit a bit more loosely than you are accustomed to wearing as freedom of movement for safe transfers and other tasks is paramount to fashion. Students who are not appropriately dressed for fieldtrips will be sent home to change.

Lab Appearance
Specific coursework will require specific types of attire. For example, Applied Anatomy will require bathing suits or exercise attire. Therapeutic Media will require work clothes. Each course syllabus will describe specific needs.

Fieldwork Appearance
Specific coursework will require fieldwork visits. Fieldwork Level 1 and Level 2 will require a nametag and prescribed uniform. Students will adhere to the policy of the facility regarding appearance and attire. Uniforms must be clean, neat, repaired, pressed, and fit appropriately.

Gum and smokeless tobacco are not allowed on community visits. TCC is a tobacco-free environment. Quiet gum chewing is acceptable in the classroom.
ADVISING POLICY

The purpose of the advising policy is to clarify opportunities for regular academic counseling.

Routine academic counseling is scheduled one time per semester prior to fieldwork II. Counseling provides an opportunity for student and instructor to discuss strengths and areas of concern, and review overall performance in the program. This also provides an opportunity to anticipate needs and to set goals. The student or OTA faculty member may initiate counseling at any time. The OTA faculty takes pride in “open door” availability to students. A counseling/contact record is provided at the time of the meeting. This is a way of documenting the meeting for future reference and is part of the student’s permanent file.

Guidelines for academic counseling
The areas addressed during routine midterm counseling include progress in current courses, student's perception of overall current performance, faculty observations, student's comments about the OTA program, and an action plan as required (see form on the following page).

A written summary of the meeting will be placed in the student's program file.
Tulsa College Community
Occupational Therapy Assistant Program
PROFESSIONAL PROGRESS SUMMARY FORM

Student Name: ________________________  Student ID #________________

Meeting Date: _________________

Progress in Current Courses:

Student’s Perception of Current Performance

Faculty Observations:

Student’s Comments about OTA Program in General:

Action Plan:

Signatures:  Instructor ____________________________
            Student ____________________________
DISMISSAL POLICY

The purpose of the dismissal policy is to describe student rights, responsibilities, and consequences regarding grades and professional behavior.

The OTA program reserves the right to dismiss students at any time for unethical, irresponsible or unprofessional behavior. All cases are considered on an individual basis. Probationary measures prior to dismissal are not guaranteed.

Students will be dismissed from the Occupational Therapy Assistant Program for the following reasons:

1) All general education classes taken in which a grade of “F” is received must be repeated. Failure to repeat and pass the course with a minimum grade of “C” within one academic semester will result in dismissal.

2) Any OTA courses in which the student receives a grade of “F” will result in dismissal.

3) Any specialized course (OTA, Bio) resulting in a “D” must be repeated within one academic semester or the next semester the course is offered. Failure to repeat the course and pass with a grade of “C” or better will result in dismissal from the program and ineligibility for reapplication.

4) Successful completion of all required course work and graduation from the program must occur within 3 years of initial enrollment in OTA courses. Failure to do so will result in dismissal.

5) Receipt of a “D” (or indication of less then satisfactory performance, i.e. “W”) in more than one specialized course (OTA, BIO) in one semester, will result in dismissal.

6) Receipt of a “C” grade in more than one required specialized course (OTA, BIO 1314, PSY) in one semester will result in being placed on academic probation.

7) Cheating: honesty is a prerequisite professional behavior. Honesty and sincerity are expected of health care professionals, whether in class or clinical practice. Therefore if a student is caught cheating, s/he will be subject to immediate dismissal from the OTA program.

8) Unprofessional behavior (define in the Code of Ethics) which is inappropriate to the classroom, laboratory, or clinical setting that resulted in probation, if repeated, will result in dismissal from the program.
9) Any conduct probation exceeding one semester will result in dismissal from the program.
PROBATION POLICY

The purpose of the probation policy is to describe student rights and responsibilities and consequences regarding grades and professional behavior. Probation is intended to be a constructive means of identifying and correcting areas of deficient student performance. Circumstances of probation will be clearly documented in an academic counseling meeting and report.

Probation for Course Grades

1. Any required specialized course (OTA, BIO 1314, PSY) taken in which the student receives a grade of “D” must be repeated the next time the course is offered or within one academic year. Student will be placed on probation pending repeat of the course.

2. Receipt of a “C” grade in more than one required specialized course (OTA, BIO 1314, PSY) in one semester will result in probation in the program.

Probation for Grade Point Average

A cumulative grade point average of 2.5 “C” on all academic work attempted at TCC must be maintained. At the end of any academic term in which a student's TCC grade point average falls below 2.5, the student will be placed on academic probation.

Probation for Time Delays

Successful completion of all required coursework and graduation from the program must occur within three years of initial enrollments in OTA courses. Under extenuating circumstances discussed in academic counseling, the student may be granted a delay and placed on probation in the program.

Probation for Unsafe Laboratory or Clinical Practice

Safety of the student, fellow students, academic and clinical faculty and the consumers of OT service are paramount. Probation for unsafe practices may occur at any time during the academic semester. Probation or dismissal is based on unsafe behavior demonstrated by the student as determined by the faculty of the OTA program. Students dismissed during the semester will receive an “F” grade for that course.
Unsafe behavior is defined as:
- a potentially life-threatening incident or
- an incident contributing to the injury of self or
- an incident contributing to the injury or death of another

Probation for Unprofessional Behavior
Behavior, which is inappropriate and directed toward OTA faculty or classmates within a class, lab or clinical setting will receive probationary action.

1) Regulatory
   a. failure to practice within the Guidelines of the AOTA
   b. failure to practice within the licensure law of Oklahoma
   c. failure to abide by the policies and procedures of TCC
   d. failure to abide by the policies and procedures of the OTA program
   e. failure to abide by the policies and procedures of the clinical setting

2) Accountability
   a. failure to adequately prepare for clinical learning experiences
   b. failure to honestly communicate information verbally or in writing
   c. failure to report unsafe or incompetent practices of self or peers
   d. failure to practice within the student OTA role
   e. failure to seek appropriate guidelines from faculty and clinical supervisors
   f. showing up to work or clinical sites under the influence of substances.

1) Respect for Worth and Dignity of Health Care Consumers, Peers, Health Care Team, and Faculty
   a. breach of confidentiality
   b. breach of patients' Bill of Rights
   c. behavior that degrade, demeans or is of a libelous nature
   d. behavior that indicates completed work is not one's own
   e. Extreme behavior which demonstrate lack of judgment, self-control, and attention to reasonable boundaries for professional relationships.

When a student is placed on probation, one academic semester is allowed to correct any deficiency of academic performance, attendance, or professional behavior problem. If at the end of the following semester corrective action has not been taken, the student in question will be dismissed from the OTA program.
APPEAL POLICY

This policy is to clarify the mechanism to appeal decisions or perceived violations of students’ rights within the Occupational Therapy Assistant Program.

1. Students who believe that their rights have been violated, have a disagreement with an OTA department decision, or who wish to challenge or appeal decisions affecting their standing in the OTA program, should approach the individuals involved within FIVE academic calendar days following the incident. The student and instructor should document the meeting by summarizing topics discussed and signing the statement. If the situation is not resolved, the student may continue with the appeals process.

2. The student will submit a summary of the meeting to the OTA Program Director. The student and Program Director should discuss the matter, again document the meeting by summarizing topics discussed and sign the statement. If the situation is not resolved, the student may continue with the appeals process.

3. If the matter is still unresolved, an appointment is made with the Allied Health Associate Dean within TEN academic calendar days. A written account of the incident will greatly assist the student in organizing his/her thoughts and opinions and assist the Associate Dean in understanding the incident.

4. If the student continues to be dissatisfied with the decision of the Allied Health Associate Dean, the student may proceed with the appeals process, according to college policy, and meet with the Dean of Nursing and Allied Health.

5. At any time in this appeals process, the student may request a meeting with the Allied Health Student Counselor. The Counselor is an impartial third party who is dedicated to the student’s best interest.
READMISION POLICY

The purpose of the readmission policy is to describe the process by which students may resume the Occupational Therapy Assistant Program.

1. Probation or dismissal, which initially occurred as a result of course grades or grade point average, will be reconsidered on an individual basis. For example, when a student has pursued additional coursework with sufficient success to show a grade point average above a 2.5, the student may be considered for reapplication/readmission into the OTA program.

2. Probation or dismissal, which initially occurred as a result of time delays, will be reconsidered on an individual basis for reapplication/readmission into the OTA program.

3. Probation or dismissals from the program, which initially occurred as a result of unsafe laboratory or clinical practice or as a result of unprofessional behavior, will make the student ineligible for reapplication/readmission into the OTA program.

4. Withdrawal in good standing will enable the student to be eligible for reapplication/readmission into the OTA program.
WITHDRAWAL IN GOOD STANDING

Students may withdraw from the OTA Program, and upon request be given the opportunity to reapply for admission the following year. Students must complete the program curriculum and graduate within three years (6 academic semesters plus summer semester for Fieldwork I.) If readmitted they will not be required to repeat courses successfully completed. Only outstanding courses required for graduation must be completed.

A. **Exit Interview.** To be eligible for readmission, students must submit a letter stating reason for withdrawal, request for readmission, and proposed means of successful completion of program if readmitted. Students must schedule an exit interview with the Program Director to discuss circumstances of withdrawal and later re-entrance into program. A summary of the exit interview will be signed by the student and Program Director and kept in the student's file.

B. **Reapplication/Reacceptance.** The student will be sent a letter notifying him or her of the option to reapply to the OTA Program. Depending on his withdrawal status, he/she will be informed of reapplication procedures and acceptance criteria. He/she will attend an applicant interview with the Program Director.

I. If the student has completed exit procedures and withdrawn for reasons other than unacceptable performance and these reasons do not affect his or her compliance with regular admission criteria, he/she will be considered in good standing at the time of withdrawal. In this instance he/she will:

a) Submit application form
b) Submit letter describing exactly how withdrawal deficiency has been corrected, and steps taken to assure successful completion of the program
c) Submit transcripts of all course work attempted since withdrawal from program.
d) Show evidence of a cumulative G.P.A. of 2.0 or better.
e) Meet with Program Director to discuss steps taken to assure successful completion of program.
f) Be readmitted with Program Director approval.

2. Students readmitted to program must maintain a 2.5 grade point average at all times during remainder of program.

3. Students readmitted who withdraw a second time will not be considered for future admission to OTA Program.
SAFETY

Safety is of prime importance during both lab and clinical activities. The student is expected to take responsibility for his or her own and others’ safety.

The Student will:

Not use any faulty equipment or supplies, and report any such defects to his instructor or clinical instructor immediately, placing the defective item where others will not use it.

Maintain a calm, quiet atmosphere, attending to the patient and task at hand, and the immediate environment.

Notify instructor or clinical instructor of any problems or unexpected effects immediately.

Know his or her limitations and seek assistance when needed.

Perform within the bounds of his or her training and role.

Keep walkways clear of obstructions, cords, etc.

Wipe up any moisture on floors immediately.

Unplug machines immediately after use.

Clean all equipment, utensils, etc., immediately.

Dispose of waste items, linen, etc., properly and promptly.

Inform instructor or Clinical Instructor of any safety infractions observed.

Document any injury which occurs, no matter how minor, in accordance with facility policy.
FACILITIES

The Occupational Therapy Lab is located in rooms MP532 and MP544 of the Phillips Building at Metro Campus. These dedicated rooms are used for lecture and for laboratory practice of selected therapeutic activities. Students without supervision from the Occupational Therapy faculty may not use laboratory space containing power tools and other equipment.
EQUIPMENT AND SUPPLIES

The diverse nature of occupational therapy treatment requires use of a wide variety of tools, equipment, and supplies. The educational program supplies major items. Lab fees cover some expendable goods; however, students may be requested to supply some materials of their own, particularly for minor crafts or for construction of small pieces of equipment which they will keep.

Prior to the first semester new incoming students purchase a duffle bag containing a portion of the required supplies and equipment to be used throughout the curriculum.

*Students are expected to be conservative in their use of classroom supplies. They also are accountable for any tools or equipment which they borrow. All tools, equipment or supplies must be signed out with permission and returned in functioning order.*
SECTION III

BLOODBORNE PATHOGENS
UNIVERSAL PRECAUTIONS

Since medical history and examination cannot reliably identify all patients infected with HIV or other blood borne pathogens, blood and body fluid precautions should be consistently used for all patients. This approach previously recommended by the Center for Disease Control (CDC) and referred to as "universal blood and body fluid precautions" or "universal precautions", should be used in the care of all patients, especially including those in emergency care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

I. All health care workers must routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient are anticipated.

A. Gloves must be worn for touching blood and body fluids, mucous membranes or non-intact skin of all patients.

B. Gloves must be worn for handling items or surfaces soiled with blood or body fluids.

C. Gloves must be worn for performing venipuncture and other vascular access procedures.

D. Gloves should be available in all patient rooms, exam rooms, on crash carts, and should be carried in pockets of healthcare workers.

E. Gloves must be changed and hands washed before and after contact with each patient.

F. Masks and protective eyewear or face shields must be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.

G. Gowns or aprons must be worn during procedures that are likely to generate splashes of blood or other body fluids.

Comment: Routine patient care not involving contact with blood or other body fluids, mucous membranes, or non-intact skin does not require the use of any barrier methods. Routine careful hand washing is required before any patient contact. Examples of procedures requiring "masks and protective eyewear or face shields" are many dental procedures, major operative procedures, endoscopy, and suctioning of the oral cavity or a tracheostomy which is likely to produce splashes.

II. Hand and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
Comment: Use of these barrier methods in no way eliminates the need for appropriate hand washing before and after patient contacts.

III. All health care workers must take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during disposal of used needles and when handling sharp instruments after procedures.

   A. To prevent needle stick injuries, needles must not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.

   B. After they are used, disposable syringes and needles, scalpel blades, and other sharp items must be placed in puncture-resistant containers for disposal; the puncture-resistant containers must be located as close as practical to the use area. Large bore reusable needles must be placed in a puncture-resistant container for transport to the reprocessing area.

IV. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices must be available for use in areas in which the need for resuscitation is predictable.

V. Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.

VI. Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant; however, if a health care worker developed HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

Comments: There are no data suggesting an increased risk of other infections (herpes simplex, cryptosporidiosis, or others) from HIV-infected patients to health care workers. Careful adherence to these precautions should adequately protect all healthcare workers, including those women who are pregnant or of childbearing age.

VII. Invasive Procedures:

For this document, an invasive procedure is defined as:
A surgical entry into tissues, cavities or organs or repair of major traumatic injuries in an operating or delivery room, emergency department, or outpatient setting, including both physicians’ and dentists’ offices.

A. Cardiac catheterization and angiographic procedures.

B. A vaginal or caesarian delivery or other invasive obstetric procedure during which bleeding may occur, or

C. The manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.

1. All health care workers who participate in invasive procedures must routinely use appropriate barrier precautions to prevent skin and mucous membrane contact with blood and other body fluids of all patients. Universal (blood and body) precautions combined with the following shall be the minimum precautions for all such invasive procedures.

   a. Gloves and surgical masks must be worn for all invasive procedures.

   b. Protective eyewear or face shields must be worn for procedures that commonly result in generation of droplets, splashing/spraying of blood or other body fluids or the generation of bone chips.

   c. Gowns or aprons (made of materials that provide an effective barrier) must be worn during invasive procedures likely to result in splashing of blood or other body fluids.

      Comment: If a glove is torn or a needle stick or other injury occurs, the glove must be removed and a new glove donned as promptly as patient safety permits. Gloves should always be changed between clients.

VIII. Patient or Specimen Labeling:

Implementation of universal blood and body fluid precautions for all patients eliminates the need for use of the isolation category of "Blood and Body Fluid Precautions" previously recommended by CDC for patients known or suspected to be infected with blood borne pathogens. Isolation precautions (e.g., respiratory) should be used as necessary if associated conditions, such as tuberculosis, are diagnosed or suspected.

Likewise, implementation of universal blood and body fluid precautions for all patients eliminates the need for warning labels on specimens, since blood and other body fluids from all patients should be considered infective.
As an allied health student, you will be participating in laboratory and clinical settings; which may put you at risk of exposure to environmental and physical hazards. These hazards include but are not limited to needle sticks, inhalation of microorganisms, and contact with infected body fluids. In the laboratory and clinical setting, you will learn how to minimize this risk through the use of universal precautions and other infection control measures. It is the responsibility of allied health students to further protect themselves by maintaining safe practices and providing their own health care insurance. The college recommends that you be vaccinated against Hepatitis B prior to enrollment in the allied health program you have chosen. Please read the attached sheets regarding this disease and the vaccine. In the event that you choose not to receive the Hepatitis B vaccine, a signed waver will be required prior to admission.

**Note:** Many of the clinics and hospitals require Tulsa Community College students to have the Hepatitis B vaccination before they are allowed to participate in clinical settings. Therefore, the vaccinations may be a prerequisite to entering a program.

**TULSA COMMUNITY COLLEGE ASSUMES NO RESPONSIBILITY** for any expenses you may incur associated with personal insurance premiums, Hepatitis B vaccinations, personal protective equipment, or other medical expenses related to testing associated with your exposure to environmental or physical hazards in conjunction with your being a student of one of its allied health programs.
INFORMATION ABOUT HEPATITIS B VACCINE

THE DISEASE

Hepatitis means inflammation of the liver. Hepatitis B, which is a viral infection, is one of multiple causes of hepatitis. Most people with Hepatitis B recover completely, but approximately 5 - 10% become chronic carriers; 1 - 2% die of fulminant hepatitis. In the group of chronic carriers, many have no symptoms and appear well yet can transmit the virus to others. The hepatitis B virus (HBV) also appears to be a causative factor in the development of liver cancer. Thus, immunization against HBV can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

Acute hepatitis generally begins with mild symptoms that may or may not become severe. These symptoms may include loss of appetite, a vague feeling of oncoming illness, extreme tiredness, vomiting, stomach pain, dark urine, and jaundice (yellow eyes and skin). Skin rashes and joint pain can also occur.

Hepatitis B virus can be transmitted by contact with body fluids including blood (including contaminated needles), semen, tears, saliva, urine, breast milk, and vaginal secretions. Health care workers are at high risk of acquiring Hepatitis B because of frequent contact with blood or potentially contaminated body fluids and, therefore, vaccine is recommended to prevent the illness.

THE VACCINES

There are two vaccines available. The one that many physicians use is called "Energix B" and is a noninfectious subunit viral vaccine derived from Hepatitis B surface antigen (HBsAg) produced in yeast cells. It has been extensively tested for safety and efficiency in large scale clinical trials with human subjects. A high percentage of health people who receive three doses of the vaccine achieve high levels surface antibody (anti-HBs) and protection against Hepatitis B. Persons having less response to the vaccine still develop antibodies. Full vaccinations with three doses of vaccine over a six-month period provide immunity for 96% of the individuals tested. The duration of immunity is unknown at this time. Persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of the immunization.

POSSIBLE VACCINE SIDE EFFECTS

The incidence of side effects is relativity low. The most frequently reported side effects are injection site soreness, fatigue, induration, erythema, swelling, fever, headache, and dizziness. Other more serious adverse reactions have occurred infrequently. If you have any questions about Hepatitis B or Hepatitis B vaccine, please ask.

CONTRAINDICATIONS

Hypersensitivity to yeast or any other component of the vaccine is a contraindication of the vaccine.
PREGNANCY

Animal reproduction studies have been conducted with "Energix B". It is also not known whether "Energix B" can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. "Energix B" should be given to pregnant women only if clearly needed.

NURSING MOTHERS

It is not known whether "Energix B" is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when "Energix B" is administered to a nursing woman.

