# Table of Contents

**INTRODUCTION**  
- Program Vision  
- Mission Statement  
- Program Goals  

**PROGRAM COMPETENCY SUMMARY**  

**TECHNICAL STANDARDS**  

**NON-DISCRIMINATION AND EQUAL OPPORTUNITY STATEMENT**  

**DISABILITY STATEMENT**  

**PROGRAM FACULTY**  

**GENERAL INFORMATION**  
- Program Structure  
- Campus Offices  
- Faculty Availability  
- Name/Address Change  
- Technology Requirements  
- Email  
- Blackboard/MyUSI  
- Educational Records  
- Registry Examination  

**REQUIRED DOCUMENTATION FOR PROGRAM ENTRY**  

**ZACHARY LAW COMPLIANCE POLICY**  

**ACADEMIC POLICY**  
- Grading  
- Examinations  
- DataArc  
  - Instructions to Access DataArc  
  - DataArc Rules  
  - Civility and Professionalism in the Classroom and at Clinical Sites  

**ATTENDANCE POLICY**  
- Definition of an Excused Absence  
- Clinical Assignment Attendance  
- Weather-related Class Cancellations/Delays  
- Class Cancellations  
- Class Delays  
- Clinical Cancellations/Delays  

**DRESS CODE POLICY**  
- Classroom Dress Code  
- Clinic Dress Code  

**PROGRAM PROGRESSION**  

**DISMISSAL FROM THE PROGRAM**  

**ACADEMIC RIGHTS AND APPEAL PROCESS**  

**READMISSION TO THE PROGRAM**  

**STUDENT SUPPORT SERVICES**  

**STUDENT SOCIAL MEDIA POLICY**  

**STUDENT SAFETY**  

**STUDENT / EMPLOYEE STATUS AT CLINICAL SITES**  

**STUDENT REPRESENTATIVE TO THE RESPIRATORY THERAPY**
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVISORY COMMITTEE</td>
<td>27</td>
</tr>
<tr>
<td>A.A.R.C. STUDENT MEMBERSHIP</td>
<td>27</td>
</tr>
<tr>
<td>HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT</td>
<td>28</td>
</tr>
<tr>
<td>HIPAA POLICY</td>
<td>29</td>
</tr>
<tr>
<td>General Rule of Disclosure</td>
<td>30</td>
</tr>
<tr>
<td>Acknowledgement and Optional Consent</td>
<td>30</td>
</tr>
<tr>
<td>Oral Consent</td>
<td>30</td>
</tr>
<tr>
<td>Permission without Consent</td>
<td>31</td>
</tr>
<tr>
<td>Required Disclosures</td>
<td>32</td>
</tr>
<tr>
<td>Minimum Necessary Information</td>
<td>32</td>
</tr>
<tr>
<td>Business Associates</td>
<td>32</td>
</tr>
<tr>
<td>Notice of Privacy Practices</td>
<td>33</td>
</tr>
<tr>
<td>Individual’s Rights</td>
<td>33</td>
</tr>
<tr>
<td>Staff Training, Complaint Procedures, Data Safeguards, Administrative Practices</td>
<td>34</td>
</tr>
<tr>
<td>State Law Compliance</td>
<td>36</td>
</tr>
<tr>
<td>U.S. Department of Health and Human Services Enforcement</td>
<td>36</td>
</tr>
<tr>
<td>Designated Personnel</td>
<td>36</td>
</tr>
<tr>
<td>USI Privacy and Confidentiality Documents</td>
<td>37</td>
</tr>
<tr>
<td>Confidentiality Policy</td>
<td>37</td>
</tr>
<tr>
<td>Confidentiality Agreement</td>
<td>38</td>
</tr>
<tr>
<td>Workforce Member Review of HIPAA Acknowledgement</td>
<td>39</td>
</tr>
<tr>
<td>Notice of Privacy Practices</td>
<td>40</td>
</tr>
<tr>
<td>Acknowledgement of Receipt of Privacy Practices</td>
<td>42</td>
</tr>
<tr>
<td>Consent for Use and Disclosure</td>
<td>43</td>
</tr>
<tr>
<td>Complaint Form</td>
<td>44</td>
</tr>
<tr>
<td>INFECTION CONTROL POLICY</td>
<td>45</td>
</tr>
<tr>
<td>Introduction</td>
<td>46</td>
</tr>
<tr>
<td>Medical Evaluation, Immunizations and Record Keeping</td>
<td>49</td>
</tr>
<tr>
<td>HIV Positive, HBV, or HCV Chronic Carrier Students and Faculty</td>
<td>49</td>
</tr>
<tr>
<td>Tuberculosis Exposure/Conversion</td>
<td>49</td>
</tr>
<tr>
<td>Exposure Potential</td>
<td>49</td>
</tr>
<tr>
<td>Percutaneous/Mucous Membrane Exposure Incidents</td>
<td>49</td>
</tr>
<tr>
<td>Methods of Reducing Potential Exposure</td>
<td>52</td>
</tr>
<tr>
<td>Standard Precautions</td>
<td>52</td>
</tr>
<tr>
<td>Engineering and Work Practice Controls</td>
<td>52</td>
</tr>
<tr>
<td>Personal Protective Wear</td>
<td>53</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>54</td>
</tr>
<tr>
<td>Infectious Waste Management</td>
<td>54</td>
</tr>
<tr>
<td>Definitions of Terms and Abbreviations</td>
<td>54</td>
</tr>
<tr>
<td>USI Management of Exposure Incidents</td>
<td>56</td>
</tr>
<tr>
<td>USI Acknowledgement of Refusal to Seek Management of Exposure Incident</td>
<td>58</td>
</tr>
<tr>
<td>USI Student Exposure Incident Report</td>
<td>59</td>
</tr>
<tr>
<td>USI Injury or Illness Report</td>
<td>61</td>
</tr>
<tr>
<td>Instructions for Completing Injury or Illness Report</td>
<td>62</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY POLICIES ACKNOWLEDGEMENT FORM</td>
<td>63</td>
</tr>
<tr>
<td>CONSENT TO USE PICTURE AND PERSONAL STATEMENT</td>
<td>64</td>
</tr>
<tr>
<td>INFECTION CONTROL TRAINING STUDENT/FACULTY RECORD</td>
<td>65</td>
</tr>
<tr>
<td>PERMISSION TO DISCLOSE INFORMATION FORM</td>
<td>66</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENT OF RECEIPT OF STUDENT HANDBOOK</td>
<td>67</td>
</tr>
</tbody>
</table>
Introduction

Welcome to the University of Southern Indiana Respiratory Therapy Program. The choice of Respiratory Therapy is a course of study that should be accompanied by a devotion of one's total effort toward sound educational and professional objectives. You have been selected on the basis that you have made such a commitment.

The Respiratory Therapy Program is accredited by the Commission on Accreditation for Respiratory Care (CoARC). CoARC is located at 1248 Harwood Road, Bedford, TX 76021-4244 and can be reached at 817-283-2835.

Please read carefully each section of this manual. After reading, if you feel you understand the program policies and agree to comply with them, sign the acknowledgement page, remove it from the manual and return it to the Program Chair.

PROGRAM VISION

It is the vision and desire of the Respiratory Therapy Program faculty in conjunction with the College of Nursing and Health Professions to produce highly skilled, trained, and competent graduates through excellence in training and instruction in the profession of Respiratory Therapy.

MISSION STATEMENT

The mission of the Respiratory Therapy Program is to provide sound instruction and resources that will enable students to develop the knowledge, skills, attitude, and critical thinking which are necessary to become successful and competent respiratory therapists. The Respiratory Therapy Program fosters and promotes health and wellness through the advancement of education, teaching excellence, practice, research, community engagement and a commitment to lifelong learning.

PROGRAM GOALS

1. To prepare graduates with demonstrated competence in the knowledge, skills, and behavior required for respiratory care practice as performed by registered respiratory therapists (RRT’s).
2. To provide community leadership through engagement, service learning, and organizational involvement.
3. To provide an inclusive learning, caring community that supports students’ success and graduation.
4. To serve as a leader in respiratory education, evidence based practice, research, and health care.
5. To promote and advance personal development and inter-professional collaboration of respiratory faculty, staff, graduates, and health professionals.
PROGRAM COMPETENCY SUMMARY

Upon successful completion of the USI Respiratory Therapy Program, graduates should be able to achieve the following competencies associated with the scope of practice of respiratory therapy:

1. **Patient Data Evaluation and Recommendation:**
   
   A. Assess data from the patient.
   B. Collect and evaluate additional pertinent clinical information.
   C. Recommend procedures to obtain additional patient data.

2. **Initiation and Modification of Therapeutic Procedures:**
   
   A. Maintain patient records.
   B. Maintain a patent airway including the care of artificial airways.
   C. Remove bronchopulmonary secretions.
   D. Achieve adequate respiratory support.
   E. Evaluate and monitor patients’ objective and subjective responses to respiratory care.
   F. Independently modify therapeutic procedures based on the patient’s response.
   G. Recommend modifications in the respiratory care plan based on the patient’s response.
   H. Determine the appropriateness of the prescribed respiratory care plan and recommend modifications when indicated by data.
   I. Initiate, conduct, or modify respiratory care techniques in an emergency setting.
   J. Assist the physician during the performance of special procedures.
   K. Initiate and conduct pulmonary rehabilitation and home care.
   L. Effectively communicate with patients and other health care providers.

3. **Equipment Manipulation, Infection Control, and Quality Control:**
   
   A. Manipulate equipment by order or protocol.
   B. Ensure infection control measures.
   C. Perform quality control procedures for equipment.

A detailed list of program check-offs and competencies can be found in each student clinic syllabus and Data Arc. Data Arc competencies can be found at the following link: [www.DataArc.ws](http://www.DataArc.ws)
TECHNICAL STANDARDS
Technical standards are determined by the tasks commonly performed by respiratory care practitioners. Students accepted into the program must meet certain technical standards necessary for successful and competent performance in respiratory care.

<table>
<thead>
<tr>
<th>Technical/Academic Standards</th>
<th>Standard</th>
<th>Issues</th>
<th>Examples of Necessary Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical thinking ability sufficient for clinical judgment.</td>
<td>Critical thinking</td>
<td>Assess patient’s physical and emotional abilities as therapeutic procedures are performed.</td>
<td></td>
</tr>
<tr>
<td>Problem solving to make adjustments in therapy based on normal and abnormal physical and emotional responses to therapy.</td>
<td>Problem solving</td>
<td>After assessment, adjust therapy appropriately to conditions.</td>
<td></td>
</tr>
<tr>
<td>Interpersonal abilities sufficient to appropriately interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.</td>
<td>Interpersonal relations</td>
<td>Establish and maintain support relationships with patients, visitors, and other health care providers.</td>
<td></td>
</tr>
<tr>
<td>Communication abilities sufficient for appropriate interaction with others.</td>
<td>Communication skills</td>
<td>Explain procedures, give directions, answer patient questions while performing procedures; communicate effectively with physicians, patients, visitors, and other health care professionals.</td>
<td></td>
</tr>
<tr>
<td>Ability to perform patient care procedures safely and efficiently.</td>
<td>Technical skills</td>
<td>Manipulate equipment to control and adjust machines/equipment, operate panels and knob controls; position patient and equipment; assist patients from wheelchairs and stretchers. Conduct suctioning procedures and arterial blood sampling.</td>
<td></td>
</tr>
<tr>
<td>Ability to complete assessment of physical health conditions, implementation of patient care and monitoring procedures; and to monitor for issues related to environmental and patient safety.</td>
<td>Observational/Interpretive Skills</td>
<td>Observe patient responses; read orders; obtain data from computer screens; control panel buttons/patient monitors. Obtain data from radiographs for assessment and determination of tube placement. Detect environmental issues that are contributory to assessing and/or maintaining patient’s health status, e.g. detect fire.</td>
<td></td>
</tr>
<tr>
<td>Ability to maneuver in small areas and to maneuver equipment.</td>
<td>Mobility</td>
<td>Independently move around patient’s rooms and work areas with equipment. Administer CPR, chest percussion.</td>
<td></td>
</tr>
<tr>
<td>Ability to present professional appearance and implement measures to maintain own health.</td>
<td>Self-care</td>
<td>Implement universal precautions; follow established procedures for body hygiene.</td>
<td></td>
</tr>
<tr>
<td>Respond appropriately to stress produced by work and interpersonal interaction situations.</td>
<td>Temperament</td>
<td>Perform procedures on patients in pain from trauma, disease, or under the influence of drugs/alcohol. Maintain professional composure under stress.</td>
<td></td>
</tr>
</tbody>
</table>

**Essential Physical and Cognitive Requirements**

**Constant:**
- Independently travelling through the respiratory therapy department and to/from other departments and floors of the facility.
- Remaining in a stationary position for long periods of time.
- Independently manipulating a weight of up to 20 lbs.
- Observing and monitoring patients and the surrounding environment.
- Effectively communicating with colleagues, patients, families, and other members of the public.
- Maintaining concentration and appropriate decision-making processes, including during exposure to stressful situations.

