



**SEWARD COUNTY** COMMUNITY COLLEGE

## **Certified Medication Aide 2023 - 2024**

### **Student Handbook**

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## **ADA Statement**

Under the Americans with Disabilities Act, Seward County Community College will make reasonable accommodations for students with documented disabilities. If you need support or assistance because of a disability, you may be eligible for academic accommodations. Students should identify themselves to the Dean of Students at 620-417-1106 or going to the Student Success Center in the Hobble Academic building, room 149 A.

## **Translation for Language Assistance**

If a student needs translation assistance for the English language, they should notify the instructor within the first week of class.

**SEWARD COUNTY COMMUNITY COLLEGE  
CERTIFIED MEDICATION AIDE STUDENT HANDBOOK  
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## Certified Medication Aide Orientation

### 1. Classroom Hours:

Classroom hours are as scheduled for your specific class. In a job situation you would be expected to be on time--**WE EXPECT THE SAME BEHAVIOR IN THE CLASSROOM SETTING.** If you are going to be unavoidably late or absent, please call your instructor's office as listed on the front cover. **We expect you to leave a message if no one is available to answer.** Part of the evaluation system in this program is based on attendance, just as attendance is part of a job evaluation. Students will be expected to sign a daily attendance record. If you fail to sign the attendance sheet, you will be counted absent. If you are a high school student, your attendance is reported to your high school daily. See **Attendance** on page 6.

### 2. Breaks:

The student lounge is available to you at break time. It is your responsibility to clean up any messes you make in the lounge, as well as in the classroom.  
**DO NOT LEAVE CAMPUS DURING BREAK.**

### 3. Dress Code:

**There is a school dress code--- please follow it. For the classroom, the midriff, flank, and lower back must be covered. No see-through attire.**

Clinical Dress Code (job shadowing, field trips, clinicals, and practicum):

- Uniforms (Scrubs) will be worn for ALL class clinical experiences.
- Personal cleanliness is essential including oral hygiene.
- Hair must be pulled back. No bows or head scarves.
- Beards or mustaches must be neatly trimmed.
- Avoid perfume or aftershave lotion.
- No jewelry other than wedding bands/engagement bands.
- A watch with a second hand is required to be worn.
- Minimal makeup.
- Only 1 pair of stud earrings are acceptable.
- Facial jewelry such as eyebrow, nose, lip or tongue jewelry is NOT allowed.
- All tattoos must be covered.
- Shoes must be clean. Socks are required to be worn with shoes.
- "Crocks" are acceptable as long as they are the full toe/top type (no holes).
- Clean, short fingernails with clear polish only. No artificial nails.
- SCCC clinical name badge must be worn at all times in the clinical area.
- **Cell phones, Smart watches and Earbuds are forbidden in the clinical area.** Failure to follow the dress code / rules may result in being dismissed from the clinical site you are attending. Dismissal will result in a "zero" grade for the day.

4. **Obligations:**

**As instructors in this program, our obligation to you is to:**

- A. Provide the best opportunity for learning that we can.
- B. Be fair and impartial.
- C. Treat each individual in this classroom with dignity and respect.
- D. Be proactive and helpful in your specific learning needs. (Promptly inform your instructor if there is anything that will facilitate your specific learning needs.)

**As a student, your obligation is:**

- A. To be fair and impartial.
- B. To treat each individual in this classroom with dignity and respect.
- C. To identify the great responsibility health care occupations are.
- D. Actively participate in your own learning.

5. **Miscellaneous:**

- A. Please do not leave purses or any other items of value in the classroom. Do not take them to clinical areas.
- B. **Cell phones will have the ringers turned off during class. They will also be kept in student mailboxes during class. Phone calls should be made only during breaks. If the instructors see it is becoming a problem, you will leave your cell phone in our office during class and can pick it up at the end of the class. Smart watches are connected to cell phones and are also not allowed in class. Earbuds are not allowed during class.**
- C. State and School regulations prohibit smoking in all areas of the building. Always use the receptacles placed outside by the entry doors.
- D. Beverages **are allowed only with a lid** in the classroom. You may eat snacks in the classroom. If trash, leftover food, and messes are made, this privilege will be revoked.
- E. **Please leave the classroom clean at the end of class. Keep trash picked up off the floor and push your chair back in when you leave for the day.**
- F. Because most of us need a relatively quiet atmosphere in which to study, you will be expected to work with us by keeping the noise down to a minimum.
- G. The classroom is to be considered your place of work. We, as your instructors, will be viewing your work habits much as an employer would. We will, however, try to help you develop good work habits should you require improvement. We will expect you to use your time in the classroom for study and learning required skills, because that is the **“JOB”** in this classroom. We will expect you to respect the standards of this program, just as you would if you wished to remain employed in any medical facility. Performance in the classroom and clinical area is being evaluated. Expect feedback (positive or negative) on your performance.