IF YOU HAVE ANY QUESTIONS ABOUT HEPATITIS B OR THE HEPATITIS B VACCINE, PLEASE CONTACT YOUR PERSONAL PHYSICIAN.

Subject: Procedure for Students to Report Bloodborne Pathogen Exposure when in Lab or Clinicals

Purpose: To establish a protocol to be followed when a student has an acute exposure to blood.

Policy:
1. Any student who has an acute exposure to blood through needle stick, cut or mucous membrane contact with blood will report immediately to clinical instructor.

2. Students working in high-risk occupations will be advised to take the Hepatitis B vaccine prior to attending clinicals.
   2.1 This is a voluntary program for the student.
   2.2 The student may report to Student Health Services for more information.

3. The student is responsible for all medical cost incurred when a bloodborne pathogens exposure occurs.

Procedure:
1. **Student:**
   1.1 **Notify:**
      1.1.1 Program Director
      1.1.2 Clinical Coordinator
      1.1.3 Clinical Site Department Head
   1.2 **Complete:**
      1.2.1 College Student Incident Report
      1.2.2 Clinical Site Incident Form
   1.3 **Fully Describe** the incident including:
      1.3.1 The patient name (if known)
1.3.2 Location, time, and action taken to prevent injury

1.4 **Obtain signature** of the Clinical Instructor and/or Program Director.

1.5 **Report to:**

1.5.1 Student Health Services if incident occurred on campus.
1.5.2 Employee Health Services or the Emergency Room for a confidential medical evaluation and follow-up if at the hospital.

2. **Immediate Medical Care**

2.1 Get Immune Globulin “IM”
2.2 Get Tetanus injection if indicated
2.3 Document the route(s) of exposure and the circumstances under which the exposure incident occurred.
2.4 Identify and document the source individual, unless identification is infeasible or prohibited by state or local law.

2.4.1 The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine any bloodborne pathogen infectivity.
2.4.2 The student is responsible for medical cost related to this test, if the source person will not pay for this test.
2.4.3 If consent has not been previously obtained, the hospital or College shall attempt to obtain consent.
2.4.4 When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
2.4.5 When the source individual is already known to be infected with HBV or HIV or any other bloodborne pathogen, testing for the source individual's known bloodborne status need not be repeated.
2.4.6 Results of the source individual's testing shall be made available to the exposed student, and the student shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

2.5 Collect exposed student's blood as soon as feasible and test after consent is obtained.
2.5.1 If the student consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days by the laboratory.
2.5.2 If, within 90 days of the exposure incident, the student elects to have the baseline sample tested, such testing shall be done as soon as feasible.

3.0 **Report to Student Health Services on Metro Campus**
3.1 Recommend the student get post-exposure prophylaxis when medically indicated.
3.2 Encourage the student to get counseling.
3.3 Recommend the student report illness to personal physician.
3.4 Complete necessary report forms.
3.5 Investigate the circumstances surrounding the exposure incident.
3.6 Follow-up with student to be sure he understands what medical test and medical care he should have received.
3.7 Provide the healthcare professional the student has chosen for follow-up care with:
   3.7.1 A copy of the Bloodborne Pathogens Standard.
   3.7.2 A description of the exposure incident.

3.8 After consultation, the healthcare professional provides the College or hospital with a written opinion evaluating the exposed student’s situation. A copy of this opinion will be furnished to the student.

   3.8.1 Confidentiality will be kept and a written opinion will only contain the following:
   3.8.1.1 Whether Hepatitis B vaccination, HIV, or other bloodborne pathogen is indicated for the student.
   3.8.1.2 Whether the student has received the Hepatitis B vaccination.
   3.8.1.3 Confirmation that the student has been informed of the results of the evaluation.
   3.8.1.4 Confirmation that the student has been told about any medical conditions resulting from the exposure incident, which require further evaluation or treatment.
   3.8.1.5 All other findings or diagnoses will remain confidential and will not be included in the written report.

3.9 Copies of Incident Form

   3.9.1 A copy of the incident form will be kept in the student’s file in the Program Director's office.
   3.9.2 A copy of the incident form will be kept in Student Health Services office on campus.
   3.9.3 A copy of the incident form will be kept in the College's Safety Department office at Central.
   3.9.4 A copy of the incident form will be kept on file at the hospital where the incident occurred.
SECTION IV

FIELDWORK EDUCATION
FIELDWORK EDUCATION

PURPOSE OF FIELDWORK EDUCATION

The purpose of fieldwork education is to enable occupational therapy assistant students to integrate academic knowledge with application skills and attitudes at progressively higher levels of performance. Requirements and responsibilities and the use of clinical sites vary with each semester.

LEVELS OF FIELDWORK EXPERIENCE

Field Site Visits-- Field site visits to a variety of clinical settings are scheduled throughout the program in conjunction with academic courses. The visits serve as an introduction to the roles of the occupational therapy practitioner, as a means to gain first-hand experience in a variety of clinical settings, and to gain experience working with people. In addition class trips to field sites students may have scheduled observations at clinical sites. These experiences may require out of class time and are designed to enhance understanding of basic information.

Fieldwork Level I-- A fieldwork level-I experience of eighty hours is scheduled in the summer between the first and second year. This level is intended to provide the student with opportunities for contact with patients/clients and for applying the acquired knowledge of professional skills such as observation, data gathering, program planning, beginning patient treatment, and information reporting.

Fieldwork Level II-- Two-fieldwork level-II experiences make up the final semester of the occupational therapy assistant program. A total of forty hours per week or the equivalent of full time work for sixteen weeks is required for graduation. Fieldwork is attempted after all other courses in the OTA curriculum pattern have been completed satisfactorily. Fieldwork II emphasizes the application of academically acquired knowledge by providing in depth experience in and responsibility for the delivery of occupational therapy services to patients/clients.
SITE SELECTION

The TCC Occupational Therapy Assistant Program's philosophy toward clinical education is one of quality supervision in a progressive treatment setting. TCC strives to maintain a wide variety of quality clinical sites.

Clinical sites are developed with institutions that have clinical agreements in place with Tulsa Community College. The faculty of the OTA program initiates clinical agreements by gathering preliminary data necessary for the college to write a clinical agreement. Tulsa Community College sends a clinical agreement to the Chief Executive Officer at the site. The clinical agreement goes into effect when the site returns the agreement to Tulsa Community College.

The Academic Fieldwork Coordinator is responsible for making requests to the clinical sites for Level I and Level II clinical sites. Site availability will be determined by clinical site requests.

The Academic Fieldwork Coordinator is responsible for ensuring collaboration between the clinical site and Tulsa Community College. The OTA faculty works with potential clinical sites to develop clinical relationships.
ASSIGNMENT TO CLINICAL SITES

Assignment to a clinical site is based on the student's learning needs, and the ability of the clinical sites to provide the expected learning experiences.

A description of each clinical site is on file with the educational program. This description includes information about the facility, occupational therapy services offered, and administrative information. Fieldwork files also include evaluation forms completed by students previously assigned to the clinical site.

By the beginning of the second year in the OTA program, each student should review the information pertaining to particular clinical sites. Students are required to provide the Academic Fieldwork Coordinator with a list of choices. As much as possible, student preferences will be considered. As clinical sites in the Tulsa area are limited, it is at times necessary for students to leave the Tulsa area. Students should be prepared to commute this distance or secure their own room and board. Requests by students will be evaluated on an individual basis.

The college will make efforts to secure clinical sites immediately following completion of didactic course work. However, accepting a clinical student is at the discretion of the site, and it is not guaranteed that all students will be assigned clinical sites immediately following completion of didactic course work.

Once a student is assigned to a particular clinical site, the student is obligated to uphold his or her commitment to that site. Clinical placements are arranged on a contractual basis and must be taken seriously. Failure on the student's part to fulfill his/her commitment to the assigned site will constitute withdrawal from the OTA program.

Students should note that level II fieldwork might not follow the semester schedule.
STUDENT RESPONSIBILITIES

Tulsa Community College has formal agreements in place with all clinical settings that agree to have students in their facilities. Students must be in compliance with all aspects of the clinical agreement. Refer to the sample Clinical agreement on page 51. There are a number of requirements that must be met prior to placement in a clinical setting. Documentation is required. A form has been developed to help you keep track of these requirements. Refer to page 49.

A. Observations and Fieldwork I
Students are responsible for contacting clinical sites within the guidelines set by the Academic Fieldwork Coordinator. They should confirm the location, time, and person to whom they report. Students should also inquire about attire, parking, etc.

B. Fieldwork II
Students are responsible for writing a letter to the clinical sites one month in advance of the starting date to confirm the fieldwork assignment. As above, the students should confirm specifics of their arrival.

_Students must obey all policies and procedures of the facility and fulfill all assignments made by the academic instructor in cooperation with the clinical instructor._
STUDENT EVALUATION

1. Weekly discussions during level II fieldwork should be held between student and supervisor. These include evaluations of performance and plans for the coming week.

2. Each student must receive a written evaluation of his/her performance and a verbal explanation by the last day of each clinical.

3. Mid-clinical evaluations should be performed and reviewed with the student during all Fieldwork Education. The student's performance should be critically evaluated at this point; strengths and weaknesses discussed in detail with specific recommendations made on how to correct perceived weaknesses.

4. Each student is evaluated by the person providing his or her direct supervision (If this is someone other than the Clinical Instructor, input from the Clinical Instructor is recommended).

5. The evaluation form must be reviewed and signed by the student, the person providing the majority of the direct supervision, (if other than the Clinical Instructor), and the Clinical Instructor.

6. The evaluation will be forwarded to the Academic Fieldwork Coordinator, immediately upon completion of the clinical. Students' final grades on fieldwork level II are based on the performance report.

7. If problems or concerns arise during the clinical rotation, it is the students’ responsibility to contact the Academic Fieldwork Coordinator. The Academic Fieldwork Coordinator will be available to schedule a coordinated meeting at the clinical site, to assist in establishing objectives and conflict resolutions. Again, it is emphasized that the responsibility of contacting the Fieldwork Coordinator lies with the student.
REPORTING PROBLEMS; DISMISSAL

1. Any problem concerning students' appearance, clinical performance, application of knowledge, interpersonal relations with staff or patients, tardiness, lack of adequate supervision, etc., should be discussed confidentially with the Academic Fieldwork Coordinator and the student.

2. Discussion of these problems should occur immediately if a potentially harmful situation exists. Otherwise, an appropriate time and place should be chosen to discuss problems, solutions and goals as soon as possible.

3. If the Clinical Instructor or student deems necessary, a meeting with the Academic Clinical Coordinator should be scheduled.

4. Any student found to be engaging in unprofessional or unethical conduct or exhibiting poor clinical performance may be placed on probation by the Academic Clinical Coordinator.

5. The decision to remove a student from a clinical will be made by the Academic Clinical Coordinator in conjunction with the Fieldwork Clinical Instructor, according to guidelines established by Tulsa Community College.

6. Timely acknowledgment by the Clinical Instructor and/or student of problems or areas for improvement is essential for satisfactory completion of clinical affiliation.
CLINICAL INSTRUCTORS' RIGHTS

1. The Clinical Instructor will be provided with information regarding the student that is necessary to plan an appropriate learning experience.

2. The Clinical Instructor will be provided with appropriate information (i.e. copy of evaluation tools, resources regarding clinical instruction etc.) prior to each clinical in which his facility is participating.

3. The Clinical Instructor will be given information about how to contact the Tulsa Community College faculty should the need arise.

4. The clinical instructor should expect Tulsa Community College faculty to collaborate on goals and objectives relevant to the fieldwork level I and II clinical experiences.

5. The Clinical Instructor should expect the Tulsa Community College faculty to contact them a minimum of twice during any level II fieldwork experience; once prior to the end of the student's first week and again at midterm. Clinical instructors should expect faculty from the college to visit the clinical site periodically, and more frequently as challenges arise.

6. The Clinical Instructor will be provided with the opportunity to attend Clinical Education meetings, sponsored by the Occupational Therapy Assistant Faculty. The meetings will provide opportunity for input to the program regarding student competencies, course content, evaluation techniques, etc.

7. The Clinical Instructor will be provided a copy of the clinical agreement in place with Tulsa Community College and the institution he or she represents so they are aware of the terms of the agreement.
Tulsa College Community
Occupational Therapy Assistant Program

Requirements before Clinical Work can be Initiated

**Competency on Blood Borne Pathogens and Hazardous Materials.** Students must review films on the above subjects and complete a competency quiz with 80% or better accuracy. This will be scheduled during class time.

__________________________
Date Competency is achieved in year one

__________________________
Date Competency is achieved in year two

__________________________
Date Competency is achieved in year three (if applicable)

**CPR Certification**

__________________________  ______________________
Date of Expiration  Date of expiration (if renewal is required)

**Negative TB Test** Refer to Policy in the OTA General Policy and Procedure Manual. You must provide documentation of a negative TB test to the program director. This must be completed annually.

__________________________
Date of negative TB test prior to first year fieldwork

__________________________
Date of negative TB test prior to second year fieldwork

__________________________
Date of negative TB test prior to third year fieldwork (if applicable)

**Immunity to Rubella.** Refer to Policy in the OTA General Policy and Procedure Manual. Students must provide documentation of immunity prior to the first spring semester. You must provide documentation of this to the program director

__________________________
Date Documentation provided to the program director.
**Hepatitis B** Refer to Policy in the OTA General Policy and Procedure Manual. Students must provide documentation of immunity prior to the first spring semester, or may sign a waiver of this immunization. You must provide documentation of this to the program director or complete the waiver giving a copy to the program director.

Date documentation of Hepatitis B immunization submitted

Date Hepatitis B waiver is submitted

**Background Checks through Certifiedbackground.com:**

Date student cleared this requirement with Tulsa Community College

10 Panel Drug Screening:

Date Cleared
Immunization Resources

Students may obtain their immunizations and health screening tests from their private physician or from another medical care resource. Titers may be obtained to check your antibody levels if immunization records cannot be readily located, and/or to indicate whether a booster is required (in the case of documenting acceptable immunity to rubella. Listed below are Tulsa area health clinics in which immunizations and/or antibody titers may be obtained.

TULSA CITY-COUNTY HEALTH DEPARTMENT

- LOCATION: 4616 East 15th Street (15th and Yale; east of Driller Stadium on fairgrounds) or 5051 South 129th East Avenue (51rst & 129th; Northeast corner)
- HOURS: Monday through Thursday 8:00 AM to 4:00 PM & Fridays 8:00 AM to 11:00 AM (Appointments are recommended)
- TELEPHONE: 595-4509 or 582-9355
- COST: MMR Immunization: (two required) $20 per injection
  - Varicella vaccination: (two required) $75 per injection
  - TB Skin test: $20
  - Hepatitis Vaccination series: (three required) $45 per injection
  - Tetanus vaccination: $10
  - Influenza vaccination: $25

PIC-MED

- LOCATION: 11014 East 51rst Street (between HW 169 and Garnett Avenue, off of 51rst Street)
- HOURS: Monday through Friday 8:30 AM to 5:00 PM & Saturdays 10:30 AM to 2:00 PM (No appointment necessary; walk-ins welcomed)
- TELEPHONE: 438-5005
- COST: Bring TCC PHOTO ID for GROUP DISCOUNT
  - MMR Titer: $95
  - Hepatitis B Titer: $39
  - TB Skin Test: $15
  - Varicella Titer: $45
  - Diphtheria, Pertussis, Tetanus vaccination: $55
SAMPLE CLINICAL ROTATION AGREEMENT

Between

_________________________________________

And

TULSA COMMUNITY COLLEGE

THIS AGREEMENT is made and entered into as of January 1, 2011 between TULSA COMMUNITY COLLEGE (the “College”), __________________________(the “Facility”).

1. Clinical Rotations. The College shall arrange clinical rotation experience (“Clinical Rotations”) for Allied Health Services students (“Students”) at the Facility. The College and the Facility shall mutually determine the scope of the Clinical Rotation programs, the schedule of student assignments and the number of Students who may participate in the Clinical Rotations.

2. Term. The term of this Clinical Affiliate Agreement shall be for the period of three (3) years, commencing January 1, 2011, and ending December 31, 2013, unless terminated earlier as provided in this Agreement. After the initial term, this Agreement shall continue in effect for additional periods of one year each unless one party notifies the other at least 90 days prior to the end of the initial term or any extended term of its intent to terminate this Agreement at the end of such term, in which event this Agreement shall terminate at the end of the then-current term. However, notification by a party of its intent not to renew shall not affect students currently enrolled and participating in Clinical Rotations.

3. Responsibilities of the College.

   a. If Clinical Instructors or Instructors do not accompany Students to the Facility for Clinical Rotations, or do not participate in the clinical rotations, then any part of this agreement referring to “Clinical Instructors” or “Instructors” shall apply to Students only.

   b. The College shall designate a College employee or another individual retained by the College (the “Clinical Instructor”) to serve as the coordinator for the Clinical Rotations to work directly with Facility personnel and coordinate all the activities of Students.

   c. The College shall designate one or more of its instructors or faculty members (“Instructors”) to instruct and supervise Students during the Clinical Rotations.

   d. The College shall provide a roster of the names of the Clinical Instructor, Instructors and Students (the “Roster”), along with a rotation schedule, to the Facility before the Clinical Rotations begin.
e. For each Student and on-site Clinical Instructor who will participate in the Clinical Rotations, the College shall provide to the Facility verification of the following immunizations and tests:

(i) verification that immunity requirements are met and supported by documentation for Mumps, Rubella, Rubeola, (MMR) and Varicella in accordance with CDC recommendations; (ii) Hepatitis B vaccination series (series of three or waiver); (iii) TB test within the past 12 months, and when results are positive, verification of supporting documentation for a chest x-ray and then annual medical evaluations to screen for TB symptoms, reflecting no evidence of TB disease.; and (iv) annual flu shot or signed declination.

f. Effective January 1, 2011, the College will have a 10 panel drug screen and comprehensive national criminal background check run on each health sciences student prior to their first clinical rotation and a 10 panel drug screen on each on-site Clinical Instructor. The new comprehensive criminal background check will include the following: (i) 7 year criminal history for each county of residence; (ii) National sexual offender registry check; (iii) Social security verification; (iv) Residency history; (v) Nationwide Criminal Records Database Search; (vi) National Wants and Warrants Search; (vii) National Healthcare Fraud and Abuse Scan (FACIS III: OIG/GSA); and (viii) OFAC/FBI Terrorist List Check. All new faculty hired after 1/11 will submit to the new criminal background check requirements. Existing faculty who have previously been screened through an OSBI check will also undergo the new national criminal background checks by July 1, 2011. (Certified Nursing Assistant Students will continue to submit to a State OSBI and a state sexual predator check.). The College agrees not to refer any student/instructor with a job-related adverse finding on his/her criminal background check, and will contact the facility to discuss questionable background checks, in order to ensure the student's eligibility to participate in the rotation.

g. The College shall require that each Student and on-site Clinical Instructor before beginning the Clinical Rotations have current American Heart Association Healthcare Provider CPR certification that meets standards acceptable to the Facility.

h. The College shall provide the Clinical Instructor, Instructors and Students with training on the Facility’s policies and procedures with respect to protected health information that is necessary and appropriate for them to carry out the activities contemplated by this Agreement as required by applicable provisions of the Health Information Portability and Accountability Act of 1996 and regulations.

i. The College shall ensure that the Students have been trained in applicable CDC and OSHA regulations concerning “Occupational Exposure to Blood borne Pathogens”, including training information about Blood Borne Diseases/Universal Precautions, Exposure Control Plan and Hazardous Communication Program, prior to the assignment to the Facility.

j. The College shall instruct Students that they are not permitted to perform any of the following: (i) accept orders from physicians or other health care professionals in person or by telephone or to directly call a physician or physician’s office to obtain an order; (ii) double-check
on medications or blood products; or (iii) begin or discontinue blood products, chemotherapy, or experimental drugs and therapies.

k. The College shall require Students to have transportation to and from the Facility, to arrive and depart promptly, and to park in areas designated by the Facility.

l. The College shall be responsible for all actions, activities and affairs of Students, the Clinical Instructor and all Instructors during the Clinical Rotations to the extent required by law.

m. The College shall be responsible for planning and implementing the educational program, including administration, programming, curriculum content, books and materials, faculty appointments, eligibility and admission criteria, Student selection, matriculation, promotion, graduation, Student performance evaluation, Instructor performance evaluation, references and all academic aspects of the Clinical Rotation programs.