**Frequent:**
- Operating computers and telephones.
- Physically positioning and transferring patients, and assisting patients with walking or wheelchair use
- Accessing and understanding information from a variety of sources.
- Operating controls, equipment, etc.

**Occasional:**
- Operating office machines.
- Independently manipulating more than 20 lbs.
- Assuming a variety of physical positions in order to access patients and/or equipment.
- Maintaining professional demeanor during exposure to trauma, grief, or death.

**Environmental Working Conditions:**
Frequent exposure to airborne/blood borne pathogens and body fluids. Exposure to ionizing radiation.

**NON-DISCRIMINATION AND EQUAL OPPORTUNITY STATEMENT**

The University of Southern Indiana is an equal employment opportunity/affirmative action employer. It is the policy of the University of Southern Indiana to be in full compliance with all federal and state non-discrimination and equal opportunity laws, orders, and regulations relating to race, sex, religion, disability, age, national origin, sexual orientation, or veteran status. Questions or concerns should be directed to the Affirmative Action Officer, USI Human Resources Department, 8600 University Boulevard, Evansville, IN 47712.
DISABILITY STATEMENT

USI Disability Resources (DR) coordinates services and academic accommodations for USI students with disabilities to ensure equal access to facilities, programs, services and resources of the university. We review documentation for eligibility, collaborate with students to determine appropriate accommodations, assist with the implementation of the accommodations, offer support and guidance, and advocate for access as needed.

If you have a disability for which you may require academic accommodations for this class, please register with the Office of Disability Resources (ODR) as soon as possible. Students who have or who receive an accommodation letter from ODR are encouraged to meet privately with the Counseling Center staff to discuss the provisions of those accommodations as early in the semester as possible. To qualify for accommodation assistance, students must first register to use the disability resources in ODR, 2nd floor of the Science Center - Room 2206, 812/464-1961. http://www.usi.edu/disabilities. To help ensure that accommodations will be available when needed, students are encouraged to meet with course faculty at least 7 days prior to the actual need for the accommodation.”

Disability Resources is part of USI's University Division and is located on the 2nd floor of the Science Center, room 2206. We are open from 8 - 4:30 Monday - Friday, Phone 812-464-1961

PROGRAM FACULTY

Program Chair
Wesley M. Phy, MEd, RRT
Office: HP 2089
Phone: (812) 464-1751
E-mail: wphy@usi.edu

Director of Clinical Education
Jody M. Delp. MEd, RRT
Office: HP 2099
Phone: 812.464.1778
E-Mail: jmdelp@usi.edu

Respiratory Therapy Adjunct Instructor
Steve Greubel, RRT
NICU Coordinator, Saint Mary’s Medical Center
Phone: 812-485-4827, 812-485-4114
E-Mail: sjgreubel@saintmarys.org

Respiratory Therapy Adjunct Instructor
Michelle Watkins, BS, RRT
Rehabilitation Liaison, HealthSouth
Phone: 812-760-5556
E-Mail: mawatkins1@usi.edu

Medical Director
Dr. Duane H. Kuhlenschmidt, M.D
GENERAL INFORMATION

Program Structure
The University of Southern Indiana Respiratory Therapy Program is a 24 month program, which consists of four semesters and two summer sessions.

Each new class begins in the fall semester and graduates at the end of the second summer session after 6 semesters have been successfully completed (2 years).

All Respiratory Therapy courses must be taken in sequence as outlined in the curriculum.

Respiratory therapy clinical courses will be taught off-campus at area hospitals. Clinical rotations will be conducted at the clinical affiliates Deaconess Hospital, St. Mary's Medical Center, Methodist Hospital of Kentucky, Owensboro Medical Health System, Vincennes’ Good Samaritan Hospital, Gateway Women’s Hospital, and Select Specialty Hospital.

Campus Offices
The offices of the Dean of the College of Nursing and Health Professions and faculty are located on the second floor of the USI Health Professions Center. In locating a specific office, inquire at the administrative assistant’s desk in HP2068, or consult the directory board located outside of HP2068. Offices are closed on weekends and holidays.

Faculty Availability
The Program Chair and Director of Clinical Education are available to meet with students during established office hours or by appointment. Office hours are included in each course syllabus and posted on the Program Chair’s and Director of Clinical Education’s office doors each semester. The Program Chair and Director of Clinical Education offices are located on the second floor of the Health Professions Center room 2068.

Student meetings should be pre-scheduled to ensure availability of faculty. Students can request to schedule an appointment by telephone or email. The Program Chair and Director of Clinical Education are available for appointments during normal University operating hours Monday through Friday excluding holidays.

In the event an emergency occurs after normal campus business/office hours, the student can leave a voice message by calling either: (1) the Program Chair at (812) 464-1751, (2) the Director of Clinical Education at (812) 464-1778 or (3) the department’s administrative assistant at (812) 464-1708. The student can also communicate by email to either the Program Chair or the Director of Clinical Education. In the message the student should provide details of the emergency with return contact information.

Name/Address Change
Changes in local and/or permanent addresses, telephone number, and change in name are to be reported to both the University Registrar’s Office and the Respiratory Therapy Program. A Change of Name form (paper or online) must be submitted to the Registrar's Office.
Technology Requirements
In order to participate in required course work, you will need to have access to a computer and the Internet. While many students prefer the convenience of doing their course work on their own personal computer, computer access is available in other ways for students who do not own a computer. On the USI campus, Internet and E-mail access is available in all computer clusters, the University Library, and the Day Learning Resource Center within the College of Nursing and Health Professions.

For students who wish to use a home computer, it is recommended that the computer be at the minimum a Pentium processor that runs at 233 MHz or higher; with 32 MB or higher of RAM; and a 33.6 modem or higher. Also a sound card and speakers, CD-ROM and an operating system of Windows 95, Windows 98, Windows ME, Windows 2000 or Windows XP are needed. The computer should have Internet Explorer7.0 or later (Firefox is also an option). For optimum performance, a Pentium III 500 MHz processor or higher is recommended with 128 MB or more of RAM. It will also be necessary to have a 16-bit sound card and speakers; 65,000-color video display card and an operating system of Windows 95, Windows 98, Windows ME, Windows 2000, or Windows XP.

Email
The USI Computer Center assigns a free e-mail account to every newly enrolled student which is maintained throughout your time as a student. If you have any questions about your USI e-mail, contact the Computer Center Help Desk at 812-465-1080. Other email accounts can be obtained either through your own personal online service or from free Internet e-mail services such as hotmail.com, gmail.com, yahoo.com, or excite.com. If you choose to use another e-mail account for your course work, you will need to set-up your MyUSI email so that all email will be forwarded to your other account. However, there are times when only your @eagles.usi.edu email address can be used to gain access to some University services such as MyUSI, Blackboard, and library databases from off campus locations. It will be important that you have established an e-mail account before your first class meeting.

Blackboard/MyUSI
All courses in the Respiratory Therapy Program utilize Blackboard accessed through MyUSI to post course documents, assignments, announcements, and grades. Students will use Blackboard to receive and submit required assignments. Tests, quizzes and required reading are often presented on Blackboard and it is the responsibility of each student to stay current with assignments and deadlines for each class or clinical. Students are encouraged to review Blackboard for announcements and assignments daily.

Educational Records
University of Southern Indiana complies with federal regulations pertaining to student educational records, as set forth in the Family Educational Rights and Privacy Act of 1974. Under the Act, students have certain rights regarding official student records. These rights are summarized as follows:

1. To be provided a list of the types of educational records, as defined in the Act, which is maintained by the school and which is directly related to the student.
2. To inspect and review the contents of those records.
3. To obtain copies of those records upon payment of expenses.
4. To receive explanations of those records upon request.
5. To obtain an opportunity for a hearing to challenge the contents of those records.
6. To receive confidential treatment, by the school, of educational records;
neither records nor personally identified information contained within, will be released without student or parent permission to anyone other than those parties specifically authorized by the Act.

7. Student records are archived electronically and retained permanently.

Questions concerning official student records should be directed to the Registrar's Office.

**Registry Examination**

Upon successful completion of the USI Respiratory Therapy Program graduates are eligible to take the examinations given by the National Board for Respiratory Care.

Graduates should apply to enter the registry qualification system immediately following graduation in order to take the Entry Level examination as soon as possible.

**REQUIRED DOCUMENTATION FOR PROGRAM ENTRY**

Prior to beginning the Respiratory Therapy Program, the student must have on record results of a physical examination, immunization records, negative 10 panel drug screen, and a negative criminal background check. These records are managed through an online system, CertifiedProfile. CertifiedProfile is a secure platform that allows students to complete their background check, drug screen, and house immunization and medical records, and other required program documents. Students are required to purchase this records management system through CertifiedBackground.com. Students are responsible for all costs of the physical examination, immunizations, lab tests, drug screen, and other program requirements. Students may not begin classes in the Respiratory Therapy Program until the completed physical examination and accompanying documents have been uploaded, accepted, and approved by CertifiedProfile.

The drug screen must be negative for all ten groups of drugs or a statement from the certified testing center that explains the results must be provided. Some prescription drugs may cause a positive result in one of the ten groups. If the physician from the certified testing center writes a statement to that effect, the result will be accepted as satisfactory.

If the drug screen comes back positive for any one of the ten drug categories and a statement confirming use of a prescription drug affecting the results is not provided, the student will not be allowed to begin the program.

Certain criminal convictions prohibit individuals from sitting for licensure/certification examinations and therefore may prohibit entry into the program. A criminal conviction earned while in the program may be grounds for dismissal from the program. If a conviction appears on the criminal record check, the student will be asked to confer with the Program Chair for follow up information and action.

It is the responsibility of the student to ensure that all immunizations and testing remain current throughout the program. Failure to maintain current with all required immunizations and testing will result in suspension of clinical education activities. All missed clinical education due to suspension must be made up according to program policy concerning attendance.
Student Health Insurance (Optional)
Many clinical sites now require that students provide evidence of health insurance coverage by having a health insurance certificate available upon arrival to the clinic site. Although not mandatory, you may provide a copy of your health care coverage certificate for your records. This information will be kept confidentially within your permanent record and will only be given as needed upon your request and/or authorization.

ZACHARY LAW COMPLIANCE POLICY

To comply with the state and federal regulations, potential and current students and faculty in selected programs within the College of Nursing and Health Professions, will be required to have a criminal records check relating to sexual and violent offenses against children. In accordance with the state of Indiana’s revisions of Zachary’s law made in January of 2003, the College of Nursing and Health Professions will verify if the student is registered with the registry for convicted sexual and violent offenders against children, and will continue to do so at least annually for as long as the student remains in the program.

If the student’s name appears in the sex offender registry, the student will be denied admission to or progression in the Respiratory Therapy Program. If the listing is the result of an error, it is the student’s responsibility to correct the error before admission or progression in the program will be permitted.

ACADEMIC POLICY

Grading
Respiratory therapy students must maintain an overall USI grade point average of 2.0 or above in order to be eligible for graduation.

All respiratory therapy courses must be completed with a grade of "C" or above. Failure to achieve a minimum grade of "C" in any REST course will prevent the student from continuing in the program.

Grades in the lecture courses are based on written quiz grades, assignments and projects, written examination grades, oral examination grades and/or class discussion and participation.

Letter grades are established by totaling the grade scores of all tests, quizzes, etc. and dividing by the total points possible. Grades may be assigned weighted values to determine overall grades as specified by course syllabus.

Letter grades for professional respiratory therapy courses (prefix REST) are based on the following scale, unless otherwise specified in course syllabus:

<table>
<thead>
<tr>
<th>Grade</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90% - 100%</td>
</tr>
<tr>
<td>B+</td>
<td>87% - 89%</td>
</tr>
<tr>
<td>B</td>
<td>83% - 86%</td>
</tr>
<tr>
<td>C+</td>
<td>80% - 82%</td>
</tr>
<tr>
<td>C</td>
<td>75% - 79%</td>
</tr>
<tr>
<td>D</td>
<td>72% - 74%</td>
</tr>
<tr>
<td>F</td>
<td>71% and below</td>
</tr>
</tbody>
</table>
Grades received throughout the semester, including grades on examinations, quizzes, projects, papers, etc. will be rounded up to the next whole number if the numeric grade contains a fraction of .5 or greater. For example, an examination grade of 87.8% would be rounded up to an 88%. An examination grade of 87.4% would not be rounded up and would be recorded as an 87%. The final course percentage grade for the semester will not be rounded up. For example, a final course percentage grade of 87.8% would be recorded as an 87%.

All assignments and projects must be completed and submitted on or before the dates due. All make-up assignments must be submitted by the dates specified by the course instructor. Failure to do so will result in a grade of Incomplete (IN) for that course.