## 6. **Attendance**

One of the most important characteristics of an outstanding student and employee is 100% attendance. To be in good standing at SCCC a student must be in attendance a minimum of 90% of the time. Students are expected to attend class every day. SCCC realizes, that due to circumstances beyond the students control (i.e. illness, death in family), daily attendance is not always possible. However, all hours of CMA must be made up in the classroom setting with an instructor to meet the specific requirements of the class.

**\*\*See SCCC Student Handbook on SCCC website for complete description of attendance policy\*\***<http://www.sccc.edu/students/current/StudentHandbook.html>

Attendance is recorded and expected every day. There are NO EXCUSED ABSENCES. All tardies are recorded. Tardiness of 30 minutes or less are recorded as ½ hour. Additional tardy time is recorded in full hour increments. (For example, arriving at 8:45 for class will result in 1 hour of absence recorded. Arriving at 9:10 results in 3 hours absence recorded.)

A healthcare facility cannot operate without enough caregivers. Regular attendance is mandatory. Absenteeism will not be tolerated.

CMA students must have a minimum of 75 hours to take certification tests. Twenty-five (25) hours of the 75 must be in the clinical setting. If the requirement for 50 classroom hours or 25 clinical hours is not met, the student will not be allowed to take the state board test. Time will have to be made up before testing can occur. Makeup time will need to be scheduled with the instructor according to the instructor's schedule. Be aware that missing hours may result in withdrawal from the course. Poor attendance is not advised.

Every hour/(1/2 hour) missed must be made up as soon as possible after the absence occurs. Students must make arrangements to make up time through Lu Volden or Marreta Campbell. Even though hours can be made up, missing out on lecture, class discussion, demonstrations, interaction, and lab time may mean missing out on invaluable learning.

Recognize that if excessive absences occur, it may not be possible to make the time up and the student will be withdrawn from the class. Students may not miss more than 7.5 hours total.

## 7. **Dismissal Policy**

Academic dishonesty and behaviors that constitute unsafe or unprofessional clinical practice may result in clinical failure and dismissal from the program.

## 8. **Substance Abuse Policy**

Seward County Community College is committed to the development and maintenance of a drug free environment in accordance with the Drug-Free Workplace Act of 1988 and Drug Free Schools and Communities Act of 1989. Accordingly, it is the policy of SCCC that it will not permit the possession, use, consumption, manufacture or distribution of alcohol or illegal drugs by its employees or students on SCCC owned or controlled property. See SCCC Drug Free Campus policy for complete details. [http://www.sccc.edu/faculty\\_staff/hr/web\\_pdf/Drug-Free%20Campus%20Policy%20Brochure.pdf](http://www.sccc.edu/faculty_staff/hr/web_pdf/Drug-Free%20Campus%20Policy%20Brochure.pdf)

**\*\*\*Impairment from drugs/alcohol will not be tolerated.\*\*\***

- a. Students who are involved in the theory and clinical activities at health care facilities must comply with substance abuse regulations of the facilities.
- b. If the student is in the theory or clinical setting and the instructor determines from the behavior, appearance and/or demeanor, odor or presence of controlled drugs/substances or alcohol; the student will be dismissed from the setting. The student will not be allowed to drive self from the clinical site. This can constitute dismissal from the program.

**9. Transportation Policy**

Students are expected to make their own arrangements for transportation to and from school, clinical assignments, and certification testing.

**10. Certification Exams**

The Certified Medication Aide State Exams will be scheduled by the instructor only if the student successfully completes the program. Inform the instructor promptly if there is an unavoidable circumstance that will prevent you from taking the certification exam when scheduled. You must pass the Certified Medication Aide State Exam with a score of 76%.

All SCCC bills must be paid in full to be eligible for the certification test.

**11. Cardiopulmonary Resuscitation**

First aid response to basic emergencies is included in the curriculum. In addition, Cardiopulmonary Resuscitation (CPR) will be included as part of the training offered. An additional fee is associated with this training. The student is responsible for paying the fee.

**12. Inclement Weather**

In the event of weather that interferes with school to the extent that school is closed, it will be announced by 6:30 a.m. on the following radio stations: 101.5 FM, 106.7 FM, 107.5 FM, 99.1 FM, 1270AM, 1420 AM. Wichita Television stations, Amarillo Television stations, Local Cable Channel 17- SCCC. RAVE Mobile Safety (emergency alert messaging system), SCCC Facebook and SCCC Twitter. If college classes are canceled, then clinical is considered canceled. These classes will be rescheduled. Please understand this may require after-hours or Saturdays to accomplish.