4. Responsibilities of the Facility.

a. The Facility shall designate a Facility employee to serve as its coordinator (the “Facility Coordinator”) for the Clinical Rotations and to work directly with the Clinical Instructor and Instructors to plan and coordinate the Clinical Rotations. The Facility may also designate one or more employees to serve as Clinical Instructors.

b. The Facility shall provide the Clinical Instructor with copies of the Facility’s policies, rules, regulations and procedures that are applicable to Students’ and Instructors’ participation in the Clinical Rotations.

c. The Facility shall provide an orientation to the Clinical Instructor that includes a tour of the Facility, addresses any facilities or procedures of a particular Facility department pertinent to the Clinical Rotations, and may include the receipt, completion and return of the Facility’s Orientation packet.

d. The Facility shall permit Students and Instructors to assist in the provision of allied health care services to Facility patients, (for which the students have been prepared academically), but the Facility may restrict their activities, including any patient care activities, at the Facility.

e. The Facility shall provide parking in designated areas for Students and Instructors.

f. The Facility shall permit the College and its accreditation agencies to visit, tour and inspect the Facility’s facilities and records relating to the Clinical Rotations on reasonable notice during the Facility administration’s regular business hours, subject to requirements of patient confidentiality, legal compliance requirements of the Facility, and minimizing disruption or interference with Facility operations, including patient care activities.

g. The Facility shall make its classrooms, conference rooms and library facilities available to the College for the Clinical Rotations, without charge, subject to availability and Facility policies regarding use of its facilities.
h. The Facility shall make available emergency care and treatment to Students and
Instructors, as necessary, which may include an Emergency Room setting in a hospital environment
or a 911 notification for other facilities. The Students and Instructors will be responsible for any
charges incurred for the emergency care and treatment.

i. The Facility shall not consider College faculty and Students employees of the
Facility during scheduled clinical rotations. Students will not be monetarily or otherwise
compensated in any way for their time spent in the clinical education practicum.

j. Facilities that are designated as “Nursing Home” Facilities and/or other Long
Term Care facilities regulated by the Oklahoma State Department of Health shall agree to submit a
copy of their annual report to the appropriate TCC contact, evidencing satisfactory licensure by the
OSDH, as a requirement for CNA student participation in clinical rotations.

5. Conflicts and Removal of Students or Instructors. If a conflict arises between an
employee of the Facility, on the one hand, and an Instructor or Student, on the other, the Clinical
Instructor and Facility Coordinator shall intervene in an attempt to resolve the matter. The Facility
may require that the College immediately remove a Student or Instructor from a Clinical Rotation
when the Facility believes that the individual exhibits inappropriate behavior, is disruptive, does
not comply with Facility rules or policies, or poses a threat to the health, safety or welfare of a
patient, employee or any other person. In addition, upon receipt of the Roster or at any time after
a Clinical Rotation begins, the Facility may refuse to allow any Student or Instructor to participate
in the Clinical Rotation if the individual has an unfavorable record with the Facility from previous
employment, another clinical rotation, or any other reason.

6. Representations and Warranties of the College. The College represents and warrants
to, and covenants with, the Facility as follows:

a. Each Student is currently enrolled at the College. Students who are under 18 years
of age have obtained written permission of a parent or guardian to participate in the Clinical
Rotation; if the Student is an emancipated minor, then the Student has furnished written
authorization to participate in the Clinical Rotation.

b. Students are required to wear uniforms with name badges issued by the College, be
well-groomed and make a neat appearance while at the Facility.

c. A Student may perform duties and procedures for which he or she has been
prepared academically, but not any others. The College shall continuously monitor and evaluate the
competence and performance of each Student and shall remove from a Clinical Rotation any Student
who is not competent or qualified to participate in the Clinical Rotation.

d. The Instructors are duly licensed to practice in Oklahoma; the license of each
Instructor is unrestricted; and each Instructor must keep his or her license current, in good standing
and unrestricted during the entire term of this Agreement.
e. The Instructors are experienced, qualified and currently competent to provide the services that are required of them for the Clinical Rotations and any services required of them under this Agreement.

f. The College, Instructors and Students have received training on the facility’s policies and procedures with respect to protected health information that is necessary and appropriate for them to carry out the activities contemplated by this Agreement as required by applicable provisions of the Health Information Portability and Accountability Act of 1996.

g. The College has not been excluded, debarred, or otherwise made ineligible to participate in any federal healthcare program as defined in 42 USC § 1320a-7b(f).

h. All information that has been furnished to the Facility concerning the College, Students and Instructors is true and correct in all respects.

i. All representations and warranties in this Agreement shall remain true and correct during the term of this Agreement. If any of the representations and warranties becomes inaccurate in any way, the College shall immediately notify the Facility.

7. Employees of the College. Other than any Facility employee designated as an Instructor as permitted in this Agreement, the College, and not the Facility, is the employer of the Instructors and Clinical Instructors. The College shall be responsible for (a) the compensation and benefits payable and made available to the Instructors and Clinical Instructors, and (b) withholding any applicable federal and state taxes and other payroll deductions as required by law.


a. This provision is applicable to Colleges that are owned and operated by the State of Oklahoma. The College represents that it and its faculty are self-insured according to the Oklahoma Governmental Tort Claims Act. The College agrees to furnish verification of professional liability insurance covering the participating Students and Instructors. The Facility shall maintain insurance in amounts sufficient to cover its responsibilities under this Agreement. During the term of this Agreement, the College shall require Students and Instructors to maintain, and each Student and Instructor shall continuously maintain professional liability insurance in the minimum amount of $1,000,000 per occurrence and $3,000,000 in the aggregate, and with such coverages as may be acceptable to the Facility. The College shall arrange for the Students to provide a certificate of insurance to the Facility evidencing such coverage and shall notify the Facility immediately if any adverse change in coverage occurs for any reason. The policies shall provide that they may not be cancelled or terminated without giving the Facility at least 30 days advance notice of cancellation or termination.

b. The College affirms that its employees and agents who will be on the Facility’s property and acting in accordance with this agreement are covered by the College’s Workers Compensation Insurance as required by law and shall in no event be entitled to any such coverage from the Facility.
9. **Termination.**

   a. **Termination for Cause.** The Facility may immediately terminate this Agreement for cause upon notice to the College upon the occurrence of any of the following events: (i) the failure of the College to maintain insurance coverage as required by this Agreement; or (ii) the College fails to bar a Student from participating in a Clinical Rotation after the Facility has informed the College to remove a Student for reasons permitted under this Agreement; or (iii) College fails to provide the information requested in this Agreement on Instructors and/or Students prior to the beginning of a Student’s Rotation(s).

   b. **Termination for Material Breach.** If either party defaults by the failure to comply in all material respects with the terms of this Agreement, the other party may terminate this Agreement by giving at least 30 days prior written notice to the defaulting party, specifying in reasonable detail the nature of the default, unless the defaulting party remedies the default within the 30 day period. This provision shall not constitute an election of remedies by either party, and each party shall have and retain all rights and remedies that may be available at law or in equity in the event of breach or default by the other party.

10. **Responsibility for Actions.** Each party shall be responsible for its own acts and omissions and the acts and omissions of its employees, officers, directors and affiliates. A party shall not be liable for any claims, demands, actions, costs, expenses and liabilities, including reasonable attorneys’ fees, which may arise in connection with the failure of the other party or its employees, officers, directors, or agents to perform any of their obligations under this Agreement. If the College is an agency or institution of the State of Oklahoma, the College’s liability shall be governed by the Oklahoma Governmental Tort Claims Act.

11. **Disclaimer of Intent to Become Partners.** The Facility and the College shall not by virtue of this Agreement be deemed to be partners or joint venturers. Neither party shall incur any financial obligation on behalf of the other.

12. **Notices.** Any and all notices, consents or other communications by one party intended for the other shall be deemed to have been properly given if in writing and personally delivered, transmitted by electronic means, or deposited in the United States first class mails, postpaid, to the addresses or numbers set forth below the signatures of the parties.

13. **Confidentiality.** The College shall, and the College must require Clinical Instructors, Instructors and Students to keep confidential and not divulge to anyone else any of the proprietary, confidential information of the Facility, including patient information, unless such information (a) is or becomes generally available to the public other than as a result of disclosure by the College or any of the Students, or (b) is required to be disclosed by law or by a judicial, administrative or regulatory authority. The College, Clinical Instructors, Instructors and Students shall not use such information except as required to provide patient care services in the Clinical Rotations.

14. **HIPAA Compliance.**
The College must, and the College shall require the Clinical Instructors, Instructors and Students to, appropriately safeguard the protected health information of patients, in accordance with applicable provisions of the Health Insurance Portability and Accountability Act of 1996, as it may be amended from time to time (“HIPAA”) and applicable law. Instructors and Students may use and disclose protected health information solely for the education and treatment purposes contemplated by this Agreement.

With respect to information obtained or received from the Facility, the College shall:

(i) not use or further disclose the information other than as permitted or required by this Agreement or as required by law; (ii) use appropriate safeguards to prevent use or disclosure of the information other than as provided for by this Agreement; (iii) report to the Facility any use or disclosure of the information not provided for by this Agreement of which the College becomes aware; and (iv) require that any agents, including a subcontractor, to whom the College provides protected health information received from, or created or received by the College on behalf of, the Facility agrees to the same restrictions and conditions that apply to the Facility with respect to such information.

Compliance. The Clinical Instructors, Instructors and Students have been screened against the United States Department of Health and Human Services/Office of Inspector General List of Excluded Individuals/Entities (available through the Internet at http://www.oig.hhs.gov), and the General Services Administration ’s List of Parties Excluded from Federal Programs (available through the Internet at http://www.epis.gov) (collectively, the “Exclusion Lists”) and neither the School nor any Clinical Instructor, Instructor or Student has been excluded, debarred, suspended or otherwise ineligible to participate in any Federal healthcare program, as defined in 42 U.S.C. § 1320a-7b(f), or has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible (each, an “Ineligible Person”). The School represents and warrants that if at any time during the term of this Agreement the School or any Clinical Instructors, Instructors or Students becomes an Ineligible Person or is threatened with becoming an Ineligible Person, School shall immediately notify System of same.

Change in Control. Should any change of control of Facility or College take place, either party shall have the right to terminate this Agreement upon written notice by Facility or College to the other that such change of control has taken place, or upon receipt of either party or other definitive information reflective of any such change in control. For purposes of this Agreement, a “change in control” of facility of College shall be deemed to have occurred to the extent there is a change in ownership and/or control over ten percent (10%) or more of the aggregate membership interests in Facility or College.

Rights in Property. All supplies, fiscal records, patient charts, patient records, medical records, X-rays, computer-generated reports, pharmaceutical supplies, drugs, drug samples, memoranda, correspondence, instruments, equipment, furnishings, accounts and contracts of the Facility, along with all like property, shall remain the sole property of the Facility.

Non-Discrimination. Except to the extent permitted by law, the Facility, the College, Instructors and Students shall not discriminate on the basis of race, color, creed, sex, age, religion, national origin, disability or veteran’s status in the performance of this Agreement. As applicable to the College, the provisions of Executive Order 11246, as amended by EO 11375 and EO 11141 and
as supplemented in Department of Labor regulations (41 CFR Part 60 et. Seq.) are incorporated into this Agreement and must be included in any subcontracts awarded involving this Agreement. The College represents that, except as permitted by law, all services are provided without discrimination on the basis of, race, color, creed, sex, age, religion, national origin, disability or veteran’s status; that it does not maintain nor provide for its employees any segregated facilities, nor will the College permit its employees to perform their services at any location where segregated facilities are maintained. In addition, the College agrees to comply with Section 504 of the Rehabilitation Act and the Vietnam Era Veteran’s Assistance Act of 1974, 38 U.S.C. Section 4212.

19. Facility Policies and Procedures. The College shall, and the College must require Instructors and Students to, comply with the policies, rules, and regulations of the Facility as provided to the College by the Facility.

20. Severability. The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision.

21. No Assignment. Neither party may assign its rights or delegate its duties under this Agreement without the prior written consent of the other.

22. Binding Effect. This Agreement shall be binding upon, and shall inure to the benefit of, the parties and their respective legal representatives, successors and permitted assigns.

23. Governing Law. This Agreement shall be governed by, and construed in accordance with, the laws of the State of Oklahoma. Any action arising out of or relating to this agreement or to its breach shall be brought only in the federal or state courts sitting in Tulsa County, Oklahoma, and both parties submit to the exclusive jurisdiction of such courts. Nothing contained herein shall constitute a waiver by Tulsa Community College of sovereign immunity or of immunity or benefits afforded by the Eleventh Amendment to the constitution of the United States of America.

24. Rights Cumulative; No Waiver. No right or remedy conferred in this Agreement upon or reserved to the Facility is intended to be exclusive of any other right or remedy. Each and every right and remedy shall be cumulative and in addition to any other right or remedy provided in this Agreement. The failure by either the Facility or the College to insist upon the strict observance or performance of any of the provisions of this Agreement or to exercise any right or remedy shall not impair any such right or remedy or be construed as a waiver or relinquishment with respect to subsequent defaults.

25. No Third-Party Beneficiaries. This Agreement is not intended to confer any right or benefit upon, or permit enforcement of any provision by, anyone other than the parties to this Agreement.

26. Entire Agreement. This Agreement constitutes the entire understanding and agreement of the parties with respect to its subject matter and cannot be changed or modified except by another agreement in writing signed by the parties.
IN WITNESS WHEREOF, the parties have executed this Agreement on the day and year first above written.

COLLEGE

TULSA COMMUNITY COLLEGE

By_________________________________ __________________________
Dean of Health Sciences, Metro Campus Date

Address: Tulsa Community College-Metro Campus
909 South Boston Avenue, MC 605
Tulsa, Oklahoma 74119

Email: melliott1@tulsacc.edu

FACILITY

By_________________________________ ____________________________
(Date)

Address: ____________________________
_________________________________
_________________________________
_________________________________

Email: _____________________________
SECTION V

LICENSURE, CERTIFICATION AND MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS
Upon graduation of an accredited program, an occupational therapy student is considered a candidate for the certification examination offered by the National Board for Certification in Occupational Therapy. (NBCOT).

Students are responsible for obtaining an application, and completing the application process.

All information regarding certification can be found on the NBCOT web site at http://www.nbcot.org

Or students can contact NBCOT

800 South Frederick Avenue
Suite 200
Gaithersburg, MD 20877-4150
(301) 990-7979
Fax (301) 869-8492

Additional information about NBCOT can be found at their website

* NBCOT’s qualifications review program serves the public interest by screening illegal, unethical, and incompetent behaviors of individuals who are yet to be certified by NBCOT. Candidates applying for the NBCOT Certification Examination for Occupational Therapist Registered OTR, and Certified Occupational Therapy Assistant COTA, must answer questions about criminal background. Visit the NBCOT Web site or contact NBCOT for more information regarding exam eligibility for persons with a criminal background.
Licensure

Most states, including Oklahoma, have some form of state regulations, such as licensure, statutory certification, statutory registration, or a trademark law.

Oklahoma licensure is required in order to practice in this state. Students are responsible for contacting the Oklahoma State Board of Medical Licensure and Supervision to obtain an application for State Licensure. The address is:

Board of Medical Licensure & Supervision
P.O. Box 18256
Oklahoma City, OK 73154
(405) 848-6841
(405) 848-8240 (fax)
email: osbmls@osbmls.state.ok.us

*When you apply for state licensure you will be asked to answer questions related to the topic of felony convictions, substance abuse, and mental illness.

For more information visit the Oklahoma Board of Medical Licensure and Supervision at http://www.okmedicalboard.org
NATIONAL ORGANIZATION

Students are eligible to join the American Occupational Therapy Association (AOTA) as a student member upon admission into the TCC OTA program. This is the national professional organization that promotes occupational therapy.

AOTA MEMBERSHIP INFORMATION
The American Occupational Therapy Association (AOTA) is the nationally recognized professional association for over 50,000 occupational therapists and occupational therapy assistants.

Membership benefits include:

AOTA Keeps You Connected: Membership Service Line, Fax-on-Request, Web site, Listservs, Chat Rooms

AOTA Saves You Money: Product Discounts, Partner Program Discounts, VISA/MasterCard, Insurance, Financial Planning

AOTA Gives You a Competitive Edge: Periodicals, Books, Practice Guidelines, Continuing Education, Annual Conference and Exposition, Special Interest Sections, Board Certification, Advanced Practice Program, Scholarships and Loans, American Occupational Therapy Foundation

AOTA Expands Your Influence: Say It With One Strong Voice, Keep the Public Informed

AOTA Offers Leadership Opportunities: Get Yourself Published, Professional Visibility, Recognition of Achievement

To contact AOTA call 1-800-SAY-AOTA.
Visit the AOTA Website at www.aota.org
Or write them at
4720 Montgomery Lane
P.O. Box 31220
Bethesda, MD 20824-1220
The Oklahoma Occupational Therapy Association is Oklahoma's professional state organization for occupational therapy practitioners and students.

**MEMBERSHIP BENEFITS**

- Newsletter published bimonthly
  - Free job listings in "Employment Opportunities" section
  - Description and dates of current events applicable to OT personnel in state
  - Ongoing information about critical trends and issues

- Free Membership Handbook

- Access to OOTA lending library (including video tapes)

- Recruitment /job placement opportunities through professional contacts

- Voting privilege/input into major decisions, directions and activities of the Association

- Discount for State Conference and various Continuing Education opportunities

- Networking and learning within specific areas of practice

- Association meetings provide Continuing Education credit which applies to licensure requirements

- Support and advocacy for licensure and practice issues

- Recognition by professional peers for outstanding achievement

- Availability of expertise and information

- Additional discount on Annual State Conference with proof of attendance at OOTA business meetings

- Ability to address concerns, and to be validated and supported in work settings through accessibility to the state association

For membership information refer to OOTA's website

Tulsa Community College
HEALTH SCIENCES PROGRAMS

Allied Health Services Division
Universal Clinical Program Procedures

2011-2012

ALLIED HEALTH SERVICES DIVISION
VISION, MISSION, GOALS, AND VALUES

MISSION
The TCC Allied Health Services is a learner-centered division synergized through the collaboration of students, faculty, staff, administration, and stakeholders with a common goal of preparing uniquely qualified personnel who will meet the challenges of the complex and ever-changing health care delivery system and remain responsive to the communities we serve.

VISION
The Allied Health Services Division will be recognized at the state, regional, and national level for excellence in providing relevant and innovative, accessible, affordable and high quality, educational programs by being learner-centered and responsive to student needs through service-education partnerships and emerging technologies that contribute to individual achievement and transforms lives to meet extraordinary challenges of the health care field with commitment and social responsibility.

2011-2014 GOALS
COLLEGE GOAL 1 - LEARNING EFFECTIVENESS AND STUDENT SUCCESS - TCC WILL BE A NATIONAL LEADER IN EFFECTIVE TEACHING, LEARNING, AND SUPPORT SERVICES TO DEVELOP THE WHOLE STUDENT.