An Incomplete grade at the close of an academic semester must be approved by the Director of the Respiratory Therapy Program. An Incomplete will be used only when extenuating circumstances have resulted in the student being unable to complete course requirements by the end of the semester. In rare instances in which this occurs, the following policies are in effect:

1. A grade of Incomplete will not be used to allow for remedial work; student work must be at the passing level.
2. All University of Southern Indiana policies regarding incomplete grades are applicable to respiratory therapy courses. Please refer to the University Of Southern Indiana Bulletin.
3. The student must complete coursework to remove the incomplete grade within one calendar year or the grade will revert to an F.

The “Exit Exam” or the NBRC SAE CRT examination will be administered during the last semester of the second year of the program. A minimum score of 75% must be achieved on the examination to graduate from the program. A score of less than 75% will result in a grade of Incomplete for REST 391.

Examinations / Review of Exams
All examinations will be administered only on the date and time announced.

Make-up exams will be given under the following circumstances:

1. Death in the student's immediate family.
2. Hospitalization of the student.
3. Written excuse from student's personal physician.
4. Other extenuating circumstances will be reviewed by the Program Chair and may be approved.

Missed quizzes cannot be rescheduled. Students missing a quiz will receive a grade of 0 for the missed quiz.

Honesty and integrity are expected while participating in the Respiratory Therapy Program. Students who cheat during an examination will receive a 0% grade for the exam as well as further disciplinary action according to USI policies and procedures relative to academic misconduct found on page 280 of the 2011-2013 Bulletin. Further disciplinary action may include receiving an F for the course and/or removal from the program. University policy will be followed for issues regarding dishonesty and cheating.
Following each examination, time will be scheduled for the student to review and discuss the examination with the instructor. The time and place for the review will be at the discretion of the instructor. Students will not be permitted to keep previous examinations and can be reviewed any time during the semester with the exception of the week of final exams unless approved by the instructor.

Student examinations are kept both in paper format and in the students’ electronic file. All paper files are scanned and maintained in the students’ electronic file at the end of each semester. Student files are maintained for a period of seven (7) years as per CoARC requirements.

**DataArc – A Biomedical Education Database System**

**Web Site: [www.DataArc.ws](http://www.DataArc.ws)**

DataArc provides an on-line internet clinical tracking and survey system that each student will be responsible for while participating in clinical practice. Each student must purchase a DataArc license and be registered into the DataArc system prior to his or her clinical rotation. Students not registered into the DataArc system will not be allowed to participate in clinical practice and will be subject to program dismissal.

**DataArc provides:**

1. Student tracking through a “sign-in” or clock-in method and ensures that each student arrives at his or her designated clinical site at the designated time and day.
2. Daily logs of clinical performance that will be compiled on a daily basis.
3. Program/clinical competencies that are maintained for each student each semester.
4. Evaluations that include daily and affective evaluations to evaluate each student, and instructor/preceptor and clinical sites.

The Daily and Affective Evaluation are completed by the Clinical Instructor/Preceptor on student’s cognitive, psychomotor and affective components. The Instructor/Preceptor Evaluation and Clinical Site evaluations are completed by the student evaluating their instructors/preceptors and the clinical site.

**Instructions to Access DataArc**

1. Log in to DataArc on any computer using the web address: [www.DataArc.ws](http://www.DataArc.ws)
2. Mouse over to “Allied Health” (located on the left side of the screen)
3. With the cursor over Allied Health, choose “Respiratory Care”.
4. Click on Respiratory Care
5. Type in your Log In and Password to enter the system.

**DataArc Rules**

1. All students must be registered into the DataArc system prior to the first day of clinical.
2. Those students not registered into DataArc by the first day of clinical will receive an unexcused absence for each day missed until registration is complete.
3. Only the Program Chair and the Director of Clinical Education can make special exceptions and considerations according to extremes in a student’s situation.
4. All students must clock in and out through the DataArc web site upon arriving at the clinical site.
5. Students are not allowed to clock in or out from their home computer. Only IP addresses from USI clinical affiliations will be recognized.
6. All clinical proficiencies must be validated by the preceptor, Program Chair, Director of Clinical Education, or clinical adjunct before the proficiency can be accepted.
7. Students with non-validated proficiencies will receive a grade of Incomplete for the class if not validated by the end of the semester.
8. Any student found guilty of falsifying or altering Data Arc records in any way, including clock in and out times, will be subject to program dismissal.

Civility and Professionalism in the Classroom and at Clinical Sites
Ethical and professional behavior is an important aspect of the respiratory care profession. Students are expected to conduct themselves in a respectful manner and tone to instructors, preceptors and fellow students while participating in classroom and clinical education activities. Unprofessional behavior can include but is not limited to: disrespectful remarks and or behavior, vulgar and/or offensive language or gestures, and argumentative/insubordinate behavior. Students found in violation with this policy will first: 1. Receive counseling. 2. Receive a written warning with possible probation. 3. Program dismissal.

The use of cellular phones are not allowed in the classroom and/or clinical areas. Exceptions may be made on a case by case basis upon prior approval of the instructor. This includes texting while participating in either classroom or clinical.

The University of Southern Indiana is a smoke free campus. Students are not permitted to use any type of tobacco product while on campus including while participating in off-campus clinical activities. This includes the use of “E-Cigs.”

ATTENDANCE POLICY
Prompt attendance and preparation for all scheduled program learning activities is essential to success in the program and is required. Attendance records will be maintained by the faculty. Planned absences must be pre-approved by the Program Chair. The student is responsible for making an appointment to meet with the Program Chair to discuss the absence. If the absence is approved, the student must meet with each course faculty to plan make-up of missed assignments, examinations, and/or clinical assignments.

Students are expected to arrive on time for all campus classes and clinical assignments. Students more than 6 minutes late to class or clinical will be considered tardy. Tardiness of more than three (3) occurrences during one semester will result in one unexcused absence.

In the event that the student must be absent from a class without pre-approval it is the student's responsibility to notify the Program Chair and faculty a minimum of 30 minutes prior to the start of the class. Failure to do so will result in the absence being declared unexcused.

A reasonable number of excused absences will be allowed such as illness with physician’s note, hospitalization, and death in the family. Make-up clinical time and make-up of missed assignments is required.

If a student is absent for three (3) or more consecutive days due to illness, injury, and/or hospitalization, the student must submit a written statement from his/her personal physician regarding the student’s fitness to return to classes and clinical patient contact.
Unreported or unexplained absences will be considered unexcused. Four (4) or more unexcused absences, accumulated throughout the program, which includes both classroom and clinical activities, will be considered cause for program probation. The length of program probation will continue through the end of the program.

Five (5) unexcused absences accumulated throughout the program will be cause for program dismissal.

**Examples of an excused absence:**

- Providing documentation supporting the death of an immediate family member such as a spouse, child, parent, grandparent, or sibling.
- Court summons or jury duty with documentation.
- Hospitalization of self, spouse, or child (provided that documentation supports your/their admission). Grandparents who are hospitalized will be looked at on an individualized basis.
- Emergency Room Visits will only be excused the day of clinical not pre-clinical days for both students and/or immediate family members providing appropriate documentation has been received.
- Students living in or traveling through a county that has a snow emergency in order to get to the clinical site, but the college remains open is excused but will be expected to reschedule the clinical day.
- College weather related closures. Closure of the college due to weather will be excused and NOT made up. Proper call-in procedures will be made to the facility the student is attending. The facility is not aware when the college closes. This is the student’s responsibility to make them aware.

**Examples of an unexcused absence:**

- anything not noted above,
- student’s own illness that does not present a physician note, or require hospitalization,
- child’s illness that does not require hospitalization,
- physician or dental routine appointments,
- childcare dilemmas,
- family time

Each absence occurrence will be reviewed and determined on an individual basis.

**Indiana Society for Respiratory Care**

Approximately five times per year Chapter VI of the Indiana Society for Respiratory Care holds evening educational and business meetings in the tri-state area. To aid in professional exposure and growth, students are encouraged to attend when possible.

**Clinical Assignment Attendance**

Attendance in all clinical experiences is necessary for the student to accomplish the goals of the Respiratory Therapy Program and to become a competent respiratory therapist. Attendance is required for all clinical experiences.
Clinical experience is defined but not limited to seminar, skills lab, simulation experience, and clinical rotations.

Faculty reserve the right to dismiss a student from clinical for tardiness, dress code violations, being unprepared, being physically or mentally compromised, or for any evidence of unprofessional conduct. For the protection of hospital patients, febrile students will not be allowed to participate in clinical activities.

If the student is unable to attend a clinical assignment the student should contact the clinical site and the Director of Clinical Education at least one hour prior to the assigned clinical. Failure to do so will result in the absence being declared unexcused.

Students are required to make up all clinical time missed regardless of the occurrence or event. It is the student’s responsibility to contact the clinical site to reschedule any missed clinical time within five (5) working days of the missed day. Failure to do so will be considered an unexcused absence. Make-up hours will be scheduled at the discretion of the clinical instructor and only with approval of the clinical affiliation. If a student is late two times, the student may be required to perform a four hour clinical make-up time. Clinical make-up experiences will be directed by the Director of Clinical Education.

Missed clinical time will be documented and recorded in DataArc. Missing more than two clinical days may constitute a clinical failure. Missing more than six clinical days in one academic year is grounds for dismissal from the program. Documentation and circumstances regarding the clinical absences will be reviewed by the Program Chair and the Director of Clinical Education to determine if the student will continue in the program.

Failure to make up required clinical hours will result in a grade of Incomplete for the course. A grade of Incomplete will be changed only after clinical make up hours have been documented within a time frame designated by the Director of Clinical Education. The student not completing all required clinical hours will not be allowed to progress in the program. The student must complete all clinical make-up hours within one calendar year or the course grade will revert to an F.

During the last semester and summer session of the second year specialized rotations in areas such as intubation, and neonatal/pediatric respiratory care will be scheduled. Rotations may be scheduled on any working shift in order to expose students to the variety of experiences common to those shifts or to access clinical practitioners and/or resources.

Weather-related Class Cancellation/Delay
In the event of inclement weather that affects travel in the area the following policies will be followed:

- **Class Cancellations**
  Students are encouraged to register for the RAVE Alert (emergency text system) to receive information about class cancellations, delays, or other important University information. Students may also check USI email, the USI homepage at www.usi.edu, access major media outlets (TV and radio), or call the USI Emergency Hotline at 812/465-1085 for weather related information. When University classes are cancelled, respiratory therapy classes are also cancelled.
➢ Class Delays
If a respiratory therapy class is scheduled to begin prior to the University delayed time, but ends after the delayed time, the class will meet at the delayed time and end at the scheduled time.

➢ Clinical Cancellations/ Delays
If a clinical day is scheduled to begin prior to the announced University cancellation or delayed time, the Program Chair and Director of Clinical Education will determine if the clinical experience will be held and notify students of the decision to cancel or delay the clinical experience. Do not contact the clinical facility to determine if your clinical experience has been cancelled. If the clinical day is scheduled after the announced University cancellation the clinical assignment will also be cancelled for that day.

When classes or clinical days are not canceled or delayed, students must use their own judgment about whether they may safely travel to class. Please notify the Program Chair and/or the Director of Clinical Education if you will not be attending class or clinical.

DRESS CODE POLICY

Classroom Dress Code
For all on-campus didactic classes, students should always dress in suitable and appropriate clothing.

Clinic Dress Code
A professional appearance is expected and required at all times while participating in clinical activities. Shorts may not be worn to any didactic classes conducted at clinical sites.

Uniforms and the USI name tag are required to be worn for all clinical assignments, rotations and physician-student rounds. The clinic uniform consists of:

1. Green USI polo or hunter green scrub top
2. USI photo ID/name tag
3. White crew neck T-shirt (optional)
4. White uniform pants
5. Conservative tennis shoes
6. White long sleeve lab coat (optional)

Jeans of any design or color, shorts, “cut-offs”, halter/midriff tops, open-toed shoes, or sandals may not be worn to any clinical, health fair, or event.

Long hair should be tied back and kept off the shoulders in all clinical situations.

Jewelry should be limited to wedding or engagement rings, watches, and one pair of small, non-dangling earrings. Any other visible body piercings are will not be permitted in the clinical setting.

Visible tattoos not covered by the respiratory therapy uniform or lab coat must be covered by other means.

Perfumes/colognes may be irritating and offensive to patients, especially those with respiratory problems, and should not be worn.
During each clinical assignment students should have a stethoscope, black ink pen, small notebook, clinical handbook, and pocket reference book.

**PROGRAM PROGRESSION**

1. All required non-respiratory courses must be completed with a minimum grade of “C” prior to, or in the sequence as outlined within the respiratory therapy curriculum. If a student receives a “D” or “F” or does not successfully complete a required non-respiratory therapy course, the student must successfully complete the course the next semester in order to progress in the Respiratory Therapy Program. A student achieving less than a “C” in two or more of the required non-respiratory courses will be dismissed from the Respiratory Therapy Program.

2. A grade of “C” or better must be achieved in each respiratory therapy course (REST prefix). If a student receives a D in a single respiratory therapy course, the student will be dismissed from the program but may be allowed to return to the program the following year to repeat the course and continue in the curriculum. If a student receives an “F” in a single respiratory course, the student will be dismissed from the program and will be evaluated by the course instructor before the student can be eligible for program re-entry.