**13. Turn-around Time for Feedback**

Student Worksheets will be due every Wednesday (M/W class)/Thursday (T-TR class) and be returned to students no later than the following week, Wednesday. The instructor will respond to email from 07:30 to 15:00 on weekdays. Phone calls to the instructor's cell phone will be returned within a day.

## Certified Medication Aide Standard

### General Standards:

1. Be on time.
2. Be prepared.
3. **No non-curricular activities (reading materials, phones, personal business).**
4. We are unable to accommodate children in the classroom.
5. **English is the language to be used in the classroom.**
6. Behave in a professional manner.
7. Follow directions.
8. **Students need to have their books by the conclusion of the first week of class.**
9. All paperwork (background check, health record, student information form, etc.) needs to be on file with SCCC by the conclusion of the first week of class.
10. Personal appointments are expected to be made **after** class hours. Excessive appointments will be addressed.

### Classroom Standards:

1. Listen to the instructor.
2. When you have something to say, make it audible for the whole class.
3. We encourage questions to be asked in English. This class is a safe environment to practice speaking English.

### Clinical Standards

1. The clinical schedule will be prepared by the instructors. Any change must be approved by an instructor.
2. All students are expected to attend clinicals as scheduled.
3. Clinical hours may be different than classroom hours.

### Steps Taken when Standards are not Met:

1. Instructor alerts student of problem.
2. Student consults with Instructor
3. Student meets with Dean of Allied Health
4. Student meets with Vice President of Academic Affairs or Vice President of Student Services, depending on the concern



## **Certified Medication Aide Technical Standards**

### **Duties / Qualifications**

#### **Special Qualifications:**

In addition to minimum requirements regarding reading, language, and math skills, the student must, unassisted:

1. Demonstrate ability to comprehend and interpret written material and be able to make appropriate judgment decisions.
2. Follow written and oral/verbal instructions. Possess short-and long-term memory, sufficient to perform daily physician office tasks.
3. Synthesize information from written material and apply the knowledge to various situations.
4. Demonstrate the use of positive coping skills during patient, staff, and faculty interactions.

#### **Psychomotor Qualifications:**

1. Vision – normal, corrected.
2. Hearing – normal, corrected, or audible. Hear and understand muffled communication without visualization of the communicator’s mouth/lips and within 20 feet. Hear activation/warning signals on equipment.
3. Smell – Able to detect odors sufficient to maintain environmental safety and patient needs.
4. Touch – normal tactile sensitivity.

#### **Physical Qualifications:**

1. Able to stand, bend, stoop, and/or sit for long periods of time with minimum/no breaks.
2. Able to lift a minimum of 50 pounds.
3. Ambulate/move around without assistive devices
4. Able to assist with and/or lift, move, position, and manipulate the patient who is unconscious with or without assistive devices.
5. Successfully complete a CPR certification course.
6. Condition of skin must permit daily, frequent hand washing.

#### **Communication Qualifications:**

1. The ability to interact and verbally communicate with others. Demonstrate positive interpersonal skills during patient, staff, and faculty interactions.
2. Demonstrate calm and effective responses, especially in emergency situations.
3. Knowledge of basic written, grammar, and spelling skills.
4. Ability to communicate and understand fluent English both verbally and in writing.

## **Certified Medication Aide Grade Expectations**

### **Methods of Assessment**

- 40% Exams
- 15% Worksheets / Daily Work / Participation
- 20% Comprehensive final
- 20% Clinical performance
- 5% Attendance

### **Grading Scale**

- A= 90-100%
- B= 80-89%
- C= 75-79%
- F= 74% or below

### **Explanation of Methods of Assessment, Grading Scale and Other Expectations**

Methods of assessing the general course outcome are the specific course competencies, exams, completion of worksheets, comprehensive final, participation, performance and effort demonstrated by the student in the classroom, lab and clinical.

At the completion of this class, the instructor must send a form to the state of Kansas verifying that the student has received the mandated number of hours in classroom instruction and clinical time. Absences and tardiness must be made up. This is the student's responsibility. The student must make up this time with an instructor. The instructor is not available in the evenings or on weekends. Absences and tardiness must be kept to a minimum. Too many absences or tardiness will result in an inability to pass this class or dismissal from this class. Missing 7.5 hours or more will result in dismissal from the class.

Due to the importance of providing safe and competent care, a 75% or lower in this class is not considered a passing grade. This means a grade of at least a 75% is necessary to pass this class.