AHS DIVISION GOAL 1.1- Recruit, Admit, Retain, and Graduate a High-Achieving and Diverse Student Population

AHS DIVISION GOAL 1.2 - Design, Implement, and Evaluate Innovative Curricula Aligned with Professional Accreditation and Regulatory Requirements to Meet Current and Future Workforce Needs.

AHS DIVISION GOAL 1.3 - Strengthen Student Community by Enhancing Orientation, Advising, Mentoring and Retention

AHS DIVISION GOAL 1.4 - Enhance Access and Quality of Academic Programs through the Strategic Use of Current and Emerging Technologies

AHS DIVISION GOAL 1.5 - Address the Local/Regional AHS Provider Shortage by Increasing the Numbers of Program Graduates from TCC’S AHS Programs

AHS DIVISION GOAL 1.6 - Strengthen and Expand Model Interdisciplinary Learning Experiences within the AHS Education Programs

COLLEGE GOAL 2 - ORGANIZATIONAL DEVELOPMENT AND ACCOUNTABILITY - TCC WILL TAKE A POSITION OF CONTINUOUS QUALITY IMPROVEMENT TO SERVE STUDENTS, THE COMMUNITY, AND ITS EMPLOYEES.
AHS DIVISION GOAL 2.1 - Foster a Work Environment that Recruits and Retains Highly Qualified Faculty and Stimulates Intellectual Development, Creative Endeavor and High Levels of Satisfaction among AHS Faculty, Students and Staff

AHS DIVISION GOAL 2.3 - Build a stronger learning organization with a robust culture of mentoring healthcare knowledge leaders

AHS DIVISION GOAL 2.4 - Strengthen the Development and Stewardship of Human, Fiscal, Physical and Information Technology Resources to Support an Innovative Teaching/Learning Environment

AHS DIVISION GOAL 2.5 - Develop Strategic Income Generation and Resource Allocation Processes to Align Strategic Plans with Required Infrastructure, Financial and Human Capital

AHS DIVISION GOAL 2.6 - Generate External Funds through Grants, Contracts, and Donations to Promote Continuous Quality Improvement in Teaching, Clinical Practice and Public Service

COLLEGE GOAL 3 - COMMUNITY ENGAGEMENT - TCC WILL LEAD AND SERVE THE COMMUNITY.

AHS DIVISION GOAL 3.1 - Strengthen and Expand External Community Partnerships and Connections to Optimize and Expand Clinical Affiliations

AHS DIVISION GOAL 3.2 - Establish/Strengthen Partnerships with Community Agencies/Industries to undertake Creative Initiatives to Meet Local, State, National and Global Health Care Needs

AHS DIVISION GOAL 3.3 - Expand Internal and External Communications Designed to Market the AHS Division’s Programs and Its Graduates

VALUES
To fulfill its vision, the Allied Health Services Division values:

- A learner centered environment in which learning is celebrated as an interactive and reciprocal process
- Responsiveness to change
- Academic excellence
- Diversity as a celebration of the unique richness all individuals bring to our community
- A legal, moral, ethical, and social responsibility to employers, clients, patients and the public
- Service to students, to each other and our community
- Collaboration with community partners and commitment to cultivating workforce development initiatives and partnerships
- Encouraging self-directed learning and fostering opportunities that build personal accountability and transferable skills
- Team work as a commitment to working together toward student success
- Conservation and appropriate allocation of resources and the integration of a green environment in all Division physical facilities

**CLINICAL ROTATION & HEALTH RELATED REQUIREMENTS**

According to our contractual agreements with the clinical affiliates in the community, the Center for Disease Control (CDC) Guidelines, and the policies and procedures in the Tulsa Community College catalogs and student handbooks, all students enrolling in courses that contain an assignment to patient care facilities such as hospitals, ambulatory care clinics, skilled nursing facilities and other health care settings must provide proof of immunizations (MMR, Varicella, Hepatitis B, Influenza), TB skin testing, American Heart Association CPR certification, clear background and sex offender registry checks, as well as negative drug screening. In addition, for the protection of allied health students and patients, all students must comply with the following guidelines and procedures.

1. **Immunizations**

The Student Immunization Guidelines Form will guide the student in gathering and submitting the required copies of documentation to Certified Background.com, according to the attached directions, and within the timeframe specified by the Allied Health Services Program.

The Associate Dean and/or individual Program Director may request additional health-related information and may require updates to this information if health-related requirements of clinical affiliation agreements change.

Students must be in compliance with immunization policies of the Allied Health Services Division and/ AHS Program in which they are enrolled. The Program Director will provide students with health requirements applicable to that program and the deadline by which students must submit proof of meeting such requirements. **Students will be responsible for the costs of completion for all immunization requirements.**

The following is a description of immunizations that are required and the type of documentation that a student would have to provide to verify the requirements have been met. If there is a communicable disease outbreak, additional vaccinations may be required as specified by the local public health agency. Proof of all immunizations and tuberculin skin tests should be copied and attached to the Student Immunization Tracking Form.

a) **MMR** (measles, mumps and rubella): students born in 1957 or later must provide proof of one of the following: written proof of two MMR immunizations **OR** proof of a positive titer for each of these diseases. According to CDC recommendations, students born before 1957 are generally felt to be immune, but one dose of MMR vaccine should be given to anyone born before 1957 who does not have proof of positive titers to each of the three diseases. *(From Recommendations of the Immunization Action Coalition with technical content reviewed by CDC March 2007)*

b) **Varicella** (chickenpox): two varicella vaccinations **OR** documented proof of previous disease completed by a licensed/certified healthcare practitioner (M.D., D.O., N.P., P.A.) **OR** a positive IgG titer **OR** if the titer is NEGATIVE obtain the first varicella vaccination and attach documentation to the Immunization Documentation form.
The second varicella vaccination must be obtained 4 to 8 weeks later and proof submitted to the Program Director.

c) **Hepatitis B**: The Centers for Disease Control and Prevention have recommended that hepatitis B vaccine be considered for a number of groups including healthcare personnel at high risk for blood or needle stick exposure. Students will be provided with information on protective and standard precautions as part of their Program curriculum, but students are advised to consult with their personal physician about the advisability of receiving the hepatitis B Vaccine.

To meet the requirements for Hepatitis B vaccination, students must either submit proof of completion of three Hepatitis B injections OR copy of proof of a positive HbsAB antibody titer OR a signed vaccination declination form (see Exhibit B). If a student has not received injections in the past, and has not signed the declination form, he/she should receive an initial dose of hepatitis B with second and third vaccinations administered in 1 month and 6 month intervals. *(Recommendations from Immunization Action Coalition with technical content reviewed by the CDC March 2007)*

d) **Influenza**: Health care providers who are clinically or subclinically infected with influenza virus can transmit the virus to other persons including patients whose immune systems are compromised. As such, many clinical facilities are requiring that all staff, students, and volunteers show proof of an annual influenza vaccination OR a signed vaccination declination form (Exhibit B). If a student declines this immunization, and a clinical agency requires such a vaccination, there is the possibility that the student may not be permitted to participate in the clinical experience at that agency. *(Recommendations of the Healthcare Infection Control Practices Advisory Committee, CDC February 24, 2006)*

e) **Optional, but recommended:**

**Tetanus/Diphtheria (Td) or tetanus, diphtheria and cellular pertussis (Tdap):** Proof of an immunization within the past 10 years OR proof of a positive titer for each of these diseases. *(Some clinical affiliation agreements require documented proof of current Td immunization status, and this requirement will be reported to affected students by their Program Director)*

2. **PPD Tuberculin Skin Testing**

A two step test* may be required by the Allied Health Programs, depending on the requirements of clinical facilities. *Two-step testing is used to reduce the likelihood that a boosted reaction will be misinterpreted as a recent infection.

a) All Health Sciences students must be screened annually for TB. The typical screening test includes a single PPD skin test. Students must provide documented proof of a negative TB status every year while in the AHS Program. Vaccination with live
viruses may interfere with TST reactions. For persons scheduled to receive a TST, testing should be done as follows:

- Either on the same day as vaccination with live-virus vaccine or 4-6 weeks after the administration of the live-virus vaccine
- At least one month after smallpox vaccination. (CDC, Division of Tuberculosis Elimination, June 2009).
- Students with a history of a positive reaction to TB skin tests must provide a report of a negative chest x-ray. Annual TB screenings thereafter for symptomatology will be required by a health care provider and must be submitted. (CDC, Division of Tuberculosis Elimination, June 2009).

b) Some facilities require use of the Two-Step TB Test, in which if the reaction to the first test is classified as negative, a second test is to be done 1-3 weeks later.

c) A positive reaction to the second test probably represents a boosted reaction (past infection or prior BCG vaccination). On the basis of this second test result, the person should be classified as previously infected and cared for by a health care provider. This would not be considered a skin test conversion. If the second test result is negative, the person should be classified as uninfected. In these persons, a positive reaction to any subsequent test is likely to represent new infection with M tuberculosis (skin test conversion). Two-step testing is increasingly used for the initial skin testing of adults who will be retested periodically, such as health care workers.

3. CPR Certification
Students must present a valid CPR card indicating health care provider certification which includes infant, child, adult and 1 and 2 man rescuer techniques. The certification must remain current throughout the student’s clinical experience within the program. **Health Sciences students are required to obtain the American Heart Association’s BLS certification.**

4. Background Checks*
All health sciences students must consent, submit to, and satisfactorily complete a criminal background investigation as a condition of participation in clinical rotations in the Allied Health Services, MLT/Phlebotomy and Nursing programs. Eligibility for participation in clinical rotations will not be final until the completion of the criminal background check with results deemed acceptable to the affiliated clinical facilities. All expenses associated with the CBC are the responsibility of the student. **Students who do not consent to the required background check, refuse to provide information necessary to conduct the background check, or provide false or misleading information in regard to the background check will be subject to disciplinary action up to, and including, dismissal from the program.**

Background investigations will be conducted for health sciences students prior to their initial clinical rotation, to verify identity, social security number, residency history, criminal history, sexual offender history, and to show proof that they do not appear on the Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) database or OFAC Terrorist List.
The student has a duty to report any action that occurs prior to or during clinical that might have an impact on his/her criminal background or OIG Exclusion List standing or OFAC Terrorist List status. In the event that a student is convicted of a felony and/or if the student is placed on the OIG Exclusion List or OFAC Terrorist List, the student must notify the Associate Dean within five (5) school days. Failure to do so may result in dismissal from the program. (*See Comprehensive Criminal Background Check Procedure)

5. Drug Screening *

All Allied Health Services students are required to submit to a pre-clinical urine drug screen according to the policy of the Allied Health Services Division.

Students will receive instructions in submitting their application and paying for drug testing on-line, authorizing the contracted laboratory to perform the test. The results of the drug screen are generally accepted for the duration of the students uninterrupted enrollment in the program unless allegations are made to support reasonable cause that the student is not free of illegal drug use; with reasonable cause the student may be required to submit to further screening at his/her own expense. Tulsa Community College is responsible for designating and approving the drug screen procedures. The student must complete drug screening at the scheduled time. An unscheduled drug screen will result in an additional expense to the student conducted at a time and place designated by the college.

- Positive Drug Screen: A positive drug screen means a medically acceptable drug test approved by Tulsa Community College, the results of which indicate the use of illegal drugs.

- Illegal Drugs: Illegal drugs include those drugs made illegal to possess, consume, or sell by your state and federal statutes. An illegal drug also includes those drugs taken by an individual which exceed the prescribed limits of a lawful prescription or the taking of a prescription drug without a valid prescription.

* Please see Health Sciences Student Drug Screening Guidance and Procedure, for a complete discussion of the drug screening requirements, consents, and academic consequences of positive results).

5a. “For Cause” Drug Screening Procedure

The information below refers to the use/misuse of, or being under the influence of: alcoholic beverages, illegal drugs or drugs which impair judgment while on duty in any health care facility, school, institution or other work location as a representative of an Allied Health Services Program.

If the clinical instructor/clinical site supervisor perceives the odor of alcohol or observes behaviors such as, but not limited to, slurred speech, unsteady gait, confusion, abnormal conduct, erratic behavior, deterioration of performance or accident while in the clinical facility, and these behaviors cause the faculty or clinical instructor to suspect the student is impaired by alcohol or drugs, the following steps are taken:

a) The instructor will remove the student from the patient care or assigned clinical work area and notify the clinical agency supervising personnel.

b) Upon student’s oral consent, the instructor will contact a family member/friend of the student or transportation service and arrange for student transport to a designated laboratory service facility. For Cause testing must occur on the same day
as the observed behavior. The student will pay for all costs associated with the for-
cause drug-screening test.

c) If the results of the test(s) are positive for alcohol and/or other illegal substances or
for non-prescribed legal substances, the Associate Dean will withdraw the student
from all didactic and clinical courses. The student may apply for re-admission to the
Program following successful completion of recommended counseling and/or
rehabilitation as recommended by a licensed drug/alcohol counselor.

* Please see Health Sciences Student Drug Screening Guidance and Procedure, for a complete discussion
of the drug screening requirements, consents, and academic consequences of positive results).

6. INSURANCE

Students must be aware of insurance requirements and their responsibilities in relation to
insurance.

a) Given the potential exposure to communicable disease it is highly recommended that
students in Allied Health Services Programs carry health care insurance at all times
while enrolled in the program. Some clinical agencies may require those students who
come to that facility for clinical learning experiences to have health care insurance.

b) If a student sustains an injury while participating in any academic or clinical learning
experience, they are not covered under TCC and the student will be responsible for the
costs of health care treatment rendered.

c) Students are responsible for their own transportation and vehicle insurance to and from
the clinical agency. No insurance coverage is provided for any vehicle not supervised
and provided by the college.

d) Tulsa Community College Allied Health Services students are usually covered for acts of
negligence under TCC’s general liability insurance while performing in the clinical
setting as part of their Allied Health Services course work.

9. PROFESSIONALISM

Students enrolled in a program of study in Allied Health Services are responsible for conducting
themselves in a professional manner at all times. Some specifics of professional behavior include:
(a) Health Insurance Portability and Accountability Act (HIPAA)

The first federal privacy standards to protect patients’ medical records and other health related
information provided to insurance plans, doctors, hospitals and other health care providers took
effect in April 2003. The Standards for Privacy of Individually Identifiable Health Information,
developed by the Department of Health and Human Services as part of the Health Insurance
Portability and Accountability Act of 1996 (HIPAA), set national standards for the protection of
certain health information and provided patients with access to and more control over their
personal health information (PHI).
Since the faculty and students of the Tulsa Community College Health Sciences Programs will be required to review selected patient/client health information in the course of their educational assignments, the College must, and the College shall require the Clinical Instructors, Instructors and Students to, appropriately safeguard the protected health information of patients, in accordance with applicable provisions of the Health Insurance Portability and Accountability Act of 1996, as it may be amended from time to time (“HIPAA”) and applicable law.

(b) Confidentiality

In accordance with HIPAA standards and their guidelines for educational purposes, all verbal, electronic and written information relating to patients/clients and contracted agencies is considered confidential and is not to be copied or discussed with anyone or removed from a health care facility unless written permission has been given by the clinical agency to remove such information. Instructors and Students may use and disclose protected health information solely for education and treatment purposes. With respect to information obtained or received from the Facility, the Clinical Instructors, Instructors and Students shall: (i) not use or further disclose the information other than as permitted or as required by law; (ii) use appropriate safeguards to prevent use or disclosure of the information; (iii) report to the Facility any use or disclosure of the information of which the College becomes aware; and (iv) require that any agents, including a subcontractor, to whom the College provides protected health information received from, or created or received by the College on behalf of, the Facility agrees to the same restrictions and conditions that apply to the Facility with respect to such information.

Materials regarding the HIPAA responsibilities and requirements are distributed to Health Science students at orientation to their Health Science program in a mandatory HIPAA Level I training session. All students sign a confidentiality statement to demonstrate their understanding of the HIPAA Standards and guidelines and to agree to maintain confidentiality in the use and distribution of a patient’s/client’s health information. A breach of confidentiality will result in disciplinary action, up to and including dismissal from the program and/or course (Appendix A: Refer to the Student Confidentiality Agreement).

(c) Use and Distribution of Protected Health Information (PHI)

The HIPAA Standards also apply to information transferred via any media including Internet and/or handheld computers (such as PDA’s). There cannot be any syncing of data on any devices (examples but not limited to: PDA, cell phones, flash drives, laptop computers, etc) when in the clinical setting. All materials needed for care plans must be hand written. In addition, computers in the clinical setting can only be used for entering patient data. All copies of patient data used to plan care must be placed in the shredder before leaving for the day. This is in compliance with HIPAA regulations and must be adhered to at all of the clinical facilities (violation of this policy will be grounds for dismissal from the program).

(d) Social Networking
As members of Tulsa Community College (TCC) and the Health Sciences Division (HSD), health students represent the college and are subject to public scrutiny. While social networking on websites such as Facebook, YouTube and MySpace are great ways to communicate, express yourself and connect with others, health students must understand that any information (identifiable or not), still photographs, video and audio as well as comments they post, or others post about them may:

(a) adversely impact a health student’s personal safety,
(b) impugn personal or institutional character,
(c) violate federal, state and local laws (e.g. HIPAA, FERPA, OSRHE),
(d) affect accreditation status of health science programs (regional and/or programmatic),
(e) violate professional code of ethics for health science programs,
(f) violate college policy and health science program policy,
(g) undermine any current or future employment,
(h) jeopardize participation in jurisprudence and/or credentialing examinations,
(i) jeopardize attainment of a practitioner’s license,
(j) incur legal liability for anything written or presented online.

Inappropriate conduct on social networking websites includes, but is not limited to:

(a) threatening language
(b) depictions or presentations of hazing, substance abuse, violence
(c) sexual harassment
(d) defamatory comments disrespecting a patient, client, student, clinical affiliate or college personnel
(e) partial or total nudity; sexual conduct; possession of a weapon or obscene gestures.

EXERCISE EXTREME CAUTION BEFORE POSTING ANYTHING ON A SOCIAL NETWORKING WEBSITE. UNDERSTAND THAT ANYTHING POSTED ONLINE IS AVAILABLE TO ANYONE IN THE WORLD AND COLLEGE OFFICIALS MAY MONITOR THE WEBSITE.

(e) Personal electronic devices:

Pagers, cellular telephones and other personal electronic devices (PED) must be turned off and out of sight during lectures, labs and clinical experiences. At no time may students use a PED to take photographs of any patient or any part of a medical record or medical facility. Any personal electronic device in sight may be confiscated by the instructor and kept until the end of the day’s activities. Any use of a personal electronic device during quizzes, tests, exams and other academic activities will be construed as cheating and treated accordingly. Any response to a PED must only be completed during break using the PED or a public telephone.

10. Due Process Guidelines and Procedure (See Procedure, attached)

11. Dismissal Procedure (See Procedure, attached)
APPENDICES
(1) Program Handbook: COMPLIANCE WITH PROCEDURES

These guidelines prescribe standards of conduct for students enrolled in TCC Allied Health Services Programs. The standards are in addition to those prescribed for students under Tulsa Community College’s policies and administrative regulations. Violation of any such standard may serve as grounds for program dismissal, suspension, or other discipline. Every student is expected to know and comply with all current policies, rules, and regulations as printed in the college catalog, class schedule, college student handbook, and specific TCC Allied Health Services Program student handbook. I have received a copy of Allied Health Services Division Handbook. I understand this handbook contains information about the guidelines and procedures of the TCC Allied Health Services Program in which I am enrolled. I also understand that I can find information about the general college policies in the College Catalog and the College Student Handbook. I can find information specific to each Allied Health Services Program from the Program Director and each course in the course syllabus. By signing this agreement, I certify that I have read and understand the Allied Health Services Division Procedures and will comply with them.