   The decision to allow the student to re-enter the program and repeat the course will be at the discretion of the Program Chair according to the circumstances that surround the failing grade, available space, and prior student performance. Readmission will be considered at the recommendation of the course instructor in consultation with the Director of Clinical Education.

3. Students receiving a grade of “F” in two or more required respiratory courses will not be eligible for re-admission into the program. Special consideration may be granted according to individual student circumstances and will be at the discretion of both the Program Chair and Director of Clinical Education before the student can be considered for possible program re-admission.

4. Students receiving a grade combination of “D” and “F” in two separate required REST courses will be dismissed from the program and will not be eligible for re-admission. Special consideration may be granted according to individual student circumstances and will be at the discretion of both the Program Chair and Director of Clinical Education before the student can be considered for possible program re-admission.

5. Students receiving a grade of “D” in two or more required respiratory classes will be dismissed from the program but may be considered for program re-entry the following year. Special consideration may be granted according to individual student circumstances and will be at the discretion of both the Program Chair and Director of Clinical Education before the student can be considered for possible re-admission.

Students dismissed from the program and allowed to re-enter the program due to academic circumstances will automatically be placed on academic probation for the remainder of the program. Should the student receive a single grade of D or F in any required REST courses during academic probation, the student will be dismissed from the program and will not be eligible readmission.
Clinical courses must be completed each semester with a passing letter grade (C or higher). A student receiving a grade of incomplete in a clinical course will not be allowed to progress in the program until the incomplete grade has been removed.

**DISMISSAL FROM THE PROGRAM**

The decision to dismiss a student from the program will be determined by the Program Chair in consultation with the Director of Clinical Education. Program dismissal may result from any of the following:

1. The falsification of records and reports and cheating on an examination, quiz, or any other assignment will be the basis for dismissal from the program.
2. Plagiarism, as defined in the University Bulletin. Plagiarism is the intentional reproduction of another person’s ideas, words, or statements without acknowledgement. Students must give credit when using the works of others and are expected to properly reference the use of:
   - a) direct quotes
   - b) another person’s ideas or opinions
   - c) any borrowed statistics, facts, or other material
3. Failure to properly give credit to others’ work is a form of academic dishonesty. (University Bulletin, Student Rights and Responsibilities)
4. Any act of academic dishonesty. Academic dishonesty may include, but is not limited to, cheating, plagiarism, fabrication, and knowingly assisting others in an act of academic dishonesty. Students who engage in academic dishonesty in any form, even as a first offense, place themselves in jeopardy of receiving a failing grade for the assignment or course, as well as dismissal from the Respiratory Therapy Program.
5. Violation of client and/or agency confidential information will result in dismissal from the program.
6. Violation of program policy while on program probation.
7. A student whose personal integrity, health or behavior demonstrates unfitness to continue preparation for the profession of respiratory care.
8. A student considered by faculty to be unsafe practitioners or whose progress in meeting program objectives is judged unsatisfactory will be dismissed from the program.
9. Failure to achieve a C or above in any of the Respiratory Therapy courses.
10. Failure to achieve a C or above in two (2) or more required non-respiratory courses after two attempts have been made to complete the course(s).
11. Five (5) unexcused absences during the program.
12. Unprofessional behavior and conduct in the classroom or at a clinical site.
13. Any action or behaviors which have resulted in a student being barred from any clinical affiliate while a student in the Respiratory Therapy Program.
ACADEMIC RIGHTS AND APPEAL PROCESS

University of Southern Indiana Respiratory Therapy Program and Health Professions Grade Appeal Policies and Procedures:

The academic grievance process shall provide an opportunity for the student who believes an academic decision has been prejudiced or capricious to appeal that decision.

1. A student who believes that an academic decision has been prejudiced or capricious shall confer promptly with the faculty member involved.
2. If the action outlined above does not produce mutually satisfactory results, the student shall in writing notify the Program Chair. This should be done within five days of the meeting with faculty. A summary of the basis for a potential appeal shall accompany the notice. The Program Chair will review the documentation with parties involved in the student appeal and attempt to resolve the problem. The Program Chair’s decision will be communicated to the student either by meeting with the student or informing the student in writing within five days of receiving a summary of the facts related to the appeal.
3. If the action outlined above does not produce mutually satisfactory results, the student shall in writing notify the Assistant Dean of the College of Nursing and Health Professions. This should be done within five days of the meeting with the Program Chair. A summary of the basis for a potential appeal shall accompany the notice. The Assistant Dean will review the documentation with parties involved in the student appeal and attempt to resolve the problem. The Assistant Dean’s decision will be communicated to the student either by meeting with the student or informing the student in writing within five days of receiving a summary of the facts related to the appeal.
4. If the action outlined above does not produce mutually satisfactory results, the student shall in writing notify the Dean of the College of Nursing and Health Professions. This should be done within five days of the meeting with the Assistant Dean. A summary of the basis for a potential appeal shall accompany the notice. The Dean will review the documentation with parties involved in the student appeal and attempt to resolve the problem. The Dean’s decision will be communicated to the student either by meeting with the student or informing the student in writing within five days of receiving a summary of the facts related to the appeal.
5. If the previous actions outlined above do not produce mutually satisfactory results, the student may initiate the formal academic grievance procedure. The University of Southern Indiana has established ethical standards and policies to protect students as consumers as outlined in the Student Rights and Responsibilities statement that is published in the USI Bulletin. When a student has a possible grievance with a faculty member, the student (1) should discuss the matter with the faculty member; (2) may discuss the matter with an academic advisor, or with the counselor in the Counseling Center, or with the Director of Affirmative Action; (3) must discuss the matter with the dean. If the student then deems the matter suitable for a formal grievance, a formal grievance is lodged with the Vice President for Academic Affairs and Provost for resolution. If no resolution is attained, the Vice President for Academic Affairs and Provost refers a written copy of the grievance to the faculty member and to the Student Academic Grievance Committee for a hearing.
READMISSION TO THE PROGRAM

A student who has been dismissed from the program for any of the following reasons is not eligible for readmission to the program:

1. Practicing in an unsafe manner or not making progress in meeting program objectives.
2. Unprofessional behavior and/or conduct in the classroom and/or clinical.
3. Academic dishonesty.
4. HIPAA violation.
5. Being barred or restricted from any clinical affiliate.
6. Having been readmitted under a probationary status and violating any subsequent program policy.
7. Receiving a grade of “F” in two or more required respiratory therapy courses. Special consideration may be granted according to individual student circumstances and will be at the discretion of both the Program Chair and Director of Clinical Education before the student can be considered for possible program re-admission.

8. Receiving a grade combination of “F” and “D” in two or more separate required REST Courses. Special consideration may be granted according to individual student circumstances and will be at the discretion of both the Program Chair and Director of Clinical Education before the student can be considered for possible program re-admission.

A student who has been dismissed from the program for the following reasons may be considered for readmission to the program at the discretion of the Program Chair in consultation with the Director of Clinical Education.

1. Receiving a grade of “D” in one or more required respiratory therapy courses. If the student is readmitted to the program the course(s) in which the student was not successful must be successfully completed within one year in order for the student to continue in the program.
2. Not achieving a grade of “C” or better in two or more non-respiratory therapy courses. If the student is readmitted to the program the courses in which the student was not successful must be successfully completed within one year in order for the student to remain in the program.
3. Receiving a grade of “F” in one required respiratory course only.
4. Having excessive absenteeism. The student may be readmitted to the program the following year.
   A probationary period of one year will follow readmission.

A student desiring readmission to the Respiratory Therapy Program must submit a written request to the Program Chair by January 15th for requests to return to a fall semester course, or by August 15th for requests to return to a spring semester course. The written request must include: student name, USI student ID#, current address, telephone number, and email address. The written request should address reasons for dismissal and plans for successful return to the program.

Factors that will be evaluated in the readmission process include: maintenance of a cumulative GPA of 2.5 or higher, course grades of “C” or higher as required by program policy, availability of space in the program, RT instructor’s approval.
If readmitted, a student may be required to validate course material previously taken through written and/or lab/clinical examination as determined by the Program Chair and course faculty. The need for course knowledge validation will be determined based upon previous grades and length of time away from respiratory therapy courses. A student may be required to audit previously completed respiratory therapy courses and to take and pass course examinations for validation of competency and to best prepare for successful re-entry into the program. A readmitted student will be expected to comply with all terms specified by the Program Chair. Failure to comply with the terms will jeopardize the student’s status in the Respiratory Therapy Program.

STUDENT SUPPORT SERVICES

The University has multiple resources available to students. The Program Chair and the Director of Clinical Education are available to assist students during times of personal crisis. They can provide support by working with you to identify resources available to you.

The College of Nursing and Health Professions Advising Center staff is available for academic counseling and assistance with accessing University resources. The Advising Center is located in the Health Professions Center room 2023D. Staff is available for walk-in meetings or by appointment and can be reached at 812-465-1197.

The USI Counseling Center staff provides personal counseling and disability services. The Counseling Center is located in the Orr Center Room 1051. Staff is available for walk-in meetings or by appointment and can be reached at 812-464-1867.

Academic assistance is available through Academic Skills. This office supports student success through individual and group classes, tutoring in multiple subjects, and writing assistance. Academic Skills is located in the Education Center and can be reached at 812-464-1743.

The USI Student Health Center is a full-service clinic offering medical services and health-related information to students, faculty, and staff. The Health Center is located in the lower level of the Health Professions Center.

Information about additional student support services can be found on the University website, www.usi.edu.

College of Nursing and Health Professions
Social Media Policy

The use of social media has grown exponentially in the last decade and continues to reshape how society communicates and shares information. Social media can have many positive uses in health care; it can be used to establish professional connections, share best practices in providing evidenced based care, and educate professionals and patients. However, communication about professional issues can cross the line and violate patients’ privacy and confidentiality, whether done intentionally or not. Health professionals, including students in health profession disciplines, have a legal and ethical obligation to protect the privacy and confidentiality of each patient’s health information and privacy. The unauthorized or improper disclosure of this information, in any form, violates state and federal law and may result in civil and criminal penalties. Health professionals, including students in health care profession disciplines, have an obligation to respect and guard each patient’s privacy and confidentiality at all times. Postings on social media sites must never be considered private, regardless of privacy settings. Any social
media communication or post has the potential to become accessible to people outside of the intended audience and must be considered public. Once posted, the individual who posted the information has no control over how the information will be used. Students should never assume information is private or will not be shared with an unintended audience. Search engines can find posts, even when deleted, years after the original post. Never assume that deleted information is no longer available.

**Policy**

- Patients (and their families) and clinical experiences with patients must **never** be discussed on any social media site. A patient’s identifying information is only to be discussed with faculty and other health care providers who have a need to know and have a role in the patient’s care. Discussion of a patient’s case may occur with faculty and peers in a course related assignment in a place where such discussion can’t be heard by people who are not involved in the clinical experience. Patients (and their families) are never to be discussed in a negative manner. At no time during course discussions is the patient to be identified by name or any other personally identifying information such as any relationship to the student. Students are prohibited from using any form of social media to discuss patients, their families or any of their patients/ families medical or health care information.

- No photos or videos of clients/patients (and their families) or of any client/patient health records may be taken on any personal electronic devices (such as, but not limited to, cameras, smartphones and tablets), **even if** the patient gives you permission.

- No photos or videos of patients/clients (and their families) or clinical field work or internships may be taken on personal electronic devices (such as, but not limited to, cameras, smartphones and tablets), unless the video or photo is a specific requirement of the internship experience and is requested in writing by an authorized representative of the clinical site.

- Students may not post messages that: incite imminent lawless action, are a serious expression of intent to inflict bodily harm upon a person, are unlawful harassment, are a violation of any law prohibiting discrimination, are defamatory or are otherwise unlawful.

- Students are prohibited from uploading tests/quizzes, faculty generated presentations, or faculty information to any website.

- Students are prohibited from claiming or even implying that they are speaking on behalf of the University.

**Sanctions**

- Violations of patient privacy will be subject to the policies outlined in the University’s Student Rights and Responsibilities: A Code of Student Behavior Handbook and HIPAA procedures/guidelines and sanctions.

- Students may be subject to disciplinary action if they:
  - violate University policy or HIPAA regulations;
  - share any confidential patient and/or University-related information;
  - make what the University considers to be unprofessional or disparaging comments or posts related to patients (their families), students and employees of third party organizations which provide clinical experiences for University students.
STUDENT SAFETY

The University’s Office of Public Safety Security Department maintains 24-hour, seven-day-a-week coverage of the campus. Security provides traffic control, security of physical assets, and safety of all employees, students, and guests of the campus. Employees, students, and guests can request campus escort 24 hours a day. In addition, all security staff members are trained in first aid and other emergency procedures.

The office is located in the Security Building. The telephone number is 812/464-1845 for routine business. For emergencies, call extension 7777 (812/492-7777 from your cell phone).