In the medical field, professionalism and respect are expected. Respect will be given to students and students are expected to show respect to the instructor, each other, the residents they provide care for during clinicals, and have self-respect as well. Disrespect will not be tolerated and is grounds for dismissal from this class.

As stated in the handbook, cell phones, smart watches and earbuds will be turned off and kept in in student mailboxes during class, except during breaks.

## **Clinical Grade Expectations**

The clinical grade average will equal 20% of the total grade. Each clinical day will be worth 100 points. Points will be given based on the following: punctuality, professional appearance, professional attitude, and skills.

Punctuality will be worth 25 points, which will be deducted if the student is 5 minutes late, resulting in a zero. If the student is 10 minutes late, the student will be sent home and the student's clinical will have to be rescheduled in the time the instructor has available. FYI: I rarely schedule make-up clinicals.

Professional appearance is worth 25 points, and includes personal hygiene, oral hygiene, hair pulled back, minimal make-up, tattoos covered, unwrinkled scrubs, ID badge, wristwatch with a second hand (no smart watches), and minimal jewelry (Please see Orientation section of handbook for more detail.) Cell phones, smart watches and earbuds are not allowed in the clinical site. A cell phone in the student's pocket during clinical hours equal to a zero for this section.

Professional Attitude is worth 25 points. It incorporates an attitude of teamwork, being ready to learn, helping, and showing persistence. Appropriate interaction with residents and good work ethics are expected. Protecting resident confidentiality and providing quality, safe care is essential; the breach of confidentiality or any type of abuse towards residents is not tolerated. This will result in immediate dismissal from the program.

Skills are worth 25 points. Each clinical day affords the student an opportunity to observe, learn, or practice new skills. At the end of the clinical day, the student must be familiar with medication knowledge, must be able to list the skills performed that day.

## Certified Medication Aide Compliance with Seward County Community College (SCCC) Policies

### Immunization Requirements:

SCCC requires all students to have a tuberculosis (TB) screening. A TB questionnaire is filled out on admission. A TB skin test or other testing (proof of Covid, Flu or other vaccines facilities may request) is **required by the second week of school**. Certified Medication Aide students are required to comply with the college standards to participate in this course.

### Background Checks:

SCCC and the State of Kansas require criminal background checks to be done on all students 18 years and older, who will be involved in clinical activities off of the college campus. **A course fee is assessed for this.** (See SCCC policy below.)

*Title: Background Check for Employees and Students Involved in Internship and Clinical Experiences*

Series 425

#### **Purpose:**

The college recognizes some employees and students may be required to have a criminal background check processed in order to perform clinical and internship experiences in allied health, nursing, business, agriculture and other academic programs of study. The policy provides clarification of the college's responsibility to adhere to the clinical/internship site's requirements.

#### **I. Definitions:**

<b>Employee</b>	An individual employed by Seward County Community College (SCCC) whose duties include observing, supervising, or administering programs of study involving clinical and internship experiences at sites other than those owned, leased, or operated by SCCC.
<b>Student</b>	An individual who has applied for admission, has been admitted for admission, or is enrolled in a program of study which requires a clinical or internship component in order to obtain the certificate or degree.
<b>Clinical/internship Site</b>	A location which is not owned, leased, or operated by SCCC and in which students are required to perform identified patient or customer services.

#### **II. College guidelines:**

- A. The division chair of an academic program of study requiring an Employee or Student to have a criminal background check shall inform SCCC's Dean of Instruction of the need for such criminal background check and SCCC will identify a source to provide the criminal background check.
- B. SCCC will disclose the results of a background check to the Clinical/internship Site requiring such criminal background check, to the employee involved and to the student involved, but SCCC shall not disclose the specific items noted in a criminal background check report.
- C. SCCC will determine if the results of a criminal background check preclude an Employee from observing, supervising or administering such academic programs at a Clinical/internship Site or preclude a Student from enrolling or continuing enrollment in those academic programs.
- D. SCCC will include in all recruiting and admission material the requirement for criminal background checks for Employees to observe, supervise, or administer those academic programs at Clinical/internship Sites requiring the criminal background checks, and for Students to participate in or seek admission to those academic programs.

#### **III. Employee guidelines:**

- A. SCCC will pay the cost of the Employee's criminal background check required under this policy and provide appropriate documentation to the Employee.
- B. The Employee is required to submit appropriate documentation to the provider of the criminal background check required under this policy, in a timely manner.
- C. In the event the results of an Employee's criminal background check performed under this policy indicates a result which precludes the Employee from undertaking, competing, or fulfilling his/her contractual duties to SCCC, appropriate measures as prescribed by SCCC Board Policies and state and federal statutes, will be taken by SCCC.
- D. The Employee is responsible to dispute any results alleged to be incorrect information in the criminal background check. Such dispute will be made to the provider of the criminal background check and not to SCCC.