____________________________________________  ________________
Signature of Program Participant             Date

____________________________________________  ________________
Signature of Parent or Legal Guardian (If student is a minor)    Date

Student Name: ____________________________    __________  CWID#   Date

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APPENDIX B: Consent Forms

(1) Confidentiality

Protecting the privacy of patients/clients and confidentiality of health status are important legal and ethical considerations for health care practitioners. As a Health Sciences student at Tulsa Community College (TCC) and at all health care facilities assigned as clinical practice/externship sites, I understand that protected health information in any form (proprietary, financial, confidential employee-related, or any other information deemed confidential by the college or health care facility) is protected by law. Breaches of patient confidentiality, in regard to protected health information, can have severe ramifications up to and including termination of my clinical affiliation with an assigned health care facility, expulsion from the applicable Health Sciences educational program and college, as well as possible civil and criminal penalties. I will only access, use, or disclose the minimum amount of patient information that I am authorized to access, use or disclose and that is necessary to carry out program established educational criteria and/or any additional duties, projects, or observations assigned by the program director or clinical site coordinator at the health care facility. I will not improperly divulge any information which comes to my attention through classroom discussions, laboratory assignments, clinical practice activities or observations.

Because of my exposure to protected health information, I agree to abide by the following restrictions and take all necessary precautions to prevent a breach of confidentiality.

- I will not discuss protected health information pertaining to any patient with anyone (even my fellow students and/or family) who is not directly working with said patient.
- I will not discuss any protected health information in any place where it can be overheard by anyone who is not authorized to have this information.
- I will not describe any behavior which I have observed or learned about through association with my assigned clinical practice/externship site, except to those authorized to have this information.
- I will not contact any individual, or agency outside my assigned clinical practice site to get protected health information about an individual patient unless permitted by law and/or policies.
- I will not utilize any electronic media software or hardware to transmit, communicate or get protected health information about an individual patient unless permitted by law and/or policies.
- I will not use confidential college or clinical practice/externship site business-related information in any manner not required by my role as a student or disclose it to anyone not authorized to have or know it.
- I will not access information concerning a patient in whose care/service I am not directly involved other than as required by program-established educational criteria, or duties, projects and observations assigned by the clinical practice/externship site coordinator.
- If for some reason, information must be made available to persons in law enforcement or the news media, I understand that I am not to disclose the information, but to refer the individual to the program director, Associate Dean of Allied Health Services, Dean of Health Sciences, clinical practice/externship site coordinator and/or the individual designated by the health care facility to be responsible for disclosure of the information within established policies.
I understand that I have a responsibility to take action when faced with a privacy concern or when I become aware of a potential violation of the privacy policies and standards of the college or clinical practice/externship site. This includes:

- RECOGNIZING the concern and nature of the situation,
- RESPONDING appropriately, and
- REPORTING the issue to the appropriate individual who can assist in preventing and/or resolving the matter.

I understand that my agreement to maintain confidentiality of protected patient health information is a condition of my continued participation in the Tulsa Community College Health Sciences Educational Program to which I have been accepted and for completion of my clinical practice/externship site affiliation. I understand that failure to maintain confidentiality is a basis for disciplinary action, including expulsion from the college, the Health Sciences Program and/or the clinical practice/externship site.

With my signature, I indicate that I have read and understand this Acknowledgement and have received Level 1 HIPAA (Health Insurance Portability and Accountability Act) training.

Printed Name:____________________ Program Director:____________________________

Signature:________________________________________

Date:________________________ CWID # __________________________

2) TCC Talent Release

TULSA COMMUNITY COLLEGE TALENT RELEASE

I, hereby, give consent to Tulsa Community College to use my picture, or likeness, whether photographic, electronic, or print, for use in promotional, educational, or other college activity. I also give permission to the college to edit, copy, and distribute this material to any of its campuses or to any location for college business. I also consent to loaning this material to other non-profit organizations or to duplicate this material as a gift to other non-profit organizations which may consider it useful.

In light of what the college proposes to do, I hereby give my permission to use my picture, my name, audio, and/or visual from this point and hereafter for the college to use freely in conjunction with its programs until that time I revoke my permission.

Printed Name ________________________________

Address ____________________________________________________________________________

Signature __________________________________________________________________________

Date:________________________ CWID# __________________________
APPENDIX C: Uniform Health Sciences Procedures

a) Criminal Background Check Procedure
b) Drug Screening Procedure
c) Immunization Guidelines
d) Uniform Due Process Procedure
e) Uniform Dismissal Procedure
TULSA COMMUNITY COLLEGE
HEALTH SCIENCES
CRIMINAL BACKGROUND CHECK PROCEDURES

SCOPE & PURPOSE
A comprehensive criminal background check will be performed on all health sciences students prior to their initial clinical rotation as required by TCC Clinical Affiliation Agreements, for the primary purpose of safeguarding the well-being of patients, and to ascertain the students’ eligibility to maintain program enrollment and to participate in clinical rotation experiences.

RATIONALE
All health sciences students must consent, submit to, and satisfactorily complete a criminal background investigation as a condition of participation in clinical rotations in the Allied Health Services, MLT/Phlebotomy and Nursing programs. Eligibility for participation in clinical rotations will not be final until the completion of the criminal background check with results deemed acceptable to the applicable clinical affiliates of the program/division. Any positive findings may be subject to review by the clinical affiliates and could prevent the student from completing clinical requirements. All expenses associated with the CBC are the responsibility of the student.

Students who do not consent to the required background check, who refuse to provide information necessary to conduct the background check, or who provide false or misleading information in regard to the background check will be subject to disciplinary action up to, and including, dismissal from the program.

BACKGROUND INVESTIGATION PROCEDURE
This procedure will be implemented, monitored, and enforced by the Health Sciences programs at Tulsa Community College. Uniform procedures for the implementation of the criminal background check procedures will be employed by all health sciences programs.

1. Application. Background investigations will be conducted for health sciences students prior to their initial clinical rotation. A statement such as the following shall be included on admission materials for all participating health sciences programs:
   “I understand that, as a condition of clinical participation, I will be required to obtain a criminal background check (CBC), and to permit the individual results to be provided by the reporting agency to TCC. In all cases, all expenses associated with the CBC are to be the responsibility of the student. I understand that I will not be permitted to participate in clinical rotations until completion of my background check, with results deemed acceptable by the clinical affiliates as required by the clinical affiliation agreements with TCC. A positive report may negatively affect placement in clinical..."
education facilities and consequently, may adversely impact the student’s progression through the program. If the results of the background check(s) are not deemed acceptable, or if information received indicates that I have provided false or misleading statements, have omitted required information, or in any way am unable to meet the requirements for completion of the program, my conditional progression may be denied or rescinded, and/or I may be disciplined or dismissed.”

2. Advising applicants/students that participation in clinical rotations is dependent on successful background investigation. Applicants/students will be informed in written admissions and student materials including course catalogs, bulletins, web pages, and other promotional materials as well as in the health sciences program student handbooks that participation in Allied Health Services, MLT/Phlebotomy and Nursing clinical rotations is contingent upon successfully passing a criminal background check.

3. Criminal Background Check Procedure
a. Request to conduct criminal background check. A criminal background check will be conducted as part of the routine post-admission process for health sciences students in the Allied Health Sciences, MLT/Phlebotomy and Nursing programs. Program materials will include instructions for completing the on-line application process and a release/consent form that authorizes CertifiedBackground.com (the vendor), on behalf of TCC, to conduct a comprehensive criminal background investigation on all health sciences students. Students who refuse to complete these inquiries, do not answer truthfully and completely, or refuse to consent to a criminal background check may not be allowed to enter a clinical rotation of the health professions educational program.

b. Information available/sought through background investigation process. The following databases are examples of those that may be examined as part of the comprehensive criminal background check (CBC).

- **Residency History Check**
  Provides former work, school and residential addresses. The Address History pulls data from hundreds of public and private databases, including tax, property, voting, and credit information. It verifies names, addresses, DOB and Social Security information. All maiden names and aliases will be reviewed.

- **Social Security Number Search**
  Verifies that the student’s Social Security Number (SSN) is valid and is not associated with fraudulent activity. This search also identifies the State that issued the SSN and the year it was issued.

- **County Criminal Records Searches**
  A direct search of county courthouse records for any felony or misdemeanor criminal history. All records are researched to help ensure positive identification and complete, easy-to-read details. County criminal records are the most accurate and up to date records that exist. They are updated from the moment the clerk of court enters the information into the system. Certified Background maintains a network of over 12,000 court researchers that physically enter the courthouses to pull the records. County criminal records are considered to be the ideal method of attaining accurate and thorough
criminal background information. County criminal searches take approximately 24 - 72 hours to complete.

- **National Criminal Database Search**
The Nationwide Database is a key supplementary search which reveals multiple sources for criminal records and includes State and county criminal record repositories, Department of Corrections, parole records, federal fugitive files and sex offender registries, and is complimentary to county searches. It includes information from the following sources: Proprietary Offender Data, Nationwide 50 State Sex Offender Database, App ALERT (Office of Foreign Assets Control-OFAC), the FBI Terrorist List and Federal/State/Local Wanted Fugitive Lists, Traffic Court, Department of Public Safety, seven years worth of information from the Administrative Office of the Courts and the Department of Corrections. This database contains over 150 million criminal records from all participating states and D.C. The age of the information and the type of information varies from state to state. A multi-jurisdiction private database search covering more than 194 million criminal records collected from across the country. While the database does not contain information from all states, it supplements county, statewide and federal criminal searches. To ensure compliance with Fair Credit Reporting Act (FCRA), all database “hits” are verified directly through the source of information to ensure that records reported are current and up-to-date.

- **National Wants and Warrants Search**
This search is a Nationwide search for any outstanding Extraditable Warrants in any state. This could include Misdemeanors or Felonies from all 50 states. Extraditable warrants are usually issued for more serious felony offenses such as bank robbery, violent crimes, sex offenses, military desertions, terrorist activities, etc.

- **National Sexual Offender Database Search**
A search of a national private database which contains sex offender data collected from across the country. All records are researched to help ensure positive identification. Provides records from Sex Offender Indexes from all 50 states.

- **Healthcare Fraud and Abuse (FACIS III)**
The Fraud and Abuse Control Information System (FACIS) Level 3 Search combines the FACIS Level 1 Search of the federal agencies with disciplinary action information from multiple agencies as well as those taken by licensing and certification agencies in all 50 states. This search contains information from all 50 states on individuals who have been the subject of state licensing board sanctions. This includes OIG, GSA and other federal sources as well as state agencies. An individual may be the subject of adverse action by more than one agency for the same or different events. Also includes Medicare and Medicaid Sanctions.

- **International Screening (when applicable, for example, if the student has been a citizen or resident of the U.S. for less than one year.)**
International criminal records searches are generally performed by facilitating the applicant in obtaining an official Police Clearance or Police Certificate from the desired country. The TCC vendor for international background checks is Accufax, with the cost ranging from $35 to $500, payable by the student.

c. **Consideration of criminal background activities.**
i. The existence of a felony conviction, alone, does not automatically disqualify a student from entering clinical rotation experiences within a TCC health sciences program. Relevant considerations may include, but are not limited to: the date, nature, and number of convictions; the relationship the conviction bears to the duties and responsibilities of the position; and successful efforts toward rehabilitation. Any decision to allow an applicant to enter a TCC Health Sciences Program clinical rotation with a conviction is solely at the discretion of the clinical affiliate.
d. Examination of information obtained through criminal background investigations.

i. The criminal background check will include a record of all convictions. For the purposes of this policy, a conviction is considered to be a guilty plea, a guilty verdict, Alford Plea, or a Nolo Contendere (“No Contest”) plea.

ii. It is the responsibility of the student to ensure that all maiden names and aliases are reported and to ensure that any misinformation in the initial criminal background check report is corrected, and to ensure that a written statement with supporting documentation indicating the correction is submitted to the College.

iii. A designated Criminal Background Check committee within the college/training program will review the initial criminal background check report results for all conditionally admitted students.

iv. Students who receive an acceptable background check (with “no records/no findings”), and who have continued to meet their respective training program’s academic standards will be permitted to participate in clinical rotations.

v. If adverse information is obtained in the student’s criminal background check report, the Chair of the Criminal Background Check Committee will notify the Associate Dean of the Health Sciences Program who will inform the student in writing that the student’s background check has not cleared.

Any adverse findings will be reported in a non-identifying manner to the clinical affiliates as required by clinical affiliation agreements. A positive report may affect Students’ progression in the program. Any student who disagree with the accuracy of information found in the background investigation process should seek independent legal counsel in their efforts to obtain a clear report.

BACKGROUND CHECK REVIEW COMMITTEE PROCESS

1. A Criminal Background Check (CBC) Review Committee, standing separate from the Health Sciences Programs and Admissions Committees, will be responsible for reviewing all relevant materials related to any adverse background check report containing information that pertains to the student’s suitability for participation in clinical rotations. No Health Sciences faculty will have access to students’ individual CBC records, nor will they be part of the individual background check review and decision process.

2. Based on institutional policies and procedures, a careful review of the reported
Criminal convictions and pending adjudications, the information in the National Criminal Background Check Report (including evidence of Medicaid/Medicare Fraud and/or (Office of Foreign Assets Control - OFAC, the FBI Terrorist List), and relevant supplementary materials obtained from other sources including court documents will ensue.

Factors involved in the individual case review may include, but not be limited to the:

- nature, circumstances, and frequency of any reported offense(s);
- length of time since the offense(s);
- available information that addresses efforts at rehabilitation;
- accuracy of the information provided by the applicant in their application materials; and
- the relationship between the duties to be performed as part of the educational program and the offense committed.

COLLEGE PRACTICE FOR REVIEW OF CRIMINAL BACKGROUND CHECKS

1. A student is deemed to have clearance if the wording on the background report in the section designated reveals the following absence of records:

   a. On the specific 7 year county of residence, National Wants and Warrants and National Criminal Database, the Criminal Background Check report evidences “no records found”;
   b. on the National Sex Offenders Index, the report evidences “no records found”;
   c. On the Nationwide Healthcare Fraud and Abuse Scan, the report evidences “no records found”;
   d. There are “no records found” as reported from the OFAC Terrorist Database;
   e. The student’s Social Security number is verified.

2. The student MAY BE considered to have clearance when:

   a. a felony charge exists, but was “Dismissed” or the “DA declined to file,” then no further evaluation is necessary
   b. a nonviolent felony charge is older than seven years and no additional criminal convictions are recorded.
   c. the charges are of a misdemeanor nature, and the student is eligible to continue in the program. Misdemeanor charges will be evaluated on an individual basis.

3. When the student’s background report has received clearance, the Chair of the Criminal Background Committee notifies the appropriate Associate Dean. The Associate Dean then notifies the program coordinator or faculty that the student may participate in the program/course.
4. A student is **deemed NOT To have clearance** if the specific Criminal Background Check report (including the 7 year county of residence check, the National Wants and Warrants and/or the National Criminal Database), indicates “records found”:
   - The Comprehensive CBC report indicates criminal “records found”;
   - The National Sex Offenders Index, the report evidences “records found”;
   - The Nationwide Healthcare Fraud and Abuse Scan, the report evidences “records found”;
   - There are “records found” as reported from the OFAC Terrorist Database, and/or
   - The student’s Social Security number is not verified.

5. The student **will NOT be considered to have clearance**, if the following is reported:
   a. The student has entered a plea of guilty or nolo contendre (no contest) or has been **convicted** of any of the following:
      1. any criminal activity involving violence against a person;
      2. child abuse or neglect;
      3. possession, sale or distribution of illegal drugs;
      4. sexual misconduct; or
      5. gross irresponsibility or disregard for the safety of others, including multiple DUIs.
   b. Any violence of a felonious nature or theft/embezzlement of a felonious nature which is recorded as occurring within the last seven years.
   c. If the student has a felony case history that was “Referred to the DA,” or it states, “Conviction,” then the student may be denied admission or continued enrollment on this basis alone.

6. The Chair of the Criminal Background Check Committee will notify the Associate Dean/Dean when the student’s background report **does not receive clearance**. who will report the findings (in a non-identifying manner) to the local Tulsa Hospital Education Contacts and/or Human Resources contacts as required by clinical affiliation agreements, to obtain an individual decision, determined on a case-by-case basis, as to the clinical facility’s consideration of the student’s eligibility for on-site rotations.

   If the AD/Dean receives a denial of entrance into clinical rotations based upon the student’s background check records, and is unable to successfully place the student in required clinical rotations, the AD will notify the student in writing that their enrollment will not continue because of ineligibility for completion of clinical requirements of the program.
7. It is NOT the responsibility of the College or any member of the College to actively resolve any issue for the student.

8. If the student has questions about the report, feels the report contains erroneous information, or includes other factors such as a guilty plea or conviction that has been expunged, the burden is on the student to resolve the issue(s).

The student may wish to contact a personal attorney to address the issues with the appropriate legal authorities. If a resolution is reached, the student may provide the College with an updated report following the procedures outlined previously. All criminal background records are to be maintained by student identification number. Any report considered questionable or not receiving clearance will be retained in the active files for reference purposes for a period of five years.

MAINTENANCE OF RECORDS AND CONFIDENTIALITY

Information obtained for the purpose of and during the criminal background check, will be retained by the individual college/program separate from other student educational and academic records. Confidentiality will be maintained consistent with FERPA guidelines.

OTHER CONSIDERATIONS

Applicants and/or admitted students, as well as currently enrolled health professional students, must be aware that:

1. The expense for the background check must be borne by the student. An individual criminal background check may cost between $40-$60. Such costs are subject to change, and beyond the control of the Health Sciences Programs or college.

2. Once admitted to a Health Sciences Program, students will be required to submit to, and satisfactorily complete, a criminal background check as a condition of participation in the clinical education experience. Failure to submit to such a check and to satisfactorily pass the same may limit the ability of the student to enter clinical rotations and complete the program. Completion of the program does not guarantee the opportunity to sit for licensure.

3. If a student fails to pass a criminal background check, he or she may be ineligible
for enrollment in experiential courses, ineligible for program completion/graduation, and therefore ineligible to continue in the Health Sciences Program. Additionally, he or she may be ineligible for licensure as a health care professional.

4. The Health Sciences Program does not accept responsibility for any student being ineligible for experiential coursework, owing to failure to pass a criminal background check.

5. Students who provide any false information regarding criminal offenses in any documents may be subject to immediate dismissal from the college pending confirmation via a hearing body convened as provided in student disciplinary policy due process rights. Failure to disclose correct information at any time also may be the basis for professional discipline and/or program dismissal.

6. Any student convicted of a felony of any type and/or and Disciplinary Action for OIG Fraud while a student in a Health Sciences Program must report that offense to the respective Associate Dean/Dean in writing within 5 days of conviction. The term “Conviction” includes plea agreements, guilty pleas etc.

7. All students who are continuously enrolled at TCC within the same program or a different TCC program may rely on the same background check for a period of up to eight semesters, unless there are differing program requirements.

ON-LINE BACKGROUND CHECK APPLICATION PROCEDURE

1. Background Check as Requirement of Clinical Affiliation Agreements

The Health Sciences Educational Programs within Tulsa Community College are contractually obligated to comply with the requirements set forth by clinical affiliates. Students enrolled in Health Sciences Programs must conform to the rules, policies, and procedures of the clinical affiliates in order to participate in clinical learning experiences, which include comprehensive criminal background checks. These background checks will be conducted by one private vendor (CertifiedBackground.com). Each student must complete the comprehensive criminal background check online through CertifiedBackground.com by providing their personal information for the background check.