Emergency phones are located around the campus in the blue cylindrical structures with a light on top. Pressing the button will connect to the emergency number.

While participating in clinical activities off campus students will follow the facility’s safety policies and procedures. Students will also comply with the College of Nursing and Health Professions Infection Control Policy while at clinical sites. The policy includes methods for preventing exposure to blood and other potentially infectious materials as well as measures to take in the event an exposure occurs.

Any acts of aggressive behavior from either a patient or staff should immediately be reported to the facility Department Chair or preceptor. In the event the Department Director or preceptor is unavailable, safety and security should be notified. As soon as possible after the incident the student should report the incident to the Program Chair and the Director of Clinical Education.

STUDENT / EMPLOYEE STATUS AT CLINICAL SITES

1. Students must not complete clinical coursework while in an employee status at a clinical affiliate.

2. Students are not permitted to receive any form of compensation in exchange for work they perform during their clinical education coursework and experiences.

3. Students must not serve as substitute respiratory care staff while in the clinic setting.

STUDENT REPRESENTATIVE TO THE RESPIRATORY THERAPY ADVISORY COMMITTEE

Each class of the USI Respiratory Therapy Educational Program will select one student representative from the membership of that class to serve on the Respiratory Therapy Advisory Committee. Each representative will serve from his/her election in January of the first year until graduation. The second year representative will serve in behalf of both classes from September of the second year until the January election of the first year representative.
A.A.R.C. STUDENT MEMBERSHIP

Students are expected to join the American Association for Respiratory Care as student members to enable them to receive professional information which is essential for furthering their education and professional development as a respiratory therapist. Students are expected to maintain active student membership while enrolled in the Respiratory Therapy Program.

A.A.R.C. student members are allowed web-based membership, which includes membership in the Indiana Society for Respiratory Care.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

The Health Insurance Portability and Accountability Act, (HIPAA), prohibits anyone associated with patient care from disclosing personal information concerning the patient to anyone who is not associated with the patient’s direct care. This includes family and friends. By federal law, the patient’s personal information MUST be kept confidential at all times. For example, talking to a friend at the grocery store about a patient, discussing names, disease issues, and type of treatment would be considered a HIPAA violation. Violation of this policy also includes having any document or documentation that identifies the person as being a patient receiving care at any facility. This would include taking cell phone photos or videos in patient care areas where patients or patient names could be visible or identifiable.

Other examples would include posting photos, videos, describing experiences involving patients or using patient names that could possibly link a patient for identification to social media such as “face book.”

Violation of the HIPAA law is a serious offense and punishable by fines and/or imprisonment. Students found in violation of the HIPAA law will be immediately dismissed from the program.
These Health Information Privacy Policies and Procedures implement the College of Nursing and Health Professions’ obligations to protect the privacy of individually identifiable health information that we create, receive, or maintain.

We implement these Health Information Privacy Policies and Procedures to protect the interests of our clients and workforce; and to fulfill our legal obligations under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), its implementing regulations at 45 CFR Parts 160 and 164 (65 Fed. Reg 82462 (Dec. 28, 2000)) (“Privacy Rules”), as amended (67 Fed. Reg. 53182 [Aug. 14, 2002]), and state law that provides greater protection or rights to individuals than the Privacy Rules.

As a member of our workforce or as our Business Associate, you are obligated to follow these Health Information Privacy Policies and Procedures faithfully. Failure to do so can result in disciplinary action, including termination of employment or dismissal from your educational program. In addition, federal penalties for privacy violations can result in fines up to $250,000 and prison sentences of up to 10 years. The workforce includes any individual whose work performance at the University Of Southern Indiana College Of Nursing and Health Professions, (College), is under the direct control of the College. The workforce includes, but is not limited to, all clinical, administrative, and academic full-time, part-time, temporary, and contract employees, as well as volunteers, and students.

These Policies and Procedures address the basics of HIPAA and the Privacy Rules that apply to the College. They do not attempt to cover everything in the Privacy Rules.

The Policies and Procedures of the College utilize the terms “individual” to refer to prospective clients, clients of record, former clients, those whose health information is retained by the College, or the authorized representatives of these identified individuals.

If you have questions or doubts about any use or disclosure of individually identifiable health information or about your obligations under these Health Information Privacy Policies and Procedures, the Privacy Rules or other federal or state law, consult the College of Nursing and Health Professions Compliance Committee at 812.464.1702 before you act.
College of Nursing and Health Professions Compliance Committee
Adopted Effective: April 14, 2003

1. General Rule: No Use or Disclosure
The College must not use or disclose protected health information (PHI), except as these Privacy Policies and Procedures permit or require.

2. Acknowledgement and Optional Consent
The College will make a good faith effort to obtain a written acknowledgement of receipt of our Notice of Privacy Practices from an individual before we use or disclose his or her protected health information (PHI) for treatment, to obtain payment for that treatment, or for our healthcare operations (TPO).

The College’s use or disclosure of PHI for payment activities and healthcare operations may be subject to a “need to know” basis.

Consent from an individual will be obtained before use or disclosure of PHI for TPO purposes – in addition to obtaining an Acknowledgement of receipt of our Notice of Privacy Practices.

a) Obtaining Consent – Upon the individual’s enrollment in a College education program, employment in the College, or first visit as a client (or next visit if already a client), consent for use and disclosure of the individual’s PHI for treatment, payment, and healthcare operations will be requested.

b) Exceptions – Consent does not need to be obtained in emergency treatment situations; when treatment is required by law; or when communications barriers prevent consent.

c) Consent Revocation – An individual from whom consent is obtained may revoke it at any time by written notice. The revocation will be included in the individual’s file.

d) Applicability – Consent for use or disclosure of PHI should not be confused with informed consent for client treatment.

3. Oral Agreement
The College may use or disclose an individual’s PHI with the individual’s oral agreement.

The College may use professional judgment and our experience with common practice to make reasonable inferences of the individual’s best interest in allowing a person to act on behalf of the individual to pick up health records, dental/medical supplies, radiographs, or other similar forms of PHI.
4. Permitted Without Acknowledgement, Consent Authorization or Oral Agreement.

The College may use or disclose an individual’s PHI in certain situations, without authorization or oral agreement.

a) Verification of Identity: The College will always verify the identity and authority of any individual’s personal representative, government or law enforcement official, or other person, unknown to us, who requests PHI before we will disclose the PHI to that person.

The College will obtain appropriate identification and evidence of authority. Examples of appropriate identification include photographic identification card, government identification card or badge, and appropriate document on government letterhead. The College will document the request for PHI and how we responded.

b) Uses, Disclosures, or Access Permitted under this Section 4 – Except where specifically authorized by the individual or appropriate representative or as required by law, protected individual information may only be used, disclosed, or accessed by:

1. The individual or the individual’s personal representative
2. The College workforce members who require access to protected individual information as defined by their job role. Reasons for which protected individual information are generally needed include:
   a. delivery and continuity of the individual’s treatment or care.
   b. educational or research purposes, or
   c. College business or operational purposes
3. Non-College health care providers who need such information for the individual’s care.
4. Third-party payers or non-College health care providers for payment activities of such entities.
5. Business Associates from whom the College has received written assurance that protected individual information will be appropriately safeguarded.

The College may use or disclose PHI in the following types of situations, provided procedures specified in the Privacy Rules are followed:

1. For public health activities;
2. To health oversight agencies;
3. To coroners, medical examiners, and funeral directors;
4. To employers regarding work-related illness or injury;
5. To the military;
6. To federal officials for lawful intelligence, counterintelligence, and national security activities;
7. To correctional institutions regarding inmates;
8. In response to subpoenas and other lawful judicial processes;
9. To law enforcement officials;
10. To report abuse, neglect, or domestic violence;
11. As required by law;
12. As part of research projects; and
13. As authorized by state worker’s compensation laws.

5. Required Disclosures
The College will disclose protected health information (PHI) to an individual (or to the individual’s personal representative) to the extent that the individual has a right of access to the PHI; and to the U.S. Department of Health and Human Services (HHS) on request for complaint investigation or compliance review.

The College will document each disclosure made to HHS.

6. Minimum Necessary
All College workforce members must access and use protected individual information on a "need to know" basis as defined by their job role. In addition, when using or disclosing an individual’s information the amount of information used or disclosed should be limited to the minimum amount necessary to accomplish the intended purpose. When requesting an individual’s information from other health care providers, staff should limit the request to the minimum amount necessary. Minimum necessary expectation does not generally apply to situations involving treatment or clinical evaluation.

7. Business Associates
The College will obtain satisfactory assurance in the form of a written contract that our Business Associates will appropriately safeguard and limit their use and disclosure of the protected health information (PHI) we disclose to them.

These Business Associate requirements are not applicable to our disclosures to a healthcare provider for treatment purposes. The Business Associate Contract Terms document contains the terms that federal law requires be included in each Business Associate Contract.

a) Breach by Business Associate – If the College learns that a Business Associate has materially breached or violated its Business Associate Contract with us, we will take prompt, reasonable steps to see that the breach or violation is corrected.

If the Business Associate does not promptly and effectively correct the breach or violation, we will terminate our contract with the Business Associate, or if contract termination is not feasible, report the Business Associate’s breach or violation to the U.S. Department of Health and Human Services (HHS).
8. **Notice of Privacy Practices**
   The College will maintain a **Notice of Privacy Practices** as required by the Privacy Rules.

   **a) Our Notice** – The College will use and disclose PHI only in conformance with the contents of our **Notice of Privacy Practices**. We will promptly revise a **Notice of Privacy Practices** whenever there is a material change to our uses or disclosures of PHI to legal duties, to an individual’s rights or to other privacy practices that render the statements in that Notice no longer accurate.

   **b) Distribution of Our Notice** – The College will provide our **Notice of Privacy Practices** to each individual who submits health information to the College.

   **c) Acknowledgement of Notice** – The College will make a good faith effort to document receipt of the **Notice of Privacy Practices**.

9. **Individual’s Rights**
   The College workforce will honor the rights of individuals regarding their PHI.

   **a) Access** – The College will permit individuals or workforce members access to their own PHI we or our Business Associates hold.

   No PHI will be withheld from an individual unless we confirm that the information may be withheld according to the Privacy Rules. We may offer to provide a summary of the health information. The individual must agree in advance to receive a summary and to any fee we will charge for providing the summary.

   **b) Amendment** – Individuals and workforce members have the right to request to amend their own PHI and other records for as long as the College maintains them.

   The College may deny a request to amend PHI or records if: (a) we did not create the information (unless the individual provides us a reasonable basis to believe that the originator is not available to act on a request to amend); (b) we believe the information is accurate and complete; or (c) we do not have the information.

   The College will follow all procedures required by the Privacy Rules for denial or approval of amendment requests. We will not, however, physically alter or delete existing notes. We will inform the individual or workforce member when we agree to make an amendment. We will contact any individuals whom the individual or workforce member requests we alert to any amendment to the PHI. We will also contact any individuals or entities of which we are aware that we have sent erroneous or incomplete information and who may have acted on the erroneous or incomplete information to the detriment of the individual or workforce member.

   When we deny a request for an amendment, we will mark any future disclosures of the contested information in a way acknowledging the contest.
c) **Disclosure Accounting** – Clients or workforce members have the right to an accounting of certain disclosures the College made of their PHI within the 6 years prior to their request. Each disclosure we make, that is not for treatment payment or healthcare operations, must be documented showing the date of the disclosure, what was disclosed, the purpose of the disclosure, and the name and (if known) address of each person or entity to whom the disclosure was made. Documentation must be included in the client’s or workforce member’s record.

We are not required to account for disclosures we made: (a) before April 14, 2003; (b) to the individual (or the individual’s personal representative); (c) to or for notification of persons involved in an individual’s healthcare or payment for healthcare; (d) for treatment, payment, or healthcare operations; (e) for national security or intelligence purposes; (f) to correctional institutions or law enforcement officials regarding inmates; or (g) according to an Authorization signed by the patient or the patient’s representative; (h) incident to another permitted or required use disclosure.

The College will charge a reasonable, cost-based fee for every accounting that is requested more frequently than every 12 month, provided that the College has informed the individual in advance of the fee and provides the individual with an opportunity to modify or withdraw the request.

d) **Restriction on Use or Disclosure** – Individuals have the right to request the College to restrict use or disclosure of their PHI, including for treatment, payment, or healthcare operations. The College has no obligation to agree to the request, but if we do, we will comply with our agreement (except in an appropriate dental/medical emergency).

We may terminate an agreement restricting use or disclosure of PHI by a written notice of termination to the individual. We will document any such agreed to restrictions.

e) **Alternative Communications** – Individuals have the right to request the use of alternative means or alternative locations when communicating PHI to them. The College will accommodate an individual’s request for such alternative communications if the request is reasonable and in writing.

The College will inform the individual of our decision to accommodate or deny such a request.

10. **Staff Training and Management, Complaint Procedures, Data Safeguards, Administrative Practices**

a) **Staff Training and Management Training** – The College will train all members of our workforce in these Privacy Policies & Procedures, as necessary and appropriate for them to carry out their functions. Workforce members will complete privacy training prior to having access to PHI.