#### **IV. Student guidelines:**

- A. The cost of the criminal background check performed under this policy will be assessed to the student as a special course fee.
- B. The student is required to submit appropriate documentation to the provider of a background check required under this policy, in a timely manner.
- C. The student is responsible to dispute any results alleged to be incorrect information in the criminal background check. That dispute will be made to the provider of the criminal background check and not to SCCC.
- D. In the event the results of a student's criminal background check indicate a result which precludes the Student from enrolling or continuing in an academic program, the Student will be denied admission to or be subject to dismissal from the academic program.

**Date of Adoption: 07/18/05**

**Related Administrative Rules & Regulations:**

**Certified Medication Aide Student Agreement / Acceptance of Responsibility**

- I have read the student handbook. I acknowledge understanding the information in the handbook. I agree to follow the policies in the handbook.
- I meet the qualifications listed and feel that the duties are within my capabilities.
- It is within my ability to carry out the responsibilities of a CMA student.
- I am aware of the requirements and course expectations. I realize the grade expectations require at least a **75% in order to pass**. Anything below 75% is an 'F.' Work that is turned in one day late will result in losing 10%; two days late will lose 20%; three days late will result in losing 30%; and four days late will result in a zero for that assignment (need not turned in).
- I also understand that 50 hours of classroom instruction and 25 hours of clinical instruction are required to complete the course before state testing can occur. Classroom absences must be made up, both the time and work. It is up to me to contact the instructor to make an appointment to make up time if I am late or absent. Time must be made up in the time that the instructor has available.
- I realize that students must have a passing grade of at least 75% to participate in clinical hours. Students who do not have a passing grade when clinicals begin will not be allowed to go to clinical and will need to drop the class. Failing to let the instructor know that I will be absent for clinical will result in a zero for that clinical day. Clinical time must be made up in the clinical setting. A clinical "no-call/no-show" is grounds for dismissal from the program.
- Respect for the instructor, classmates and myself are essential. Disrespect is grounds for dismissal.
- I agree to keep my cell phone off and put away during class. This includes Smart watches and Earbuds. Cell phones are not allowed on the clinical site.
- I agree to get my TB screening (skin test, TB Gold blood test, or chest x-ray less than one year old) done the by the second week of class. This will include proof of Covid, Flu and/or other vaccines facilities may require
- I am aware that a criminal background check will be performed if I am 18 years old or older, unless I am a high school student. I am also aware of the additional fee associated with this background check.
- I am committed to meet or exceed the expectations set forth in this handbook. I understand that it is my responsibility to study, participate and learn.
- I understand that I have 2 opportunities to pass the State Board test. I understand that I must pass the state board test **before one year** from the start date of the class. I may retake the course if I do not pass the State Board test.
- 

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Certified Medication Aide Student Agreement / Acceptance of Responsibility**

- I have read the student handbook. I acknowledge understanding the information in the handbook. I agree to follow the policies in the handbook.
- I meet the qualifications listed and feel that the duties are within my capabilities.
- It is within my ability to carry out the responsibilities of a CMA student.
- I am aware of the requirements and course expectations. I realize the grade expectations require at least a **75% in order to pass**. Anything below 75% is an 'F.' Work that is turned in one day late will result in losing 10%; two days late will lose 20%; three days late will result in losing 30%; and four days late will result in a zero for that assignment.
- I also understand that 50 hours of classroom instruction and 25 hours of clinical instruction are required to complete the course before state testing can occur. Classroom absences must be made up, both the time and work. It is up to me to contact the instructor to make an appointment to make up time if I am late or absent. Time must be made up in the time that the instructor has available.
- I realize that students must have a passing grade of at least 75% to participate in clinical hours. Students who do not have a passing grade when clinicals begin will not be allowed to go to clinical and will need to drop the class. Failing to let the instructor know that I will be absent for clinical will result in a zero for that clinical day. Clinical time must be made up in the clinical setting. A clinical "no-call/no-show" is grounds for dismissal from the program.
- Respect for the instructor, classmates and myself are essential. Disrespect is grounds for dismissal.
- I agree to keep my cell phone off and put away during class. Cell phones are not allowed on the clinical site.
- I agree to get my TB screening (skin test, TB Gold blood test, or chest x-ray less than one year old) done the by the second week of class. This will include proof of Covid, Flu and/or other vaccines facilities may require.
- I am aware that a criminal background check will be performed if I am 18 years old or older, unless I am a high school student. I am also aware of the additional fee associated with this background check.
- I am committed to meet or exceed the expectations set forth in this handbook. I understand that it is my responsibility to study, participate and learn.
- I understand that I have 2 opportunities to pass the state board test. I understand that I must pass the state board test **before one year** from the start date of the class. I may retake the course if I do not pass the State Board test.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Seward County Community College  
**Exposure Control Procedure for Blood borne Pathogens**