2. CertifiedBackground.com

CertifiedBackground.com is a background check service that allows students to purchase their own background check. The results of a background check are posted to the CertifiedBackground.com web site in a secure, tamper-proof environment, where the student, as well as the College can view the background check. To order
your background check from CertifiedBackground.com, please follow the instructions below:

- Go to CertifiedBackground.com and click on “STUDENTS”
- In the Package Code box, enter the appropriate code (see Instruction Sheet with program codes)
- Follow the onscreen instructions to complete your order

Once a student’s order is submitted, the student will receive a password via email to view the results of his/her background check. The results will be available in approximately 48-72 hours. Students are encouraged to print the results of their background check, if they wish to have a copy for their personal records.

ACKNOWLEDGEMENT OF RECEIPT OF CRIMINAL BACKGROUND CHECK PROCEDURES

I understand that, as a condition of clinical participation, I will be required to obtain a comprehensive criminal background check, and to permit the individual results to be provided by the reporting agency to me and to TCC. In all cases, all expenses associated with the criminal background check(s) are the responsibility of the student. I understand that I will not be permitted to participate in clinical rotations until completion of my background check, with results confirmed as acceptable by the clinical affiliates, as required by the clinical affiliation agreements with TCC. A positive report/adverse finding may negatively affect my placement in clinical education facilities and consequently, may adversely impact my progression through the program. If the results of the background check(s) are not deemed acceptable by the clinical affiliates, or if information received indicates that I have provided false or misleading statements, or I have omitted required information, or in any way am unable to meet the requirements for completion of the program, my conditional progression may be denied or rescinded, and/or I may be disciplined or dismissed.
I certify that I have received a copy of the Tulsa Community College’s Criminal Background Check (CBC) Procedures. I have read and understand the requirements of the new guidelines and procedures.

Date ___________________________ Student’s Signature ___________________________

CWID# ___________________________ Student’s Printed Name ___________________________

Program/Level ___________________________ Parent’s/Legal Guardian’s Signature ___________________________
(If student is a minor)

TULSA COMMUNITY COLLEGE
HEALTH SCIENCES
GUIDELINES FOR STUDENT DRUG SCREENING

SCOPE & PURPOSE

Drug screening will be performed on all students of TCC health sciences programs (all current Allied Health Services, MLT/Phlebotomy and Nursing students) prior to participation in the initial Clinical Rotation, as a requirement of clinical affiliate agreements to ascertain students’ eligibility for continuing program enrollment.

RATIONALE

Uniform drug screening of all health sciences students prior to their initial clinical; rotation will be conducted in order to:

- Perform due diligence and competency assessment of Allied Health Services, MLT/Phlebotomy and Nursing students for public welfare
- Ensure health and safety of patients and students in a clinical setting
- Support a Drug Free Workplace
- Meet JCAHO and other accreditation standards as interpreted by hospital affiliates regarding drug screening
- Meet obligations outlined in contractual agreements between TCC and clinical affiliates

**DRUG SCREENINGS PERFORMED**

All current Health Sciences students will be tested for the following eleven (11) drugs, (but this number is subject to change):

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine metabolites
- Marijuana metabolites
- Methadone
- Methaqualone
- Opiates
- Synthetic Opiates
- Phencyclidine (PCP)
- Propoxyphene

**Consent for Testing:** All current Health Sciences students will submit a written consent/release form for drug screening for the purpose of collecting and analyzing the required urine specimen(s). If the student is under eighteen (18) years of age, the student’s parent or legal guardian must sign the drug testing consent form in addition to the student. The signed consent must be returned to the program director/course facilitator of the student’s Health Sciences Program.

**Cost:** Fees for all drug screening must be paid by the student.

**Period of Testing Validity:** Drug test results are usually accepted for the duration of the student’s continuous program participation but may be required on a more frequent basis depending on the requirement(s) of clinical affiliates or for cause.

**Vendor(s):** Only laboratories certified by the U.S. Department of Health and Human Services (HHS) under the National Laboratory Certification Program can be used to perform drug testing analysis. TCC will designate approved vendor(s) to perform the drug screening. Results from any company or government entity other than those designated by TCC will not be accepted.

**Confidentiality of Records:** Drug screening reports and all records pertaining to the results will be considered confidential with restricted access. The results and records are subject to the Family Educational Rights and Privacy Act (FERPA) regulations. For additional information on FERPA, please see [http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

**Recordkeeping:** Reports and related records (both electronic and paper media) will be retained and maintained in a secure location within the respective Allied Health Services Division, MLT/Phlebotomy Program Office or Nursing Division office for the timeframe listed below unless otherwise required by law. **Positive Results – 5 years**

**PROCEDURE**

1.00 Persons to be Screened
A. Drug Screening will be required of ALL Health Sciences students (including Allied Health Services, MLT/Phlebotomy and Nursing students) before January 1, 2011 with the initiation of this Health Sciences Drug Screening Procedure.

B. Drug screening will occur prior to the student’s initial participation in the first clinical rotation and may occur annually thereafter, and more frequently, “for cause”.

C. In addition to the initial drug screening, further testing may be required of the student “for cause” or reasonable suspicion (Section 1.03) and may be either announced or unannounced based upon the drug screening policies of TCC and the clinical affiliates having contractual agreements with Tulsa Community College (TCC).

1.01 Consent to Drug Testing

A. All Allied Health Services, MLT/Phlebotomy and Nursing program students will sign and submit a written consent/release form for drug testing for the purpose of collecting and analyzing the required urine specimen(s) as well as acknowledging that the student is responsible for the cost of all drug testing. The consent includes release of drug testing results and release of liability.

B. If the student is under eighteen (18) years of age, the student’s parent or legal guardian must sign the drug testing consent form in addition to the student.

C. The signed consent/release form must be returned to the program director/course facilitator of the student’s Allied Health, MLT/Phlebotomy or Nursing program, respectively, and will be retained and maintained in a secure location within the program director’s and/or division office.

D. A student has the right to refuse to consent to drug testing for (a) initial clinical rotation participation, (b) annual testing while a student in an Allied Health Services, MLT/Phlebotomy or Nursing Program or (c) reasonable suspicion or cause.

E. However, a student’s refusal at any point to be tested for drugs &/or alcohol will result in dismissal from the Allied Health Services, MLT/Phlebotomy or Nursing program and forfeiture of any health scholarship. The respective Associate Dean and Program Director/Course Facilitator shall be notified of any refusal to be tested.

1.02 Specimen Collection

A. Only laboratories certified by the U.S. Department of Health and Human Services (DHHS) under the National Laboratory Certification Program can be used to perform drug testing analysis. TCC will designate an approved vendor(s) to perform the drug screenings. Results from any company or government entity other than those designated by TCC will not be accepted.

B. The Collector shall be a licensed medical professional or technician who has been trained and certified for collection in accordance with chain of custody and control procedures. This person cannot be a college employee.
C. The designated collection site and specimen collection procedures will be secured in accordance with chain of custody and control procedures. Security during collection will be maintained by effective restriction of access to the collection materials and specimens.

1.03 Reasonable Suspicion Screening

Students may also be required to submit to reasonable suspicion screening while participating in clinical experiences as stipulated in the substance screening policies of TCC and the clinical affiliates having contractual agreements with TCC. 

*Drug testing may be performed for “just cause” when reasonable suspicion exists and may include but not be limited to the following:*

A. Observable phenomenon, such as direct observation of drug/alcohol use and/or physical symptoms such as slurred speech, unsteady gait, confusion or other manifestations of being under the influence of drugs;
B. Presence of an odor of alcohol or illegal substance;
C. Abnormal conduct or erratic behavior while in the clinical facility, absenteeism, tardiness or deterioration of performance;
D. A workplace accident;
E. Evidence of tampering with a drug test;
F. Evidence of falsification of information;
G. Suspected theft of medications including controlled substances while at the clinical facility;
H. Information that the individual has caused or contributed to an incident in the clinical facility;
I. Evidence of involvement in the use, possession, sale, solicitation or transfer of illegal or illicit drugs while enrolled in any Allied Health Services, MLT/Phlebotomy or Nursing Program.

If the clinical instructor/clinical site supervisor perceives the odor of alcohol or observes behaviors such as, but not limited to, slurred speech, unsteady gait, confusion, abnormal conduct, erratic behavior, deterioration of performance or accident while in the clinical facility, and these behaviors cause the faculty or clinical instructor to suspect the student is impaired by alcohol or drugs, the following steps are taken:

**d)** The instructor will remove the student from the patient care or assigned clinical work area and notify the clinical agency supervising personnel.

**e)** Upon student’s oral consent, the instructor will contact a family member/friend or transportation service and arrange for student transport to a designated laboratory service facility contracted by Surscan (or other TCC drug testing vendor). “For cause” testing must occur on the same day as the observed behavior. The student will pay for all costs associated with the for-cause drug-screening test, including transportation costs.

**f)** If the results of the test(s) are negative for drugs, alcohol, or other illegal substances, or for non-prescribed legal substances, the student shall meet with the Associate Dean or his/her designee within 24 hours of the test results to discuss the circumstances surrounding the impaired clinical behavior.
g) Based on the information provided and any further medical evaluations if warranted, the Associate Dean or his/her designee will make a decision regarding the student’s return to the clinical setting. If the indicator was the odor of alcohol, the student will be mandated to discontinue the use of whatever substance may have caused the alcohol-like odor before being allowed to return to the clinical setting.

h) If the results of the test(s) are confirmed as positive for alcohol and/or other illegal substances or for non-prescribed legal substances, the Associate Dean will withdraw the student from all didactic and clinical courses. The student may apply for re-admission to the Program following successful completion of recommended counseling and/or rehabilitation as prescribed by a licensed drug/alcohol counselor. *(Please refer to the specific Division/Program Handbook for each individual program)*

1.04 Medical Review of Drug Test Results

A. Cleared Drug Tests
   1) The vendor will provide a written notification with a list of those students who passed a drug screen test to the respective Associate Dean/Dean.

   2) Test results will not be released to any individual who has not been authorized to receive such results. Students shall not be allowed to hand deliver any test results to college representatives. Notification of drug screening results can only be delivered in a manner that insures the integrity, accuracy and confidentiality of the information.

   3) Tulsa Community College may refuse to accept any test result that does not meet the requirements of the procedure and guidelines.

B. Positive Drug Tests
   1) All specimens identified as non-negative/positive on the initial test shall be confirmed by the testing laboratory. Any positive test results will be reviewed by the Medical Review Officer (MRO).

   2) The MRO shall be a licensed physician with knowledge of substance abuse disorders, and shall review and interpret positive test results. The MRO shall also:

   a. Examine alternate medical explanations for any positive test results. This action may include conducting a medical interview and review of the student’s medical history or review of any other relevant biomedical factors.

   b. Review all medical records made available by the tested student when a confirmed positive test could have resulted from legally prescribed medication. Prior to making a final decision on the results of the confirmed positive test, the MRO shall give the student an opportunity to discuss the results of the test.

   c. If, after review by the MRO, there is a valid medical explanation for the screening results, the vendor will notify TCC of a clear test. If after review by the MRO, there is no valid medical explanation for the positive screen, then the test results will stand.
3) The vendor will provide written notification with a list of those students with a positive drug test to the respective Associate Dean/Dean.

C. Retesting of Drug Screen
   1) Should the vendor report that the screening specimen was diluted, thereby precluding an accurate drug screen test, the student will be required to complete and successfully pass a new drug test.
   2) If a student challenges a result, only the original sample can be retested. The student must request an order for retest of the sample through the MRO within 72 hours of the confirmed positive result. All positive samples are retained for one year in a frozen state. **The student is responsible for the cost of this re-test.**
   3) Any appeal right of a positive drug test rests solely between the student, the Medical Officer and the vendor.

1.05 Penalties for a Confirmed Positive Drug Test

A. If a current student tests positive for drugs that are illegal substances, non-prescribed legal substances or is deemed unsafe for the clinical setting by the MRO, the student will be immediately dismissed from the Allied Health Services, MLT/Phlebotomy or Nursing Program.

Students who are dismissed from the Health Sciences program for reason of a positive drug screen may apply for re-admission, and certain requirements will be enforced. (See 1.08 below)

B. If after being re-admitted to a TCC Allied Health Services, MLT/Phlebotomy or Nursing program, a student tests positive again for drugs that are illegal substances, non-prescribed legal substances or is deemed unsafe for the clinical setting by the MRO, **the student will receive permanent dismissal from the Allied Health Services, MLT/Phlebotomy or Nursing Program.** A grade of “F” will be recorded if the student does not officially withdraw.

1.06 Failure to Appear and Complete Drug Testing

A. If a student fails to appear at the scheduled time for drug testing, the student will be given a second chance to appear and take the test.

B. If the student fails to appear for drug testing within the specified time frame or schedule a second time, it may result in dismissal from the Health Sciences program and forfeiture of any health scholarship. The Program Director/Course Facilitator shall be notified of any failure to appear.

1.07 Reporting and Recording of Drug Test Results
A. Written notification indicating either a positive or negative drug screen shall be provided to the respective Associate Dean/Dean (of Allied Health Services, MLT or Nursing). Test results will not be released to any individual who has not been authorized to receive such results. Students shall not be allowed to hand deliver any test results to college representatives. Notification of drug screening results can only be delivered in a manner that insures the integrity, accuracy and confidentiality of the information. TCC may refuse to accept any test result that does not meet the requirements of the policy and guidelines.

B. The student will be informed of any positive drug screening results by their respective Associate Dean/Dean (of Allied Health Services, MLT/Phlebotomy or Nursing) or their designee within seven (7) days of receiving results.

1.08 Readmission Guidelines Related to Substance Abuse

A. Students dismissed from a Health Sciences program for reasons related to substance abuse will:
   1) Submit a letter requesting readmission to the respective Program.
   2) Submit documentation from a therapist specializing in addiction behaviors indicating status of abuse, addiction or recovery and/or documented rehabilitation related to the alcohol/drug use/abuse.
   3) Include documentation of compliance with a treatment program if identified as medically indicated by the therapist specializing in addiction behaviors including a statement that the student will be able to function effectively and provide safe and therapeutic care for clients in a clinical setting.
   4) Repeat drug screen for alcohol/drugs with a TCC approved vendor immediately prior to readmission.

B. If the student tests positive for drugs on the re-admission testing, the student will be denied re-admission.

C. Students dismissed a second time from an Allied Health Services, MLT/Phlebotomy or Nursing Program for reasons related to substance abuse are not eligible for readmission.

1.09 Publication of Policy

A. The college shall include the Tulsa Community College, Health Sciences Procedures and Guidelines for Student Drug Screening in the college catalog, on the college’s website, in the student handbook for each program, and other appropriate college publications to ensure adequate notice and distribution.

2.01 Drug Screening Procedures for Students

A. All Health Sciences students are required to undergo drug screening prior to their first clinical rotation, at minimum and depending on the clinical affiliation agreements, may be required to undergo drug testing on an annual basis.
B. Each Health Sciences program will review the Health Sciences Procedure and Guidelines for Student Drug Screening; will provide informed consent and request the students to sign the Drug Screen Consent/Release and Acknowledgement forms for the required drug screening.

C. The Nursing, AHS, and MLT/Phlebotomy programs will coordinate the scheduling of random drug screenings of students on-site.

D. On the day of testing, scheduled for on-site collection, the collector shall ensure that the student is positively identified as the individual selected for testing. This identification will be done through the presentation of one photo identification documents (driver’s license with picture or TCC student identification with picture). If the student’s identity cannot be established, the Collector shall not proceed with the collection until such identification can be made.

E. The student will complete and sign the vendor-provided chain of custody/consent form for the collection.

F. The Collector will explain the collection procedure.

G. If the student is unable to provide an adequate specimen during the collection process, another collection time will be scheduled. Students will not be allowed to enter into their respective clinical rotation within the selected health sciences program until negative results are received by the Associate Dean/Dean.

H. Students may be excused from announced or unannounced drug testing only under the most extreme circumstances (e.g., illness, family emergency). The student will be required to provide written verification for such absences.

Approval of a verifiable absence is the responsibility of the Program Director/Course Facilitator.

ACKNOWLEDGEMENT OF RECEIPT OF DRUG SCREENING PROCEDURE

I certify that I have received a copy of the Tulsa Community College’s Drug Testing Guidelines and Procedures. I have read and understand the requirements of the new guidelines and procedures. I understand that this revised policy is effective immediately and that all students will be required to undergo the screenings according to the procedure in order to be eligible to attend clinical rotations.

_________________________  _________________________
Date                                        Student’s Signature
TULSA COMMUNITY COLLEGE
HEALTH SCIENCES PROGRAMS
STUDENT’S CONSENT TO DRUG TESTING, RELEASE OF TEST RECORDS
AND RELEASE OF LIABILITY

I, ____________________________, a _______ year-old student enrolled in a Health Sciences Program of Tulsa Community College, have read the Health Sciences Drug Testing Procedural Guidelines, and understand that drug testing is a precondition to placement with any affiliating clinical agency. I understand that I will be required to submit at least once to pre-clinical placement drug testing, and may be required to undergo random drug testing, or drug testing when there is reasonable suspicion to believe that I may be impaired or have been engaged in substance abuse as defined by the TCC Division or Program or by the affiliating clinical agency policy. I understand that the cost of any drug testing shall be my responsibility (as part of my tuition/fees). By my signature below, I hereby give my
complete and voluntary consent to submit to any such drug test(s) through a designated laboratory or vendor as required.

Student’s printed name  
Student’s signature  
Date

I understand that pursuant to the Health Sciences procedural guidelines, a confirmed positive drug test for substance abuse will result in dismissal from the program in which I am enrolled. I also understand that if I refuse to submit to drug testing as required by the affiliating clinical agency, I will be dismissed from the program.

Student’s printed name  
Student’s signature  
Date

I understand that the Health Sciences programs of Tulsa Community College have a legitimate need to receive the results of my drug tests performed in accordance with this procedural guidance. By my signature below I give my consent to, and hereby authorize the designated drug testing vendor/facility and its physicians, including the Medical Review Officer, employees, and representatives, that conducted drug testing to furnish originals or copies of any such documents, records, or other information to the Health Science program and/or its officers, employees, and representatives.

Student’s printed name  
Student’s signature  
Date

By my signature below I waive, release, and discharge forever the drug testing vendor and its physicians, including the Medical Review Officer, employees, and representatives that conducted drug testing required by the Health Sciences policy and every other person, firm, and institution (including the Health Sciences Program, the Division and/or Tulsa Community College and/or the affiliating clinical agency) which shall comply in good faith with this authorization and consent from any and all claims of whatsoever kind and nature arising out of or resulting from the drug testing.

Student’s printed name  
Student’s signature  
CWID#  
Date

Program/Level

Guardian’s printed name  
Guardian’s signature  
Date

STUDENT GUIDE TO IMMUNIZATIONS & OTHER CLINICAL REQUIREMENTS

Students are encouraged to use this form as a guide for gathering and submitting the correct clinical requirements information to CertifiedBackground.com. Failure to submit the requisite immunization and other evidence by the deadline will prevent your entry into clinical rotations.

CLINICAL PARTICIPATION WILL NOT BE APPROVED FOR STUDENTS WITH INCOMPLETE HEALTH RECORDS

HISTORY OF HAVING THE DISEASE WILL NOT FULFILL ANY OF THE REQUIREMENTS WITH THE EXCEPTION OF HEALTH CARE PROVIDER VERIFICATION OF VARICELLA

THERE ARE NO EXCEPTIONS. Complete items 1-9.