The College will maintain documentation of workforce training.

b).**Violation Levels and Disciplinary /Corrective Actions.**
Below are examples of privacy and security violations and the minimum disciplinary / corrective actions that will be taken. Depending on the nature - Violations at any level may result in more severe action or termination.

<table>
<thead>
<tr>
<th>Level of Violation</th>
<th>Examples</th>
<th>Minimum Disciplinary /Corrective Action</th>
</tr>
</thead>
</table>
| **Level 1** Carelessness   | • Failing to log-off/close or secure a computer with *protected health information* displayed.  
• Leaving a copy of *protected health information* (PHI) in a non-secure area.  
• Discussing *protected health information* (PHI) in a non-secure area (lobby, hallway, cafeteria, elevator) | **Staff**: Verbal warning with documentation by immediate supervisor  
**Students**: Verbal warning with documentation by clinical faculty and/or Program Chair  
**Faculty**: verbal warning with documentation by Program Chair or Dean |
| **Level II** Undermining Accountability | • Sharing ID/password with another coworker or encouraging a coworker to share ID/password.  
• Repeated violation of previous level | **Staff**: Written performance counseling  
**Students**: Written performance counseling by clinical faculty and/or Program Chair  
**Faculty**: Written performance counseling by Program Chair or Dean |
| **Level III** Unauthorized Access | • Accessing or allowing access to *protected health information* (PHI) without having a legitimate reason.  
• Repeated violation of previous levels. | **Staff**: Final performance improvement counseling  
**Students**: Written performance counseling and Program Chair determines disciplinary action.  
**Faculty**: Written performance counseling and Program Chair or Dean determines disciplinary action. |
| **Level IV** Blatant Misuse | • Accessing or allowing access to *protected health information* (PHI) without having a legitimate reason and disclosure or abuse of the *protected health information* (PHI).  
• Using protected patient information (PPI) for personal gain.  
• Tampering with or unauthorized destruction of information.  
• Repeated violations of previous levels | **INITIATE TERMINATION**  
**Staff**: Initiate termination of employment  
**Students**: Initiate dismissal procedures  
**Faculty**: Dean determines disciplinary action/sanction including initiating termination of employment |
b) **Complaints** – The College will implement procedures for individuals to complain about compliance with our Privacy Policies and Procedures or the Privacy Rules. The College will also implement procedures to investigate and resolve such complaints.

The complaint form can be used by the individual to lodge the complaint. Each complaint received must be referred to the College Compliance Committee immediately for investigation and resolution. We will not retaliate against any individual or workforce member who files a complaint in good faith.

c) **Data Safeguards** – The College will strengthen these Privacy Policies and Procedures with such additional data security policies and procedures as are needed to have reasonable and appropriate administrative, technical, and physical safeguards in place to ensure the integrity and confidentiality of the PHI we maintain.

The College will take reasonable steps to limit incidental uses and disclosures of PHI made according to an otherwise permitted or required use or disclosure.

d) **Documentation and Record Retention** – The College will maintain in written or electronic form all documentation required by the Privacy Rules for six years from the date of creation or when the document was last in effect, whichever is greater.

e) **Privacy Policies & Procedures** – The College of Nursing and Health Professions Compliance Committee will make any needed changes to the Privacy Policies and Procedures.

11. **State Law Compliance**
The College will comply with state privacy laws that provide greater protections or rights to individuals than the Privacy Rules.

12. **HHS Enforcement**
The College will give the U.S. Department of Health and Human Services (HHS) access to our facilities, books, records, accounts, and other information sources (including individually identifiable health information without individual authorization or notice) during normal business hours (or at other times without notice if HHS presents appropriate lawful administrative or judicial process).

We will cooperate with any compliance review or complaint investigation by HHS, while preserving the rights of the College.

13. **Designated Personnel**
The Chairperson of the College of Nursing and Health Professions Compliance Committee will serve as Privacy Officer and contact person for the College.
University of Southern Indiana  
College of Nursing and Health Professions  
CONFIDENTIALITY POLICY

As a member of the University of Southern Indiana College of Nursing and Health Professions (CNHP) workforce you may have access to “confidential information.” The purpose of this agreement is to help you understand your duty regarding confidential information as described in this policy. Members of the CNHP workforce include but are not limited to faculty, staff, students, and volunteers.

Measures must be taken so that all information received, maintained, or utilized by CNHP and any of its off-site affiliates can only be accessed by authorized users. CNHP has a legal and ethical responsibility to safeguard the privacy and to protect the confidentiality of health information and all other types of confidential information. Health information is confidential information regardless of how it is obtained, stored, utilized, or disclosed.

As a member of the CNHP workforce you are required to conduct yourself in strict conformance to all applicable laws and the University of Southern Indiana and CNHP policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these duties. The violation of any of these duties will subject you to disciplinary action, including termination of employment or dismissal from your educational program. In addition, federal penalties for privacy violations can result in fines up to $250,000 and prison sentences of up to 10 years.

As a member of the CNHP workforce, you will likely have access to and use confidential information in any or all of the following categories:

- Client information (such as charts and other paper and electronic records, demographic information, conversations, admission/discharge dates, names of attending healthcare providers, client financial information, etc.);
- Information pertaining to members of the CNHP workforce (such as health records, salaries, employment records, student records, disciplinary actions, etc.);
- University of Southern Indiana and CNHP information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, and communications); and
- Third-party information (such as insurance).
University of Southern Indiana  
College of Nursing and Health Professions  
Confidentiality Agreement

As a condition of and in consideration of my use, access, and/or disclosure of confidential personal health information,
I, ______________________ understand and agree to the following:

1. I will access, use, and disclose confidential personal health information only as necessary to perform my job functions. This means, among other things, that:

   a) I will only access, use, and disclose confidential personal health information which I have authorization to access, use, and disclose which is required to do my job;

   b) I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential personal health information except as properly and clearly authorized within the scope of my job and as in accordance with all applicable University of Southern Indiana and CNHP policies and procedures and with all applicable laws;

   c) I will report to my supervisor or to the appropriate office any individual’s or entity’s activities that I suspect may compromise the confidentiality of confidential personal health information.

2. I understand that it is my responsibility to be aware of University of Southern Indiana and CNHP policies that specifically address the handling of confidential information and misconduct that warrants immediate discharge.

3. I understand that any fraudulent application, violation of confidentiality or any violation of the above provisions may result in disciplinary action, including termination of employment or dismissal from my educational program. In addition, federal penalties for privacy violations can result in fines up to $250,000 and prison sentences of up to 10 years.

My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Signature: ____________________________________ Date: ___________________
Printed Name: __________________________________________________________
Department/Program: ______________________________________________________

Check appropriate box:

[ ] student      [ ] faculty      [ ] staff      [ ] student worker      [ ] other________________
WORKFORCE MEMBER REVIEW OF HIPAA PRIVACY POLICIES AND PROCEDURES

I, ________________________________________, have received and reviewed a copy of the University of Southern Indiana College of Nursing and Health Profession's health information privacy policies and procedures.

Print Name

________________________________________________________

Signature

________________________________________________________

Date
NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

The privacy of your health information is important to us.

Our Legal Duty
We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Uses and Disclosures of Health Information
We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Client Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person’s involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.
Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

CLIENT RIGHTS
Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we may charge a cost-based fee to cover the cost of processing. If you request an alternative format, we may charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.
University of Southern Indiana
College of Nursing and Health Professions

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

**You May Refuse to Sign This Acknowledgement**

I, ______________________________________, have received a copy of this office’s Notice of Privacy Practices.

Client Signature____________________________________________________

-OR IF SIGNING FOR A MINOR -

Print Name of Minor__________________________________________________

Parent or guardian of minor signature___________________________________

{Date}________________________________________________________________

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

☐ Individual refused to sign

☐ Communications barriers prohibited obtaining the acknowledgement

☐ An emergency situation prevented us from obtaining acknowledgement

☐ Other (Please Specify)
University of Southern Indiana College of Nursing and Health Professions

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

SECTION A: CLIENT GIVING CONSENT

Name: ___________________________________________________ Social Security Number ____________________________

Address: ____________________________________________________________________________

Telephone: ____________________________ E-mail: _________________________________________

SECTION B: TO THE CLIENT—PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

Contact Person: ____________________________________________
Telephone: ____________________________

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

SIGNATURE

I, ____________________________________________, have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

Signature: ____________________________ Date: ____________________________

If this Consent is signed by a personal representative on behalf of the client, complete the following:

Personal Representative’s Name: ____________________________________________

Relationship to Client: ____________________________________________

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT. Include completed Consent in the client’s chart.

REVOCATION OF CONSENT

I revoke my Consent for your use and disclosure of my protected health information for treatment, payment activities, and healthcare operations.

I understand that revocation of my Consent will not affect any action you took in reliance on my Consent before you received this written Notice of Revocation. I also understand that you may decline to treat or to continue to treat me after I have revoked my Consent.

Signature: ____________________________ Date: ____________________________
University of Southern Indiana
College of Nursing and Health Professions

COMPLAINT

To the Client:

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices, our Privacy Policies and Procedures, or federal or state privacy rules or law. We will not require you to waive any right you may have under federal or state privacy or other law to file your complaint, nor will filing your complaint adversely affect our treatment of you. To exercise this right, please complete, sign and date Sections A and B below, then submit this complaint to us at:

Contact Office: University of Southern Indiana College of Nursing and Health Professions
Telephone: 812.464.1702

You may, in addition or in the alternative to filing a complaint with us, file a complaint with the United States Department of Health and Human Services. For information on the procedures for doing that, please contact us at the above location.

SECTION A: CLIENT LODGING COMPLAINT

Name: ___________________________________ Social Security Number: ____________________________
Address: ______________________________________
Telephone: ___________________________ E-mail: _____________________________

SECTION B: CLIENT’S COMPLAINT

Please give a concise, plain statement of your complaint:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please give a concise, plain statement of the resolution you seek for your complaint:

________________________________________________________________________
________________________________________________________________________

CLIENT’S SIGNATURE

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

Signature: ___________________________ Date: ___________________________

If this complaint is lodged by a personal representative on behalf of the patient, complete the following:

Personal Representative’s Name: ____________________________________________

Relationship to Client: ____________________________________________

YOU ARE ENTITLED TO A COPY OF THIS COMPLAINT.
College of Nursing and Health Professions

Infection Control Policy

REVISED May 2014
Introduction

Protecting health care professions students from exposures to pathogenic microorganisms is a critical component of the clinical education environment. Clinical situations present the possibility for contact with blood, body fluid, or biological agents which pose infectious disease risk, particularly risk associated with the hepatitis B virus, hepatitis C virus, the human immunodeficiency virus, and tuberculosis.

Medical histories and examinations cannot identify all clients infected with pathogens. Therefore, the concept of STANDARD PRECAUTIONS is to be practiced with all clients during treatment and post-treatment procedures. Standard precautions encompass the standard of care designed to protect health care providers and clients from pathogens that may be spread by blood or any other body fluid, excretion, or secretion. Clients must be protected from disease transmission which can occur via contaminated hands, instruments, and other items. Use of appropriate infection control procedures will minimize this risk of transmission.

Guidelines for reducing risk of disease transmission have been issued by many health related organizations. The Bloodborne Pathogens Standard issued through the Federal Occupational Safety and Health Administration along with recommendations from the Centers for Disease Control and Prevention, (CDC), provide the basis for the University of Southern Indiana College of Nursing and Health Professions Infection Control Policy developed by the College of Nursing and Health Professions Infection Control and HIPAA Committee.

The policies and procedures contained in the Infection Control Policy are designed to prevent transmission of pathogens and must be adhered to by all students and faculty in the College of Nursing and Health Professions when participating in clinical education experiences where the potential for contact with blood or other potentially infectious materials (OPIM) exists. These experiences include clinical practice on peers. The goal of the Infection Control Policy is to provide procedures and guidelines to be used by students to prevent transmission of infectious diseases while participating in clinical/laboratory activities while enrolled as a student in the College of Nursing and Health Professions.

Exposure to infectious diseases is an integral part of practicing as a health care professional (HCP). All students must recognize and accept this risk in order to complete their education and participate fully in their chosen career. Students may not refuse to care for a client solely because the client has an infectious disease or is at risk of contracting an infectious disease such as HIV, AIDS, HBV, HCV, or TB. PROFESSIONAL STANDARDS OF INDIVIDUAL DISCIPLINES MAY NECESSITATE EXCEPTIONS TO THE PRECEDING STATEMENT.

All information regarding a client's medical status is considered confidential and shall be used for treatment purposes only. No information about the client's medical status will be disclosed or reported without the client's express written consent, except in those cases as stipulated by law.

The curriculum of each program in the College of Nursing and Health Professions includes information regarding the etiology, symptoms, and transmission of infectious diseases, as well as specific methods of preventing disease transmission to be utilized in various clinical sites. This information will be provided to the student prior to initiation of clinical experiences.