**(Student Form)**

**Reporting Procedures for First Aid Incidents**

Whenever a student is involved in a first aid incident which results in potential exposure, the student shall report the incident to their instructor before the end of the work shift during which the incident occurred (see attachment #1). The student must provide the instructor with the names of all first aid providers (those who assisted with the incident) involved in the incident, a description of the circumstances of the accident, the date and time of the incident, and a determination of whether an exposure incident, as in the OSHA standard, has occurred. The information shall be reduced to writing by the student and maintained in the first aid incident report file with the instructor. If an exposure incident has occurred, other post-exposure evaluation and follow-up procedures will be discussed with the student.

**Post-Exposure Evaluation and Follow-up**

An exposure incident occurs when there is specific mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials (OPIMs). Whenever a student has an exposure incident in the performance of his or her clinical assignment, an opportunity for a confidential post-exposure evaluation and follow-up will be provided to the student at the expense of the student (see attachment #2). Accidental medical insurance is required for all allied health students and is provided by Seward County Community College (SCCC). This insurance is in effect only while the student is participating in program activities sponsored and supervised by SCCC. The maximum benefit for accident medical expenses is \$5000. This insurance policy will pay the reasonable expenses incurred by an insured person, in excess of the deductible amount, for medical care if the first expense is incurred within 30 days after the accident; and the expense is incurred within 52 weeks after the accident. The student will be responsible for paying the deductible amount of \$50 per occurrence. A course fee is paid by the allied health student for this insurance coverage. The student or instructor should contact the Allied Health Division Chairperson for the appropriate insurance form prior to the post-exposure evaluation.

Post-exposure evaluation and follow-up shall be performed at Southwest Medical Center or the local health department according to recommendations of the U.S. Health service current at the time these evaluations and procedures take place. The cost of any laboratory tests required for the evaluation or follow-up procedures is the responsibility of the student.

Whenever an exposure incident occurs, the exposed student shall report the incident to their instructor, who will explain to the student his or her right to a post-exposure evaluation and follow-up. **All costs associated with the post-exposure evaluation are the responsibility of the student.**

**ATTACHMENT #1**  
**STUDENT ACCIDENT INVESTIGATION/TRACKING FORM**

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ Place of Occurrence: \_\_\_\_\_

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ ID # \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Clinical Field of Study: \_\_\_\_\_

Notified Instructor of Accident: Yes \_\_\_\_\_ No \_\_\_\_\_

Provide witness names when/if applicable: \_\_\_\_\_

Was any property/equipment damaged? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Student's description of incident: \_\_\_\_\_

Witness/instructor's account: \_\_\_\_\_

Type of Exposure (circle the appropriate response): Needle stick Puncture/laceration Mucosal Splash

Other: \_\_\_\_\_

Describe injury in detail:

Exposure Device: \_\_\_\_\_ Brand: \_\_\_\_\_ Type: \_\_\_\_\_

Did equipment have safety features available? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, was it activated

properly? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Was immediate first aid administered following the exposure? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Student's vaccination status: HBV series: \_\_\_\_\_ Tdap: \_\_\_\_\_

Allergies/Reactions: \_\_\_\_\_

Student received information sheet with initial post-exposure counseling: Yes \_\_\_ No \_



**ATTACHMENT #2**  
Seward County Community College  
(SCCC)  
PROTOCOL FOR EXPOSURE  
(Student Form)

**Source Individual Information**

1. Determine the individual's name from which the exposure occurred; also referred to as the Source Individual.
2. The exposed student should contact their local physician for evaluation, if available.
3. If their local physician is not available, the source individual and the exposed student should go to the emergency room for evaluation and the hospital Employee Health/Infection Control Nurse should be contacted, if available. If the source individual is a patient in a medical facility, the patient's physician should be contacted. Obtain an order for a Rapid HIV, HBsAg (Hepatitis B surface antigen), and Anti-HCV (Hepatitis C antibodies). Write orders on the patient chart as follows: Write "No Charge", followed by Rapid HIV, HBsAg, & Anti-HCV, VO (verbal order) or PO (phone order), physician's name/nurse's signature; include date and time of order. The student will be billed for this expense.
4. If the source individual is not a patient in a medical facility, obtain an order for a Rapid HIV, HBsAg (Hepatitis B surface antigen), and Anti-HCV (Hepatitis C antibodies) from the student's physician or the emergency room physician.
5. Have the source individual sign the consent/refusal for the necessary lab work. If the source individual consents, lab personnel will be notified of the blood draw.