1. Tuberculin PPD Mantoux Skin Test  - Complete item a or b & i-ii
a. Attach evidence of one negative tuberculin PPD test within the last 12 months and must be renewed/repeated every 12 months while enrolled in health science courses.

or

b. Attach evidence of a positive tuberculin PPD (Mantoux) test
   and
   i. Attach a copy of follow-up negative chest X-ray report -
   ii. Did you receive isoniazid-based therapy? _____ Yes _____ No
   iii. Health Department Questionnaire evidencing lack of symptomatology annually

Date of Last Annual Review of Symptoms

Students must maintain current TB Skin documentation. Documentation expires after 12 months

2. Cardiopulmonary Resuscitation Certification
   Attach a copy of the **front and back sides** of your current American Heart Association Healthcare Provider BLS CPR Card. **Must be renewed every 24 months while a health sciences student.**

3. Varicella (chickenpox) – Complete item a or b or c
   a. Attach evidence of two varicella immunizations received at least 4 weeks apart
   or
   b. Attach a copy of a positive varicella titer (blood test)  
   or
   c. Attach health care provider verification of medical history of chicken pox

4. Rubeola – Complete item a or b, for students born after 1956
   a. Attach evidence of two MMR vaccinations received at least 4 weeks apart
   or
   b. Attach a copy of a positive rubeola titer (blood test)

5. Mumps – Complete item a or b, for students born after 1956
   a. Attach evidence of two MMR vaccination of live mumps – containing vaccine
   or
   b. Attach a copy of a positive mumps titer (blood test)

6. Rubella - Complete a or b, for students born after 1956
   a. Attach evidence of two MMR vaccinations received at least 4 weeks apart
   or
   b. Attach a copy of a positive rubella titer (blood test). Those with a negative titer should have one dose of live rubella – containing vaccine.

7. Hepatitis B - Complete item a, b, or c
   a. Attach evidence of three hepatitis B immunizations administered in 6 month sequence. (Two must be completed before entry into clinical rotations and the third can be completed during the semester)
   or
   b. Attach a copy of a positive hepatitis B titer (blood test)
   or
   c. Attach completed official waiver obtained from Division Office waiver date

**NOTE:** Students are strongly urged to complete this immunization

8. Tetanus and Diphtheria, Pertussis (Td, Tdap) – **OPTIONAL.** One dose Tdap recommended, with Td boosters every 10 years. Documentation may be required by certain clinical facilities.

(Attach proof or indicate N/A)
9. **Seasonal Influenza Vaccine** - Complete item a or b
   a. Attach copy of annual seasonal flu vaccine

   or
   b. Attach completed official waiver obtained from Division Office waiver date ________

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**Vaccination Allergy Information:** If a student has a documented allergy to any of the above vaccine requirements, documentation from a medical provider must be submitted with this form. Students completing clinical rotations may need to meet additional requirements as provided by the clinical agency to the student.

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**DOCUMENTATION INSTRUCTIONS:** HISTORY OF HAVING THE DISEASE WILL NOT FULFILL ANY OF THESE REQUIREMENTS, with the exception of healthcare provider verification of medical history of chickenpox. All items must be completed and official documentation must be submitted to CertifiedBackground.com. **Make a copy of all documentation for your personal records.**

You may either scan and email, fax or mail these proofs of immunization/vaccination and other required documents, including a vaccination declination form(s), directly to CertifiedBackground.com *(Please see instruction sheet attached).*
VACCINATION DECLINATION FORM

Student Name _______________________________ CWID# __________________   Date _______________
(Student should complete and sign the sections that are appropriate for this student)

**Hepatitis B Vaccination Declination**
I understand that due to my exposure to blood or other potential infectious materials during the clinical portion of my Allied Health Services/MLT & Phlebotomy/Nursing program, I may be at risk of acquiring Hepatitis B virus (HBV) infection. The health requirements for the Allied Health Services/Nursing program in which I am enrolled, as described in the Student Handbook, include the Hepatitis B vaccination series as part of the program’s requirements. I have been encouraged by the faculty to be vaccinated with Hepatitis B vaccine; however, I decline the Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. By signing this form, I agree to assume the risk of a potential exposure to Hepatitis B virus and hold Tulsa Community College Allied Health Services/Nursing Programs, as well as all health care facilities I attend as part of my clinical experiences, harmless from liability in the event I contract the Hepatitis B virus.

_________________________________________  __________________________
Student Signature  Date

____________________________________________
Faculty/Witness Signature  /Parent or Guardian if minor  Date

**Influenza Vaccination Declination**
I understand that due to the nature of health care and the volume of individuals that I may come in contact with, I may be at risk of acquiring an influenza virus. The health requirements for the Allied Health Services/MLT & Phlebotomy/Nursing program in which I am enrolled, as described in the Student Handbook, include the current influenza vaccination as identified by the Centers for Disease Control for the current influenza season as part of the program’s recommended vaccinations. I have been encouraged by the faculty to be vaccinated; however, I decline the influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring influenza. By signing this form, I agree to assume the risk of potential exposure to influenza and hold the Tulsa Community College Allied Health Services/Nursing Programs, as well as all health care facilities I attend as part of my clinical experiences, harmless from liability in the event I contract the flu virus. I also understand that, due to the contagious nature of the virus, that a health care setting may not accept my placement if I refuse vaccination.

____________________________________________
Student Signature  Date

____________________________________________
Faculty/Witness signature/Parent or Guardian if minor  Date

 HEALTH SCIENCES STUDENTS
ACADEMIC GRIEVANCE PROCEDURES AND DUE PROCESS GUIDELINES

I. INTRODUCTION
Any health sciences student at Tulsa Community College who wishes to file a grievance may do so according to a prescribed procedure. Health Science students who disagree with an academic decision made by a faculty member, including the assignment of a course grade or decision about progression in the program of study, may file a grievance under these procedures. Generally, academic concerns that are eligible for a grievance process include two categories of student concerns: 1) student concerns regarding those academic decisions pertaining to the assignment of a final course grade; and 2) “other” student concerns regarding academic decisions of a more limited scope, (for example, student concerns pertaining to a single grade on a paper or other similar course assignment, or sub-set of course assignments) that do not involve a final course grade determination.

II. PROCESS FOR REVIEW OF ACADEMIC DECISIONS
The following procedures are intended to expand upon and further explain the procedural steps, associated timelines and due process rights of health science students who wish to bring an academic grievance pertaining to a final course grade assignment versus “other” academic grievances pertaining to a single assignment or other academic concern that does not involve a final course grade appeal, (in addition to the guidelines published in the TCC Student Handbook Policies and Resources).

A. Academic Grievances: Policies for Final Course Grade Assignments. It should be noted by the student that grades are the prerogative of the faculty, and that appeals or questions concerning assigned grades should be directed to the faculty member who assigned the grade. An appeal to an assigned final course grade may be initiated by a student only on the contention that the grade is clearly erroneous or was assigned in an arbitrary or capricious manner. The procedure must be initiated no later than the end of the 4th week of instruction during the semester immediately following the semester in which the final course grade was officially transcripted. Students are encouraged to initiate the process as soon as possible. (TCC Student Handbook Policies and Resources)

The standard at TCC for a grade appeal is based on whether the grade given is “erroneous or was assigned in an arbitrary and/or capricious manner”. These
procedures are available only to review allegedly erroneous, arbitrary or capricious academic decisions and not mere differences of opinion regarding the professional judgment of the faculty member in evaluating a student’s work or making an academic decision.

The academic decision, including the assignment of a grade, will be considered erroneous if it may be shown, for example, that the grade assigned was inaccurate based upon a mathematical or calculation error.

The academic decision, including the assignment of a grade, will be considered arbitrary and/or capricious if the decision is made:

1) On some basis other than performance in the course and/or compliance with the course assignments and requirements;
2) By more exacting or demanding standards than were applied to other students in the same section or course; or
3) By a substantial departure from the faculty member’s, divisions’ or college’s announced standards as articulated in the course syllabus, catalog descriptions, blackboard announcements, or other written materials.

B. Student Academic Grievances- Procedures for Final Course Grade Appeals

Procedure. A student who wishes to grieve an academic decision pertaining to a final course grade must proceed as follows:

1. Informal Meeting with the Individual Faculty Member
   The student should attempt to resolve the matter directly with the individual Faculty member who assigned the final course grade, as soon as possible after the academic decision is known, through submission of a written request for a meeting that includes in writing the course grade and rationale for the grievance with an explanation supporting the perception that the grade received was assigned in either an erroneous, capricious or arbitrary manner. This written request may be in the form of an email communication. Upon receipt of the written grievance and request for a meeting, the Faculty member will establish an appointment and will timely hold a personal conference with the student to discuss the grievance.

2. Formal Meeting with the Course/Level/Program Faculty Team
If the student and the individual Faculty member cannot reach a mutually satisfactory resolution to the final academic decision/grade, the student should submit a written request for review of their grievance by the Faculty Team (Nursing Course/Level Faculty or AHS Program Faculty) with a description of the grievance and explanation supporting their perception that the grade received was assigned in either an erroneous, capricious or arbitrary manner. The student must describe the academic grievance, the specific course grade, why the student believes the final course grade decision was erroneous, capricious and/or arbitrary, the student’s attempts to resolve the grievance informally, and the precise relief sought by the student. The student may attach copies of any relevant documents with their written grievance.

3. **Formal Written Grievance Submitted to Associate Dean.**

If the student and the Faculty Team cannot reach a mutually satisfactory resolution to the final course grade, the student may file a formal grievance. The grievance must be presented in writing to the Associate Dean for the division in which the course is offered and copied to the individual Faculty member as soon as possible and no later than the 4th week of college instruction in the following semester. *(In the case of an MLT student, the written grievance will be directed to the Dean of Health Sciences.)*

The student must describe in a formal written petition the academic grievance, the specific course grade, why the student believes the final course grade decision was erroneous, capricious and/or arbitrary, the student’s attempts to resolve the grievance informally with the individual Faculty member, formally with the Faculty Team, and the precise relief sought by the student. The student may attach copies of any relevant documents with their written grievance. The student should ensure that the division has the student’s most current contact information on file, including mailing address and telephone number and email address, if indicated. **It is the student’s responsibility to ensure that their current contact information is maintained in all college offices.**

The Associate Dean will review all evidence, interview the Faculty member and student, and will hold joint conferences with the student and Faculty member(s) to attempt to resolve the grievance. The Associate Dean will submit a written decision to the student, Faculty member, and Faculty Team leader, with recommendations as to the resolution of the appeal within seven (7) working days or less of receipt of the written grievance unless extenuating
circumstances apply, (for example, the Associate Dean is out of the office due to illness or other extended leave).

“Working days” is defined as periods when college classes are in session. The person vested with authority at the appropriate level may extend any of the time periods contained herein for good cause. Any extensions must be communicated in writing to all parties. For the purposes of this procedure, each step shall be afforded 7 working days as a standard time limit. If the grievance is not resolved within the timeframe, the student or faculty member may carry it forward to the Dean of Health Sciences for resolution.

4. Formal Written Grievance Submitted to the Dean of Health Sciences
The student may appeal the Associate Dean’s decision in writing to the Dean of Health Sciences with copies, as indicated, to the faculty member and Associate Dean. The appeal must be filed within seven (7) working days of receipt of the Associate Dean’s determination.

The Dean of Health Sciences will review all evidence, interview the Associate Dean, faculty member and student, if indicated, and may hold joint conferences with the Associate Dean, student and faculty member to attempt to resolve the grievance. The Dean may convene a “peer review” process involving at least three health sciences faculty members, conducted through a formal polling process and/or a hearing, in order to attempt to resolve the grievance. Faculty members involved in the peer review process/ hearing will not include those faculty members directly involved with assignment of the course grade. The Dean will submit a written decision to the student, faculty member and Associate Dean, with recommendations as to the resolution of the appeal within seven (7) working days or less of receipt of the written grievance unless extenuating circumstances apply, (for example, the Dean is out of the office due to illness or other extended leave).

5. Final Course Grade Appeal: Academic Appeals Committee. If the academic grievance concerning a final course grade appeal has not been resolved by meeting with the Faculty member(s), Associate Dean, or Dean, the student may file an appeal to the Academic Appeals Committee by completing the Academic Appeals Form (located in the TCC Student Handbook Policies and Resources) and submitting it to the Dean of Health Sciences, and copied to the Academic and Campus Services Office no later than the end of the sixth week of classes during the subsequent semester after the grade has been officially
transcribed. The Dean of Health Sciences will contact the student, the faculty member, and Chair of the Academic Appeals Committee within seven (7) business days regarding the appeal after receiving a signed Academic Appeals Form. (TCC Student Handbook Policies and Resources 2009-2010)

a. Academic Appeals Committee Membership

The Academic Appeals Committee will be composed of three members of the college community from each campus and one student from each campus for a total of sixteen (16) members. The composition of each campus’s representatives will be as follows:

1) Director of Student Development or his/her counselor designate;
2) A faculty representative chosen by the faculty;
3) A member appointed by the Provost;
4) The Student Government Association will recommend one student member from each campus for approval and appointment by the Dean of Student Services from each campus. With the approval of the President, additional members may be appointed to the Academic Appeals Committee if circumstances warrant an increase in the number of committee members, such as a large case load o the unavailability of committee members. The Committee will convene and select a Chairperson annually by the fourth week of classes during the fall semester.

b. Academic Appeals Committee Procedures for Final Course Grade Appeal

Upon receipt of a completed Academic Appeal Form, the Committee Chair shall promptly appoint a panel to preside over the hearing, usually within fifteen (15) business days. The panel will consist of five (5) members, at least one (1) of which will be a faculty member, and one (1) student.

The Chair of the committee will be responsible for all correspondence with a student that has submitted a request for a final course grade appeal. Hearings shall be conducted in a timely manner, consistent with established procedures. The student may expect that a final resolution of the final course grade appeal may be reached no later than the end of the semester following the date that the course grade was transcripted.

*The Academic Appeals Committee’s decision shall be final.*

C. Other Academic Grievances — Grievances other than final course grade appeals
Procedure. A student who wishes to grieve an academic decision pertaining to a single assignment or sub-set of course assignments other than a final course grade must proceed as follows:

1. **Informal Meeting with Faculty Member.**
   The student should attempt to resolve the matter directly with the individual Faculty member who assigned the grade, as soon as possible after the academic decision is known, and prior to the end of the course semester, through submission of a written request for a meeting that includes in writing the grade and rationale for the grievance. The written request may be in the form of an email message. Upon receipt of the written grievance and request for a meeting, the individual Faculty member will establish an appointment within 7 working days of the receipt of the request and will timely hold a personal conference with the student to discuss the grievance.

2. **Formal Meeting with the Course/Level/Program Faculty Team**
   If the student and the Faculty member cannot reach a mutually satisfactory resolution to the academic decision/grade, the student may request a formal review of their grievance with the Faculty Team (Course/Level/Program). The student must describe the grievance related to the course assignment grade(s), the date(s) of occurrence, why the student believes the course assignment grade(s) decision was/were erroneous, capricious and/or arbitrary, the student’s attempts to resolve the grievance informally with the individual Faculty member, and the precise relief sought by the student. The student may attach copies of any relevant documents with their written grievance. The grievance must be presented in writing to the Lead Faculty for the course before the end of the course semester in which the grade is received. The grievance may be written and submitted in an email communication. The Faculty Team will schedule a meeting with the student within 7 working days of receipt of the student’s request for formal review, and will render a decision in writing within 7 working days of the meeting with the student, with written recommendations for resolution of the grievance sent to the student and individual Faculty member.

3. **Formal Written Grievance Submitted to Associate Dean.**
   If the student and the Faculty Team cannot reach a mutually satisfactory resolution to the academic decision/grade, the student may file a formal
grievance with the Associate Dean, within 7 working days of receipt of the written decision of the Faculty Team. The grievance must be presented in writing to the Associate Dean for the division in which the course is offered and before the end of the course semester in which the grade is received. *(In the case of an MLT student, the written grievance will be directed to the Dean of Health Sciences).*

The student must describe the grievance related to the course assignment grade(s), the date(s) of occurrence, why the student believes the course assignment grade(s) decision was/were erroneous, capricious and/or arbitrary, the student’s attempts to resolve the grievance informally and formally, and the precise relief sought by the student. The student may attach copies of any relevant documents with their written grievance. The student should ensure that the division has the student’s most current contact information on file, including mailing address and telephone number and email address, if indicated. **It is the student’s responsibility to ensure that their current contact information is maintained in all college offices.**

The Associate Dean will review all evidence, interview the Faculty member, Faculty Team, and student, and will hold joint conferences with the Course Facilitator/Program Director, student and Faculty member(s) to attempt to resolve the grievance. The Associate Dean will submit a written decision, to the student, Faculty member and Course Facilitator/Program Director, as indicated, with recommendations as to the resolution of the appeal within seven (7) working days of receipt of the written grievance. **The decision of the Associate Dean in the case of an academic grievance that DOES NOT pertain to a final course grade appeal is final.**
UNIFORM HEALTH SCIENCES ACADEMIC STANDARDS, PROBATIONS, TEMPORARY EXCLUSIONS, DISMISSALS AND READMISSION PROCEDURES

I. SCOPE

The scope of the interventional procedures will apply to all Health Sciences students and will include but not be limited to performance evaluation, probations, temporary exclusions, dismissals, hearings and readmissions.

II. STATEMENT OF PURPOSE

The purposes of this procedure are fourfold; (1) to protect the integrity and quality of the Tulsa Community College (TCC) health science programs and their respective course offerings, (2) to protect the legitimate interests of students enrolled in and faculty assigned to the Health Science courses and programs, (3) to ensure the safety and security of students, faculty and the public during the educational process, and (4) to maintain due regard for the community and society for whom the graduates of this College shall serve.

III. STATEMENT OF HEALTH SCIENCES EDUCATIONAL PHILOSOPHY

A - The Health Sciences faculty members of TCC are considered educational professionals and as such have been given the academic freedom within the established policies and procedures of TCC and the Oklahoma State Regents of Higher Education (OSRHE) to decide the best methodology for instructional delivery and assessment of course content.

B - Subject to the procedures delineated in Sections 4, 5, and 6 of this Standard, the Health Sciences programs have reasonable latitude to address with their students appropriate academic standards and performance expectations which include the cognitive, psychomotor and affective behavioral components of their program of study.

C - Each of the Health Sciences programs will communicate in written form each semester the required academic performance standards expected of each student, the thresholds that must be achieved to be successful and any deficiencies that must be corrected in order for the student to be eligible to graduate from the Health Sciences program.

IV. HEALTH SCIENCES DEFINITIONS, ACADEMIC PERFORMANCE EVALUATION AND INTERVENTION PROCEDURES
A. DEFINITIONS

1. “Unsatisfactory Academic Performance or Misconduct” refers to behavior(s) that occur(s) in the classroom, laboratory and/or clinical rotation that directly pertain to the course and/or program requirements and do/does not meet the stated academic standard(s) of the specific course or program of study. These guidelines pertain to “academic-related” performance and are to be differentiated from non-academic misconduct issues, which are addressed in the Student Code of Conduct section of the Student Policies and Resources Handbook.

2. “Due Process” is defined as: “Fundamental fairness in the method which discretionary power is exercised.” (Stevens, E. (1999). Due Process is achieved by “…ensuring that all official inquiries into disputed facts are conducted in a predictable and dignified manner, that any members of the institutional community who face official action adverse to their protected interests receive proper notice and a meaningful opportunity to present and respond to evidence, and that academic and disciplinary decisions are made by unbiased officials.” http://www.ericdigests.org/2000-3/due.htm

3. “Warning” is defined as a formal written communication by the faculty to the student that one or more student behaviors is/are unsatisfactory, and that if the behavior is repeated or does not improve, will cause the student to be eligible for probation or dismissal.

4. “Probation” is defined as a formal notice to a student that academic performance is less than satisfactory and must be improved, or face dismissal without prejudice or dismissal. The guidelines pertaining to the probation processes are outlined for each program within the respective program’s student handbook.

5. “Temporary Exclusion” is defined as temporary exclusion from an academic course or series of courses and/or exclusion from one or more components of a health sciences course or courses, pending the outcome of an investigation, hearing or appeal, as a result of an impending dismissal process.