**Student Information**

1. Have the student read, sign, and date the Post Occupational Exposure Information/Education sheet. Give the original to the student, make a copy and place in the exposure file.
2. If needed, have the student complete and sign the SCCC Release of Medical Information form.
3. Have the student carefully read the Consent/Refusal for Post Occupational Exposure Testing of Blood/Body Fluids for SCCC students prior to blood draw of the following labs: Rapid HIV, HBsAg, Anti-HBs (Hepatitis B titer SWMC # 2448), Anti-HCV, and Hepatic panel. The student needs to indicate either consent or refusal for the lab work by their signature.
4. Complete the lab requisition. Should the student chose to have blood drawn but not tested and held for 90 days, then write "No Testing, Hold Specimen for 90 Days" on top right hand corner of requisition. Initial blood specimen must be drawn within 72 hours post-exposure.
5. If the student wishes to start prophylactic treatment for HIV, he/she needs to read and sign the consent form (Consent for Prophylactic Treatment Following Blood/Body Fluid Occupational Exposure). Medication must be started within 72 hours post exposure. An order for this medication will be obtained from the student's physician or the emergency room physician.
6. Help the student complete the Student Accident Investigation/Tracking Form.
7. Expenses related to this incident will be paid for by the student (personal medical insurance if available, and/or SCCC accidental medical insurance, private pay).

Seward County Community College  
**Post Occupational Exposure Student Information/Education**

With regard to the occupational exposure you have sustained, it is important for you to read and understand the following information:

1. You are at risk for acquiring certain diseases which may be transmitted by blood and body fluids. Blood is the number one source of transmission for Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV) which are three very serious blood born diseases.
2. There is a vaccine available to prevent Hepatitis B. You may have already had this vaccine and if you have a documented, adequate antibody titer response, you are at a lesser risk for acquiring Hepatitis B. If you have not had the vaccine or you do not have an adequate antibody titer response, you are at increased risk for acquiring Hepatitis B.
3. There is no vaccine available to prevent HIV or Hepatitis C. If the source of your exposure is known, the source individual will be contacted to obtain permission to perform HIV, Hepatitis C, as well as Hepatitis B testing. If the source individual refuses the testing, you will be notified. If the source individual consents to the testing, you will be informed of the results as soon as they become available. You must not disclose these results to anyone else. Doing so is a breach of confidentiality and is subject to disciplinary action. If the source of the exposure is unknown (i.e. needle in a needle-box), no source testing can be performed.
4. It is recommended that you have your blood tested for HIV and Hepatitis B, and Hepatitis C following the exposure by contacting your physician or the local health department. If you elect to have this testing done, you will be asked to sign a consent for the testing. If you are unsure whether you want the testing done now, you may have your blood drawn and saved for 90 days. Should you change your mind during that time and decide you want to have the testing done, you will need to notify your physician and sign a consent and blood will be tested at that time. If you do not notify your physician before the 90 day time limit has ended, the blood will be destroyed without further notice to you. Blood must be drawn within 72 hours following the exposure.
5. A hepatic profile will also be done to establish your current liver function status.
6. If the initial lab results on both you and the source individual are negative, no further blood work will be necessary. If either you or the source patient has any positive results, additional testing is required, and blood work will need to be repeated at six weeks, three months, and six months.
7. It is your responsibility to notify your physician if you develop any symptoms of viral illness within 12 weeks following the exposure.
8. You may obtain more information about AIDS by calling the Center for Disease Control AIDS hotline at: 1-800-342-AIDS. You may obtain more information about Hepatitis by calling 1-404-332-4555.
9. If you have questions, or would like further information, you are encouraged to meet with your personal physician.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Seward County Community College  
POST OCCUPATIONAL EXPOSURE  
(Student Form)

Source Individual Form

(The source individual is to sign in the event a SCCC student is exposed to the source individual's blood/body fluids)

**CONSENT FORM**

Source Individual: \_\_\_\_\_  
Print Name

I understand that an occupational exposure occurred to a SCCC student involving my blood or body fluids.

As a result of this exposure, I am being asked to give consent for testing of my blood for the presence of HIV (Human Immunodeficiency Virus which leads to the AIDS Virus), HBV (Hepatitis B Virus), and HCV (Hepatitis C Virus) unless the HIV, HBV or HCV status is already documented in my medical record. In such cases, testing with consent will be done accordingly. I further understand that I have a right to refuse testing.

If I consent to blood testing, my physician will review the results of my test with me. I further understand that the involved student will be responsible for the cost of the HIV, HBV, and HCV testing of this exposure.

With all my questions answered, I, or my legal guardian, consent to or decline testing of my blood for HIV, HBV, and HCV as signified below by initials and signature.

\_\_\_\_\_ I give consent to HIV, HBV and HCV blood testing as outlined in this document.

\_\_\_\_\_ I DO NOT give consent to HIV, HBV and HCV blood testing as outline in this document.

Source Individual/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Witness: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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Hospital Use:

If consent has been given by the source individual, please check the appropriate post exposure laboratory test(s):

Human Immunodeficiency Virus (Rapid HIV) \_\_\_\_\_

Hepatitis B Surface Antigen (HBsAg) \_\_\_\_\_

Hepatitis C Virus Antibody (Anti-HCV) \_\_\_\_\_

Note:

- This form is to be used when asking the source individual to consent to HIV, HBV, HCV tests after a SCCC student has been exposed to his/her blood and/or body fluids.
- Orders are not placed in the Meditech system. Use the lab requisitions provided in the exposure packet, and once completed give requisition along with a copy of this form to Lab.

Seward County Community College  
**Consent/Refusal for Post-Occupational Exposure Testing  
of  
Blood/Body Fluids for SCCC Students**

I have received an occupational exposure to one or more of the following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, blood, blood components, products made from human blood, saliva in dental procedures, or any body fluid that is visibly contaminated with blood.

Occupational exposure could also include contact with an unfixed tissue or organ from a human, living or dead. Cell tissue culture, organs, cultures, or other media for laboratory use are potentially infectious materials for exposure.

This exposure was a splash of fluid into my eyes, mouth or nose, or contact with my skin which was not intact (such as sores, acne, cuts, chapping), or a stick, stab or slice of my body by an object such as a lancet, needle, scalpel, glass that had any contact with the aforementioned body fluids or tissues. **(Circle exposure type).**

I understand that I am responsible for maintaining barrier precautions as instructed until all testing is completed and I am released by the physician.

If I am a non-responder to the Hepatitis B vaccine, I will receive a Hepatitis B booster at my expense.

I understand also that if the source individual is known and gives consent, a blood test will be done to determine the presence of HIV, HBV, HCV in that individual, unless the HIV, HBV, HCV status of the individual is already known.

The results of my post exposure testing and the patient source testing will be sent to my physician or the Human Resource department at SCCC and maintained confidentially. My physician or the SCCC Human Resource department will notify me of the results. The results of my test and the source individual will be reviewed with me during counseling. I realize that I am responsible for the confidentiality of the source individual's test results.

I understand that I am responsible for reporting any signs and symptoms of disease during the testing period to my physician, such as: malaise, swollen lymph nodes or unusual symptoms. A copy of the test results and counseling done by my physician and/or designee will be provided to me within 15 working days of the completion of the tests and referred to my physician if further follow-up and treatment is indicated.

If the initial blood test results are negative, no further testing will be needed. If indicated, I understand that the following blood tests may need to be done in six weeks, three months and six months:

Human Immunodeficiency Virus (Rapid HIV) \_\_\_\_\_

Hepatitis B titer (Anti-HBs SWMC # 2448) \_\_\_\_\_

Hepatitis B Surface Antigen (HBsAg) \_\_\_\_\_

Hepatitis C Antibody (Anti-HCV) \_\_\_\_\_

Hepatic Profile \_\_\_\_\_

I **give** consent to HIV, HBV, HCV, and Hepatic profile blood testing as outline in this document:

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

I **do not give** consent to HIV, HBV, HCV, and Hepatic profile blood testing as outlined in this document:

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness: \_\_\_\_\_

Date \_\_\_\_\_

**CONSENT FOR PROPHYLACTIC TREATMENT FOLLOWING BLOOD/BODY FLUID  
OCCUPATIONAL EXPOSURE**

**Indinavir (Crixivan)**

**Zidovudine (AZT) 300 mg BID**

**Lamivudine (3TC) 150 mg BID**

I, \_\_\_\_\_, fully understand the limits and possible side effects of the above circled drug/drugs. I understand that there is no guarantee implied that these drugs will prevent me from seroconversion or also becoming positive for HIV, the causative virus in AIDS.

I also understand that follow-up blood work will be needed and agree to them at my expense:

1. 6 weeks
2. 3 months
3. 6 months after my exposure and/or up to one year, if source is known HIV positive.

If I discontinue or do not take the full 4-week supply, I will notify my physician.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Seward County Community College

**Release of Medical Information Form** Following Exposure to Blood, Body Fluids, or Other Incident

I, \_\_\_\_\_, authorize Seward County Community College to release the following information from my student record:

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The above listed records are to be sent to:

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date