6. “Dismissal without Prejudice” is defined as termination from a program with the possibility of readmission.

7. “Dismissal” is defined as permanent termination from a program, with no possibility of readmission.

8. “Working days” is defined as periods when the college is open. The person vested with authority at the appropriate level may extend any of the time periods contained herein for good cause. Any extensions must be communicated to all parties.
9. “Unsafe Behavior” is defined as (a) a potentially LIFE-THREATENING incident; and/or (b) an incident contributing to the actual/potential injury of self; and/or (c) an incident contributing to the actual/potential injury of another.

B. UNSATISFACTORY ACADEMIC PERFORMANCE AND INTERVENTIONAL PROCEDURES

Any Health Sciences student who does not meet the established program thresholds for the successful completion of any academic performance standard (including programs with clinical components) may be subject to academic discipline. A Health Sciences program’s disciplinary action may include but shall not be limited to providing a student with a written warning, placing a student on probation, temporarily excluding a student from participation in courses or courses pending the outcome of an investigation or appeal, student dismissal without prejudice or student dismissal, provided that:

1. The student be kept fully informed of the specific nature of deficiencies in his or her academic performance and the program’s dissatisfaction with that performance: and

2. The program’s decision to dismiss will be careful and deliberate, and conducted with due process.

The standard at TCC for academic decisions is based on whether the academic decision given is “erroneous or was assigned in an arbitrary and/or capricious manner”. These procedures are available only to review allegedly erroneous, arbitrary or capricious academic decisions and not mere differences of opinion regarding the professional judgment of the faculty member in evaluating a student’s work or making an academic decision.

The academic decision will be considered erroneous if it may be shown, for example, that the grade assigned was inaccurate based upon a mathematical or calculation error.

The academic decision will be considered arbitrary and/or capricious if the decision is made:
1) On some basis other than performance in the course and/or compliance with the course assignments and requirements;
2) By more exacting or demanding standards than were applied to other students in the same section or course; or
3) By a substantial departure from the faculty member’s, divisions’ or college’s announced standards as articulated in the course syllabus, catalog descriptions, blackboard announcements, or other written materials.

1. **Program Warning/Probation/Dismissal Categories**

*(Please refer to the individual Program Handbook for each specific health sciences program for further guidance regarding each of the following categories.)*

**a. Course Grades**

1) A final grade of "D" or “F” in any health sciences course may result in course and/or program dismissal and if eligible, the student may be permitted to repeat the course.

The student may appeal a final course grade of “D” or “F” according to the procedures outlined in the “Student Academic Grievance Procedures and Due Process Guidelines for Health Sciences Students.” Any student dismissed from the program for reason of course grades must apply for and be re-admitted to the course and may be required to re-apply to the health sciences program.

**b. Grade Point Average**

1) A student who is academically suspended from TCC according to the criteria and process outlined in the TCC College Catalog will be dismissed from the program.

2) A student whose GPA falls below the required minimum GPA for retention in the program (as published in the Program Handbook) will be dismissed from the program.

**c. Time Delays in Program Completion**

1) Successful completion of all required coursework and graduation from the program must occur within the designated time frame from initial enrollment in the courses, as described in the Program Handbook.

**d. Unsafe Laboratory or Clinical Practice**
1) The safety of the students, fellow students, faculty and the consumers of health sciences programs is paramount. The decision to place the student on program probation or temporarily exclude or dismiss a student for unsafe practices may occur at any time during the academic semester, and must follow these guidelines.

2) The decision to place a student on program probation or temporarily exclude/dismiss a student based on unsafe behavior demonstrated by the student in the laboratory/clinical setting is determined by the faculty of the health sciences program and will be pursued at the discretion of the Associate Dean. Students may dispute the Temporary Exclusion/Dismissal decision by following the procedural guidelines.

e. Breach in Confidentiality/Patient Privacy

1) The option of probation/temporary exclusion/impending dismissal due to a breach of patient confidentiality or privacy, or any act that violates any established rights or reasonable expectations of confidentiality of a patient, client or other person in the laboratory or clinical setting, is decided by the health sciences faculty and will be pursued at the discretion of the Associate Dean.

f. Unprofessional Behavior

1) The option of probation/temporary exclusion/dismissal due to unprofessional behavior, in the laboratory/clinical setting, is decided by the health sciences faculty and will be pursued at the discretion of the Associate Dean.

3) Examples of reasons for Probation/Dismissal for Unprofessional Behavior include but are not limited to the student’s failure to perform appropriately in one or more of the following areas:
   a. Failure to practice within the Clinical Practice Guidelines of the health sciences program, of TCC, and/or of the clinical setting.
   b. Failure to practice within the program-specific professional code of ethics, including clinical dishonesty.

g. Probation/Dismissal for Excessive Absences

1) Excessive absences may result in academic discipline. Students are typically permitted a limited number of excused absences with varying opportunities to make-up
the missed practicum experiences. Each health sciences program handbook and/or course syllabus specifies the number of excused absences in hours/days that a student may be absent from a clinical/laboratory or academic course.

h. Probation/Dismissal for another Reason

1) The option of probation/temporary exclusion/impending dismissal may occur for another reason, which according to the judgment of the faculty is inconsistent with successful achievement and/or completion of course and/or program objectives.

2. Interventional Procedures For Unsatisfactory Academic Performance

Any performance concern will be addressed in a timely manner by the faculty with the student, upon discovery of the incident, and may range from a warning to probation to temporary exclusion.

a. Performance Warnings

1) Students may be given a written warning for unsatisfactory academic, clinical performance, or breach of professional behavior and/or ethical standards. The purpose of the written warning is to formally notify the student that his/her performance is not consistent with the expectations of the program.

b. Program Probation Procedures

1) Any performance concern will be addressed immediately by the faculty with the student, upon discovery of the incident, and may range from a warning to probation to impending dismissal. Students may be placed on probationary status for academic, clinical performance, or breach of professional behavior and/or ethical standards. The purpose of probationary status is to formally notify the student that his/her performance is not consistent with successful completion of the program.

2) The faculty will perform the necessary and indicated review of the circumstances that form the basis of the proposed probationary decision and may also meet with course/level/program faculty and/or the Associate Dean, as indicated by the circumstances.

3) The student is given timely notice of the required meeting with the faculty member(s) to discuss the proposed probation decision and the grounds therefore. The student shall meet with the faculty member(s) supervising the laboratory or clinical experience at issue, in an urgent and timely manner, at which time the reasons for the proposed probation will be explained by the
faculty member(s) and discussed with the student. Further clarification of any relevant extenuating circumstances or other mitigating information is sought from the student to ensure an accurate understanding of the performance issues.

4) The faculty member(s) will develop a formal written probation report that will be reviewed and approved by the Associate Dean (or Dean in the AD’s absence) prior to the review with the student. The written probation report will be reviewed with the student within 7-10 working days of the faculty discovery of the specific act of omission/commission and will include:

   a). rationale for probationary decision, (including the description of the alleged behavior, the time, date and location of the alleged behavior, the witnesses and their contact information if applicable, other individuals involved in the alleged behavior, a description of infraction and the program rule violation);

   b). specific evaluation criteria during and at the end of the probationary period which explains the plan of improvement and makes clear the expectations of the student; and

   c). probationary time frame and approximate date(s) of follow-up.

5) If the student has reason to believe that the probationary status accorded him or her was decided in an erroneous, arbitrary or capricious manner by the faculty member(s), the student should complete and submit a written Student Concern Form to the Associate Dean within 5 working days of receipt of the written probation report, and may request a meeting with the AD to review their concerns. The student must describe in writing why he/she believes the probation decision is erroneous, capricious and/or arbitrary; the student’s attempts to resolve the disputed decision informally with the faculty member; and the precise relief sought by the student.

6) The Associate Dean will review all evidence, interview the appropriate Program Director/Level Facilitator/Course Coordinator, faculty member(s), student, and others if indicated, and will hold joint conferences with the Program Director/Level Facilitator/Course Coordinator, student and faculty member(s) to attempt to resolve the dispute. These meetings will not include tape recordings by either party nor will there be attendance by legal counsel.
7) The Associate Dean will submit a written decision to the student, faculty member and Program Director/Level Facilitator/Course Coordinator, with recommendations as to the resolution of the dispute within 5 working days of receipt of the student’s written notice. In the case of a probation decision dispute, the decision of the Associate Dean will be final.

8) The student placed on probationary status is presented with specific behavioral expectations and is provided feedback through scheduled conferences. This period of probation permits the student to have opportunities to change problematic behaviors/conduct and to improve performance.

9) For students placed on probation, the faculty will review a student’s program performance during the probationary period. The status updates and final disposition will be documented in written form and reviewed with the student.

10) At the end of the probationary period, faculty will review student response to the evaluation criteria and recommend one of the following:

   a). Removal from probationary status;
   
   b). Removal from probationary status with condition(s);
   
   c). Continuation of probationary status with a second opportunity for evaluation; or
   
   d). Recommend dismissal from the Program.

11) If the program faculty recommend dismissal of a student upon the conclusion of a probationary period, for failure to achieve satisfactory academic standing, then the procedures outlined in the “Temporary Exclusion/Impending Dismissal” guidelines will be used to resolve a student’s dispute of this impending dismissal decision.

c. Program Dismissal Procedures: Temporary Exclusion/Dismissal

1) The supervising faculty member may temporarily exclude, on an interim
basis pending the completion of the process indicated below, any student who, while performing in a clinical or laboratory experience of his or her program, commits any act or omission endangering the life, health, or well-being of a patient, client or other person; violates any established rights or reasonable expectations of confidentiality of a patient, client or other person; or behaves in an unprofessional manner, as defined herein. The decision to temporarily exclude the student is determined by the faculty of the health sciences program and will be pursued at the discretion of the Associate Dean.

2) An academic program may further act to temporarily exclude, dismiss without prejudice or dismiss any student who, while performing in a clinical or laboratory experience of his or her program, commits any act or omission endangering the life, health, or well-being of a patient, client or other person; or violates any established rights or reasonable expectations of confidentiality of a patient, client or other person; or behaves in an unprofessional manner provided that:

   a) The student is given timely oral notice of the temporary exclusion or impending dismissal and the grounds thereof. Such oral notice shall be given no later than 2 working days after the faculty discovery of the commission or omission of the act (or in the case of a decision to dismiss subsequent to the conclusion of a probationary period),

3) The student shall meet with the faculty member(s) supervising the laboratory/clinical experience (or supervising the probationary status at issue), in a timely manner, at which time the reasons for the temporary exclusion and/or impending academic dismissal will be explained by the faculty member(s) and discussed with the student. Further clarification of any relevant extenuating circumstances or other mitigating information is sought from the student to ensure an accurate understanding of the performance issues.

4) With approval by the Associate Dean, the faculty will remove/temporarily exclude the student from attending the specific clinical and/or laboratory course in which the alleged misconduct occurred. The student will be permitted to continue attending all remaining courses for which they are enrolled during which time the investigation is being conducted and/or appeal is being heard.

5) The student will be provided written notice of the temporary exclusion
and impending dismissal decision, with supporting rationale. This written notice will be reviewed and approved by the Associate Dean and will be provided to the student no later than 7-10 working days after the faculty discovery of the commission or omission of the act (or upon the decision to dismiss subsequent to the conclusion of a probationary period).

6) The written notice will document the course/section from which the student is to be temporarily excluded, and will document which courses/sections that the student should still attend. The number of courses and length of the student’s temporary exclusion will be minimized to the fullest extent possible to meet the essential goals of the temporary withdrawal of the student while minimizing course disruption.

7) If the student wishes to challenge the impending dismissal decision, he/she is directed to place the concerns in writing on the Student Concern Form within 5 working days of written notice, and the student shall meet with the Program Director/Level Facilitator/Course Coordinator, in order to resolve the issue. The student must describe in writing why he/she believes the temporary exclusion/impending dismissal decision is erroneous, capricious and/or arbitrary; the student’s attempts to resolve the disputed decision informally; and, the precise relief sought by the student. These meetings will not include tape recordings by either party nor will there be attendance by legal counsel.

8) The student may attach copies of any relevant documents with the written complaint. The student is advised to maintain a personal set of any materials submitted to the Program Director/Level Facilitator/Course Coordinator, or Associate Dean.

9) The student should ensure that the program/division has the student’s most current contact information on file, including mailing address and telephone number and TCC email address, if indicated.

10) If resolution of the issue has not occurred in the meetings held with the faculty member(s) or Program Director/Level Facilitator/Course Coordinator, then the student may appeal to the Associate Dean. The student will notify the Associate Dean in writing of their intent to appeal the decision of the faculty member(s) and Program Director /Level Facilitator/Course Coordinator, and the reasons therefore, within 5 working days of the decision.

11) The Associate Dean will review all evidence, interview the faculty member(s) Program Director /Level Facilitator/Course Coordinator, student and associated
others, if indicated, and will hold joint conferences with the Program Director/Level Facilitator/Course Coordinator, student and faculty member(s) to attempt to resolve the dispute. These meetings will not include tape recordings by either party nor will there be attendance by legal counsel.

12) The Associate Dean will submit a written decision to the student, faculty member and Program Director/Level Facilitator/Course Coordinator, with recommendations as to the resolution of the dispute within 5 working days of receipt of the student’s written appeal notice.

d. Final Appeal of Dismissal Procedures

1) If the dispute pertains to an academic decision to temporarily exclude or dismiss a student and the issue has not been resolved at the level of the Associate Dean, then the student may request a hearing. The student must notify the Dean of Health Sciences in writing of their request for a formal hearing within 5 working days of the written decision rendered by the Associate Dean. The date of the hearing will be confirmed by the Dean of Health Science’s office with the student, the committee members who will be hearing the case, and the Dean of Student Services and/or his/her designee.

2) The Dean of Health Sciences shall have the right to reinstate a student on an interim basis, pending exhaustion of the academic appeal process.

3) The student shall be given the opportunity at the hearing to answer the allegations against him or her, to confront and question the person(s) charging him or her in the matter, and to call witnesses in his or her own behalf. For any written materials submitted as evidence during the hearing process, the student is advised to maintain a personal copy of any materials provided to the Dean of Health Sciences. Where reasonably possible, the hearing shall take place within 20 working days of receipt of the written request for a hearing by the Dean of Health Sciences.

4) Since the object of the hearing is the ascertaining of truth and protecting the interests and rights of the student and the interests of the faculty, the process will be conducted in a respectful manner in the least formal setting possible, and

   a. The student may be accompanied by another person, but said person shall not address the proceedings; and,
b. The student may choose to be accompanied by legal counsel, but that fact must be communicated to the Dean of Health Sciences upon written notice of their intention to appeal and request a hearing, so that the College’s attorney may be scheduled to be present; and

c. The goal of the fact-finding process shall not be limited by formal rules of evidence; therefore, it is not required that the hearing conform to the procedural formality of a trial and,

d. The members of the Hearing Committee will include but not be limited to at least three full-time Health Sciences Faculty members, an Associate Dean from Health Sciences, an Academic Counselor, a Health Sciences Student and the Dean of Health Sciences shall hear the case. The Student appointed to participate in the hearing procedure should not be a member of the same health sciences program/class as the appealing student. The supervising faculty member(s) bringing the charges will likely present the facts of the case, but shall not hear the case, and,

e. A Dean of Student Services (or his/her designee) shall participate, as a representative of the student, to explain procedure and ensure due process, and,

f. A record, in the form of minutes, shall be made of the evidentiary portion of the hearing and of the decision, and either party in the hearing may make, if unobtrusive, a tape recording of the proceedings.

5) The hearing shall be decided by the committee members. The decision of the committee members who are hearing the case shall be impartial and based on all the facts presented at the hearing, using a majority decision process wherein at least 3 of 5 members must agree.

6) The Hearing Committee will concern itself with two issues:
   a. Whether the appropriate college, division and/or program procedures were followed; and
   b. Whether the student was treated equitably, without arbitrariness or capriciousness.

7) Should the Hearing Committee find that the college and/or division and/or program procedures were not followed, and/or the student was treated inequitably or unfairly, then the Hearing Committee may not support the original dismissal decision.
8). Alternatively, if the Hearing Committee finds evidence that affirmatively supports each of the two issues of concern listed above (adherence to procedure, and equitable treatment) the decision to dismiss the student will be upheld.

9). Based upon the evidence submitted and with consideration of the issues above, the Hearing Committee may find to:
   a. Support the original dismissal decision.
   b. Dismiss the student without prejudice. Students dismissed without prejudice are eligible to apply for readmission.
   c. Dismiss the student. Students who are dismissed permanently are not eligible to apply for readmission at any future point.
   d. Overturn the original dismissal decision/temporary exclusion and reinstate the student in the program. The reinstated student will be supported in meeting all course requirements and will be permitted to “make-up” all missed clinical and/or course assignments to the fullest extent possible.

10). The Dean of Health Sciences will submit in writing to the student, faculty member, Program Director /Level Facilitator/Course Coordinator, and Associate Dean, the decision concluding the appeal no later than 5 business days after the conclusion of the evidentiary portion of the hearing.

11). The written decision will include whether the Appeal Committee recommends that the student be dismissed with or without prejudice and, therefore, whether the student is eligible or not for readmission into the program of study.

In the case of an academic dispute that DOES NOT pertain to a final course grade appeal, the decision of the Dean of Health Sciences is final.

Neither TCC’s Provost, TCC’s Vice President of Academic Affairs, TCC’s President nor will the TCC Board of Regents accept or consider academic appeals.

V. EXITING THE HEALTH SCIENCES PROGRAMS

A. PROCEDURE FOR EXITING
All students who are exiting the program, for whatever reason, are advised to complete the following steps. Students are advised to see the individual Program Handbook for more specific guidance.

1. Consult with their faculty advisor or Learning Enhancement Representative (LER) concerning exit from the program. (Please see specific Program Student Handbook for more guidance regarding the readmission process for each health sciences program.)

2. Schedule an exit conference and complete an Exit Interview Form with the LER/Program Director/Level Facilitator/Course Coordinator. The student's academic and clinical performance will be reviewed during the exit conference which will become part of the student file.

   The student may be required to schedule a “planning for readmission session” in which the student is provided with a plan which outlines the specific requirements of the readmission process.

3. It is the student’s responsibility to OFFICIALLY WITHDRAW from the course(s) according to the withdrawal procedure outlined in TCC’s Catalog. Failure to officially withdraw may be recorded as a failing grade for the course(s).

VI. APPLICATION FOR READMISSION PROCEDURE

A. Purpose

The purpose of the readmission procedure is to describe the process by which students who have been dismissed without prejudice may reapply for readmission. Students who apply for readmission will be considered on the same basis, according to the same criteria as all other candidates for the respective program. The application process and admission will proceed and admissions decisions will be made and communicated according to the procedures outlined in the appropriate program handbook. Students who apply for readmission will not receive priority over other applicants. Readmission may depend on availability of program space. Students are advised to see the specific Program Handbook for more guidance.

B. Dismissal for Course Grades or Grade Point Average

Dismissal which initially occurred as a result of course grades or grade point average will be reconsidered on an individual basis. For example, when a student had pursued additional coursework with sufficient success to show a grade point average above a
2.0, (or the stated required minimum GPA) the student may be considered for reapplication or readmission into the health sciences program.

C. Dismissal for Time Delays in Program Completion

Dismissal which initially occurred as a result of time delays will be reconsidered on an individual basis for reapplication/readmission into the health sciences program.

D. Dismissal for Unsafe Laboratory or Clinical Practice

Dismissals from the program which initially occurred as a result of unsafe laboratory or clinical practice, breach of confidentiality or as a result of unprofessional behavior will be evaluated on an individual basis.

E. Withdrawal in Good Standing

Withdrawal in good standing will enable the student to be eligible for re-application or readmission into the health sciences program.