Information contained in the Infection Control Policy will be reviewed with students on an annual basis or more often if changes in content occur.
The College of Nursing and Health Professions Infection Control and HIPAA Committee will review the Infection Control Policy annually and will make revisions as additional information becomes available that impacts content. The Committee will also evaluate exposure incidents to determine the need for modification of the Infection Control Policy policies/procedures.

Medical Evaluation, Immunizations, and Record Keeping

All students admitted to a clinical program in the College of Nursing and Health Professions are required to undergo comprehensive medical evaluation prior to enrolling in professional courses.

Vaccines Recommendations
Adapted from Immunization Coalition  www.immunize.org

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Recommendations in brief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain anti-HBs serologic testing 1-2 months after dose #3.</td>
</tr>
<tr>
<td>Influenza</td>
<td>Give 1 dose of influenza vaccine annually. Give inactivated injectable influenza vaccine intramuscularly or live attenuated influenza vaccine (LAIV) intranasally.</td>
</tr>
<tr>
<td>MMR</td>
<td>For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give SC.</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis</td>
<td>Give a one-time dose of Tdap as soon as feasible to all HCP who have not received Tdap previously. Give Td boosters every 10 years thereafter. Give IM.</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>Give 1 dose to microbiologists who are routinely exposed to isolates of <em>N. meningitidis</em>. Give IM or SC.</td>
</tr>
</tbody>
</table>

*Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material*

**Hepatitis B**

Healthcare personnel (HCP) who perform tasks that may involve exposure to blood or body fluids should receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. Test for hepatitis B surface antibody (anti- HBs) to document immunity 1-2 months after dose #3.

- If anti-HBs is at least 10 mIU/mL (positive), the patient is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the patient is unprotected from hepatitis B virus (HBV) infection; revaccinate with a 3-dose series. Retest anti-HBs 1-2 months after dose #3.
  - If anti-HBs is positive, the patient is immune. No further testing or vaccination is recommended.
  - If anti-HBs is negative after 6 doses of vaccine, patient is a non-responder.

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBig prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood. It is also possible that non-responders are persons who are HBsAg positive. Testing should be considered. HCP found to be HBsAg positive should be counseled and medically evaluated.

**Note:** Anti-HBs testing is not recommended routinely for previously vaccinated HCP who were not tested 1-2 months after their original vaccine series. These HCP should be tested for anti-HBs when they have an exposure to blood or body fluids. If found to be anti-HBs negative, the HCP should be treated as if susceptible.

**Influenza**

All students admitted to clinical programs and completing internships will receive annual vaccination against influenza. All HCP students participating in volunteer assignments should follow the guidelines of the facility. Live attenuated influenza vaccine (LAIV) may only be given to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza
vaccine (TIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed persons (e.g., stem cell transplant patients) when patients require protective isolation.

**Measles, Mumps, Rubella (MMR)**

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity (HCP who have an “indeterminate” or “equivocal” level of immunity upon testing should be considered nonimmune) or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday, separated by 28 days or more, and at least 1 dose of live rubella vaccine).

**Varicella**

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes zoster based on physician diagnosis and signature, laboratory evidence of immunity, or laboratory confirmation of disease.

**Tetanus/Diphtheria/Pertussis (Td/Tdap)**

All adults who have completed a primary series of a tetanus/diphtheria-containing product (DTP, DTaP, DT, Td) should receive Td boosters every 10 years. HCP of all ages with direct patient contact should be given a 1-time dose of Tdap, with priority given to those having contact with infants younger than age 12 months.

References

www.immunize.org • www.vaccineinformation.org

All students and faculty who have client contact are required to be immunized or provide documentation of laboratory confirmation of disease or immunity against varicella, mumps, measles, rubella. All students and faculty who have client contact are required to be immunized against tetanus, pertussis and diphtheria, and to receive annual influenza immunization.

All students admitted to a clinical program in the College of Nursing and Health Professions will receive baseline TB screening within 12 months prior to admission, using two-step TST, a single BAMT to test for infection with *M. tuberculosis* or quantiFERON Blood Gold Test.
Two-Step TST Testing

After baseline testing for infection with *M. tuberculosis*, HCPs should receive TB screening annually (i.e., symptom screen for all HCWs and testing for infection with *M. tuberculosis* for HCPs with baseline negative test results).

HCPs with a baseline positive or newly positive test result for *M. tuberculosis* infection or documentation of previous treatment for Latent Tuberculosis Infection (LTBI) or TB disease should receive one chest radiograph result to exclude TB disease. Instead of participating in serial testing, HCPs should receive a symptom screen annually. This screen should be accomplished by educating the HCP about symptoms of TB disease and instructing the HCP to report any such symptoms immediately to the occupational health unit. Treatment for LTBI should be considered in accordance with CDC guidelines.

Record Keeping

1. All records related to a student's medical status and program required documents will be maintained by CertifiedBackground.com. Reports related to medical records and other documents will be available to program administrators.
2. The records will be maintained separately from all other student records.
3. The records will be maintained in a secured and confidential manner and will not be disclosed or reported without the student's express written consent.
4. Student workers will not have access to student or faculty medical records.

HIV Positive, HBV, or HCV Chronic Carrier Students and Faculty

A. Students and faculty are encouraged to know their HIV, HbsAG, and anti-HCV status and report positive status to the Dean and the Infection Control and HIPAA Committee of the College of Nursing and Health Professions. Such individuals should consult with their health care provider to assess the risks of clinical practice to their health and to others. The health care provider should make written recommendations related to the student's education experience. The Dean and the Infection Control and HIPAA Committee will review each case individually and, if indicated, will recommend appropriate modifications of the clinical experiences.

B. All information regarding a student's medical status will be considered confidential and will not be disclosed or reported without the student's express written consent.
C. A student’s HIV, HBV and/or HCV status will not determine a student’s opportunity to be admitted or progress in a program. The HIV, HBV, and/or HCV status will be considered only as it relates to: (1) the student’s ability to safely carry out the normal assignments associated with the course of study and (2) the student’s long term health.

**Tuberculosis Exposure/Conversion**
A student or faculty who is exposed to tuberculosis or whose negative PPD test converts to positive, will be referred to the Vanderburgh County Public Health Department for evaluation.

**Exposure Potential**

A. All HCP participating in clinical activities have the potential for skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (contained in the following list) and will adhere to policies and procedures contained in the *Infection Control Policy*. Adherence is required without regard to the use of personal protective equipment.

B. Other Potentially Infectious Materials (OPIM)
- semen
- vaginal secretions
- cerebrospinal fluid
- synovial fluid
- pleural fluid
- pericardial fluid
- peritoneal fluid
- amniotic fluid
- breast milk
- saliva/sputum
- body fluids visibly contaminated with blood
- any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- HIV containing cells or tissues cultures
- HIV, HBV, or HCV containing culture medium or other solutions
- blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV

**Percutaneous/Mucous Membrane Exposure to Blood or Other Potentially Infectious Materials (Exposure Incident)**

A. An exposure that might place HCP at risk for HIV infection is defined as a percutaneous injury (eg, a needlestick or cut with a sharp object) or contact of mucous membrane or non-intact skin (eg, exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious. In addition to blood and visibly bloody body fluids, semen and vaginal secretions are also considered potentially infectious. Although semen and vaginal secretions have been implicated in the sexual transmission of HIV, they have not been implicated in occupational transmission from patients to HCP. The following fluids are also considered potentially infectious: cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid.

Exposures are to be reported *immediately*, (within 2 hours of the incident), by the student to the clinical instructor so that appropriate post-exposure procedures can be initiated. An exposure is considered an urgent medical concern. A delay in reporting/treatment of the incident may render recommended HIV post-exposure prophylaxis, (PEP), ineffective. If a delay occurs, (defined as later than 24-36 hours after the incident), it is advised that expert consultation for HIV/PEP be sought. **The clinical instructor will complete the agency**
incident report, the University Injury or Illness Report, and the College of Nursing and Health Professions Student Exposure Incident Report, and Acknowledgement of Refusal if applicable. The completed college report and the university report will be submitted to the College of Nursing and Health Professions Infection Control and HIPAA Committee for review. The University report will be forwarded by the College of Nursing and Health Professions Infection Control and HIPAA Committee to appropriate University personnel. The clinical instructor will also notify the course coordinator and program administrator of the exposure incident.

B. After a percutaneous or mucous membrane exposure to blood or body fluids, the student is to follow USPHS and clinical site policy for immediate post-exposure wound cleansing/infection prophylaxis such as cleansing the affected area with antimicrobial soap, irrigation of the eyes or mouth with large amounts of tap water or saline.

C. The source client, if known, should be tested serologically for evidence of HIV, HbsAg and anti-HCV. HIV consent must be obtained from the source client prior to testing. Testing should be within 2 hours if at all possible.

D. The exposed HCP will be referred for medical attention and counseling by a physician immediately.

Most current recommendations include:

- If source is unknown, the use of Post Exposure Prophylaxis (PEP) is to be decided on a case by case basis taking into consideration of exposure.
- If the source patient from whom the practitioner was exposed has a reasonable suspicion of HIV infection or is HIV positive and the practitioner anticipates that hours or day may be required, antiretroviral medications should be started immediately.
- Severity of the exposure to determine the number of drugs to be offered should no longer be used.
- PEP should be stopped if source patient is determined HIV negative.
- The HCP should receive base-line testing for the HIV virus.
- Follow-up counseling should be within 72 hours of exposure with additional follow up in 6 and 12 weeks and again at 6 months.
- The full article: Updated US Public Health Service Guidelines for the management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post-exposure Prophylaxis can be read at:

http://www.jstor.org/stable/10.1086/672271

**Hepatitis B Procedure**

The following chart outlines the CDC recommendations for hepatitis B post-exposure prophylaxis following percutaneous exposure.

<table>
<thead>
<tr>
<th>Exposed Person</th>
<th>Source Client HBsAg Positive</th>
<th>Source Client HBsAG Negative</th>
<th>Source Client Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated</td>
<td>Administer HBIG* X 1 and HB vaccine</td>
<td>Initiate HB vaccine</td>
<td>Initiate HB vaccine</td>
</tr>
<tr>
<td>Previously vaccinated Known responder</td>
<td>Test exposed person for anti-HBs 1. If inadequate, HB vaccine booster dose 2. If adequate, no treatment</td>
<td>No treatment</td>
<td>No treatment</td>
</tr>
</tbody>
</table>
Previously vaccinated
Known non-responder
HBIG X 2 or HBIG X 1
plus 1 dose HB vaccine
No treatment
If known high risk
source, may treat as if +

Previously vaccinated
Response unknown
Test exposed person for
anti-HBs
1. If inadequate, HBIG X
1, plus HB vaccine
booster dose
2. If adequate, no
treatment
No treatment
Test exposed person for
anti-HBs
1. If inadequate, HB
booster
2. If adequate, no
treatment

*The Centers for Disease Control and Prevention recommend that HBIG, when indicated, be administered as soon as possible after exposure, and within 24 hours if possible.

Hepatitis C Procedure

The following chart outlines the CDC recommendations for hepatitis C post-exposure prophylaxis following percutaneous exposure.

<table>
<thead>
<tr>
<th>Exposed Individual</th>
<th>Source Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform baseline testing for anti-HCV and alanine aminotransferase (ALT) activity</td>
<td>Perform testing for anti-HCV</td>
</tr>
<tr>
<td>Perform follow-up testing at 4-6 months for anti-HCV and ALT activity</td>
<td></td>
</tr>
</tbody>
</table>

Additional Information

For additional information related to management of exposure incidents refer to:

http://www.cdc.gov/oralhealth/InfectionControl/faq/bloodborne_exposures.htm

National Clinicians’ Post-exposure Prophylaxis Hotline:
http://www.nccc.ucsf.edu/about_nccc/pepline/

Needlestick Reference:
http://www.mercydurango.org/srvcsmedical/Needlestick!%20Help%20Files.pdf

Immunization Action Coalition:
www.immunize.org & www.vaccineinformation.org

Methods of Reducing Potential for Exposure to Pathogens

Standard Precautions

Standard precautions refer to the prevention of contact with blood, all body fluids, secretions, and excretions except sweat, and must be used with every client. Exposure of non-intact skin and mucous membranes to these fluids must be avoided. All body fluids shall be considered potentially infectious materials.

Engineering and Work Practice Controls

Engineering and work practice controls shall be used to eliminate or minimize exposure to blood or OPIM. An example of an engineering control would include the use of safer medical devices, such as sharps with engineered sharps injury protection and needleless systems. Where potential exposure remains after institution of these controls, personal protective equipment shall also be used. The following engineering controls will be utilized:

1. Hand washing is a significant infection control measure which protects both the student and the client. Students will wash their hands before donning gloves and immediately or as soon as feasible after removal of gloves or other personal protective equipment. Students will wash hands and any other skin with soap and water or flush
mucous membranes with water immediately or as soon as feasible following contact with blood or OPIM. No nail polish or artificial fingernails are allowed during clinical activities. Jewelry has the potential to harbor microorganisms. Refer to individual program handbooks for specific guidelines regarding wearing jewelry during clinical activities.

2. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in treatment areas or any other area where there is a reasonable likelihood of exposure to blood or OPIM.

3. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or OPIM are present.

4. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

5. Mouth pipetting/suctioning of blood or OPIM is prohibited.

6. Sharps Management

Sharps are items that can penetrate skin and include injection needles, scalpel blades, suture needles, irrigation cannulas, instruments, and broken glass. It is recommended that the clinician select the safest medical device and/or technique available to help reduce needlesticks and other sharps injuries. The use of needles should be avoided where safe and effective alternatives are available.

- All disposable contaminated sharps shall be disposed of immediately or as soon as feasible in closable, puncture resistant, leak proof on sides and bottom, and labeled containers. The container must be maintained in an upright position and must not be overfilled.
- Sharps disposal containers must be readily accessible and located in reasonable proximity to the use of sharps.
- Containers containing disposable contaminated sharps are not to be opened, emptied, or cleaned manually or in any other manner which could create a risk of percutaneous injury.
- Contaminated needles and other contaminated sharps shall not be bent, sheared, recapped or removed unless no alternative is feasible or is required by a specific procedure. If recapping is necessary, a one handed technique or mechanical recapping device must be used.
- Reusable contaminated sharps shall be placed in leak proof, puncture resistant, labeled containers while waiting to be processed.
- Sharps containers must be closed before they are moved.
- HCP are not to reach by hand into containers of contaminated sharps.
- Contaminated broken glass should be picked up using mechanical means such as a brush and dust pan, tongs, or forceps.
- Whenever possible, sharps with engineered sharps injury protection or needleless systems should be used.

7. Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container must be closed before being stored, transported, or shipped. If outside contamination of the primary container occurs, or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container which prevents leakage, and/or resists puncture during handling, processing, storage, transport, or shipping.

8. Equipment Sterilization

   a. Reusable heat stable instruments are to be sterilized by acceptable methods.
   b. Heat sterilization equipment will be monitored for effectiveness and records will be maintained.
9. Equipment which may be contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary. Equipment which has not been fully decontaminated must have a label attached with information about which parts remain contaminated.

**Personal Protective Wear**

1. Personal protective equipment such as gloves, gowns, laboratory coats, face masks, eye protection or face shields, resuscitation bags, pocket masks or other ventilation devices shall be used whenever there is the potential for exposure to blood or OPIM.

2. Personal protective equipment must not permit blood or OPIM to pass through to or reach the student's clothes, skin, eyes, mouth, or other mucous membranes.

3. All personal protective equipment must be removed prior to leaving the treatment area. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

**Gloves**

Gloves shall be worn in the following situations:
- when it can be reasonably anticipated that hands may contact blood, OPIM, mucous membranes, or non-intact skin.
- when performing vascular access.
- when handling or touching contaminated items or surfaces.

**Disposable gloves**

- shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- shall be replaced if excessive moisture develops beneath the glove.
- shall not be washed or decontaminated for re-use.
- if contaminated, must be covered by over gloves when handling non-contaminated items (e.g. client charts)

**Utility gloves**

- may be decontaminated for re-use if the integrity of the glove is not compromised.
- must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

**Masks**

- Masks shall be changed between clients.
- Masks shall be changed when excessive moisture develops beneath the surface.

**Eye Protection**

- goggles or glasses with solid side shields, or chin length face shields, shall be worn whenever splashes, spray, spatter, aerosols, or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated.

**Protective Body Clothing**

- Appropriate protective clothing such as gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in potential exposure situations.
Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated. Protective body clothing must be changed when visibly contaminated with blood or OPIM or if they become torn or punctured.

**Housekeeping**

Equipment and Environmental and Working Surfaces

- Contaminated work surfaces shall be decontaminated after completion of procedures using a tuberculocidal chemical disinfectant having an Environmental Protection Agency (EPA) registration number. Decontamination must occur between clients, immediately or as soon as feasible when surfaces are contaminated, or after any spill of blood or OPIM.

- Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and surfaces are to be removed and replaced as soon as feasible when they become contaminated. Protective coverings do not replace decontamination with tuberculocidal chemical disinfectant.

- Reusable bins, pails, cans, and similar receptacles are to be regularly inspected for contamination with blood or OPIM and decontaminated as needed.

**Infectious Waste Management**

1. Infectious waste is defined as:
   - contaminated disposable sharps or contaminated objects that could potentially become contaminated sharps
   - infectious biological cultures, infectious associated biologicals, and infectious agent stock
   - pathological waste
   - blood and blood products in liquid and semi-liquid form
   - carcasses, body parts, blood and body fluids in liquid and semi-liquid form, and bedding of laboratory animals
   - other waste that has been intermingled with infectious waste

2. Infectious waste must be placed in labeled containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.

3. Containers must be closed prior to moving/removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If the outside of the container becomes contaminated it is to be placed in a second container which must have the same characteristics as the primary container.

**Definitions of Terms/Abbreviations**

**AIDS**

- Acquired Immune Deficiency Syndrome
- A disabling or life threatening illness caused by HIV (human immunodeficiency virus). It is the last stage on the long continuum of HIV infection and is characterized by opportunistic infections and/or cancers.

**Anti-HBs - Hepatitis B Surface Antibody**

- The presence of anti-HBs (hepatitis B surface antibodies) in an individual's blood indicates immunity to hepatitis B disease. This is the test used to indicate that a person has had a serologic response to hepatitis B immunization and has developed antibodies to the infection.

**Anti-HCV – Hepatitis C antibody virus**

- Indicates past or present infection with hepatitis C
**CDC**
- Centers for Disease Control and Prevention
- The branch of the U.S. Public Health Service whose primary responsibility is to propose, coordinate and evaluate changes in the surveillance of disease in the United States.

**Delayed Report**
- Not reporting an exposure incident until 24 hours or more hours following the exposure.

**Exposure Incident**
- A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

**HBIG - Hepatitis B Immune Globulin**
- A type of vaccine administered in the event of an exposure to hepatitis B disease. The administration of this preparation confers a temporary (passive) immunity or raises the person's resistance to hepatitis B disease.

**HBsAg - Hepatitis B Surface Antigen**
- A surface antigen of the hepatitis B virus. Indicates potential infectivity.

**HCP**
- Health Care Personnel / Professional

**HIV - Human Immunodeficiency Virus**
- The organism that causes AIDS.

**LTBI**
- Latent Tuberculosis Infection

**OPIM - Other Potentially Infectious Materials**
- Materials other than human blood that carry the potential for transmitting pathogens.

**PEP**
- Post Exposure Prophylaxis

**Standard Precautions**
- Treating all clients as if they are infected with a transmissible disease.

**Universal Precautions**
- Treating all clients as if they are infected with a transmissible bloodborne disease.
Management of Exposure Incidents

Any percutaneous (needle stick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane (splash to eyes, lips, or mouth) exposure to blood, blood products, other body fluids, or air borne exposures must be reported immediately by the student to the clinical faculty so that appropriate post-exposure procedures can be initiated. The Public Health Services (PHS) recommends that treatment should be recommended to healthcare workers who experience occupational high-risk exposures. Please see the College of Nursing and Health Profession’s Infection Control Manual for further information.

Management of Exposure Incidents Checklist

☐ For exposures other than air-borne exposures: The affected area was cleansed with antimicrobial soap. Water was run through glove if puncture was suspected. Eyes: The eyes were irrigated for one minute. Mouth: The mouth cleansed with tap water for fifteen minutes.

☐ Injury or Illness Report completed.

☐ Student Exposure Incident Report completed.

☐ Clinical Facility’s Incident Report completed.

☐ Exposed student provided a copy of the Student Exposure Incident Report and sent by clinical faculty for treatment. (Refer to clinical site policy for exposure incident treatment.) [For TB exposures, students will receive notice of exposure to suspected or active cases of TB through either the employee health department of the clinical facility where they were exposed or, in cases of active TB, through the county health department. Instructions for follow-up are provided by the notifying department.]

☐ Source Patient Management: The source client, if known, should be serologically tested for evidence of HIV, HbsAg, and anti-HCV. Please circle one:

- Source patient known and tested
- Source patient known and refused testing
- Source patient unknown

Clinical Faculty Signature: ______________________________ Date: ___________

☐ The completed Injury or Illness Report, Student Exposure Incident Report and exposure check list returned to Clinical Coordinator within 24 hours or as soon as possible.

Clinical Coordinator Signature: ______________________________ Date: ___________

☐ Postexposure management/counseling completed. Students have the right to be counseled about exposure by university faculty if desired. Please Circle One:

- Counseling completed
- Counseling denied

University Faculty Signature: ______________________________ Date: ___________
Acknowledgement of Refusal to Seek Management of Exposure Incident

Any percutaneous (needlestick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane (splash to eye, lips, or mouth) exposure to blood, blood products, body fluids, or airborne pathogens is to be reported immediately by the student to the clinical faculty so that appropriate post-exposure procedures can be initiated. The Public Health Services, (PHS), recommends that treatment should be recommended to healthcare workers who experience occupational high-risk exposures. Please refer to the College of Nursing and Health Professions Infection Control Policy.

I understand that I have been advised to seek prompt management of an exposure incident. At this time, I am refusing referral to a healthcare professional for recommendation regarding the need for evaluation and the need for chemoprophylaxis.

Date of Exposure Incident: ________________   Time of Exposure Incident: ________________

Institution where incident took place: _______________________________________________

Summary of incident: ____________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Student Name: ______________________________________

Student Signature: ___________________________ Date/Time: ______________

Advising Faculty: ___________________________ Date: ______________
College of Nursing and Health Professions

Student Exposure Incident Report

Exposed Student Information:
Program: ________________________________________________________________

Student Name: __________________________________ DOB: ____________________

Date Incident Occurred: _______ Time Incident Occurred: _______ Time Reported: ________

Has the student completed the hepatitis B vaccination series? [ ] yes [ ] no

If yes, dates of vaccination: 1st ___________ 2nd ___________ 3rd ___________

Post-vaccination HBV antibody status, if known: [ ] positive [ ] negative [ ] unknown

Date of Last Tetanus Vaccination: ____________ Date of Last Tuberculin Test: __________

Exposure Incident Information:
Agency/site where incident occurred (include specific unit): ____________________________

Type of incident:
[ ] needle stick
[ ] instrument puncture
[ ] bur laceration
[ ] injury from other sharp object: ________________________________________________
[ ] blood/other body fluid splash or spray
[ ] human bite
[ ] other ________________________________________________________________

Area of body exposed: __________________________________________________________________

Type of body fluid/tissue/airborne pathogen exposed to: ________________________________

Describe incident in detail: ____________________________
______________________________________________________________________________
______________________________________________________________________________

What barriers were being used by the student when the incident occurred?
[ ] gloves [ ] mask [ ] eye wear [ ] gown [ ] other ______________________________

Source Patient Information:
Review of source patient medical history: [ ] yes [ ] no

Verbally questioned regarding:

History of hepatitis B, hepatitis C, or HIV infection [ ] yes [ ] no
High risk history associated with these diseases [ ] yes [ ] no
Patient consents to be tested for HBV, HCV, and HIV [ ] yes [ ] no

Referred to (name of evaluating healthcare professional/facility): __________________________

Incident report completed by: __________________________________________________________

Student Signature: __________________________ Date: ______________________

Post-exposure management/counseling:
Date: __________________________ Time: ______________________
Comments: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Counselor Signature: __________________________

University Injury of Illness Report Completed:
Signature: __________________________ Date: ______________________
Clinical Instructor Signature: __________________________ Date: ______________________

Student Acknowledgment:
I have reviewed and confirm the accuracy of the information contained in this report. I acknowledge that I have been referred for medical evaluation and the need to receive additional medical evaluation for the presence of HIV infection at 6 weeks, 3 months, 6 months, and 12 months following the occurrence of this exposure incident. I authorize the release of the information related to this exposure incident for treatment, payment activities, and healthcare operations according to the policies contained in the College of Nursing and Health Professions HIPAA documents.
Student Signature: __________________________ Date: ______________________

TO BE COMPLETED BY THE COLLEGE OF NURSING AND HEALTH PROFESSIONS
INFECTION CONTROL COMMITTEE

Corrective action needed: _____________________________________________________________
____________________________________________________________________________________
Has this action been taken? [ ] yes [ ] no
Is further investigation needed? [ ] yes [ ] no
Comments: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signature: __________________________________________ Date ______________________

Revised July 2005/May 2007/August 2007
Instructions for Completing the Injury or Illness Report

1. Completion of Forms
   A. Employee and Student Worker injury or illness will be completed by security and or student health services if first aid or medical treatment is needed. If first aid or additional medical treatment is not needed, this form is completed by the department head or supervisor and forwarded to human resources. The form should be completed and returned to Human Resources within 24 hours of occurrence.
   B. Student and Visitor (non-employee) injury or illness reports will always be completed by security and or Student Health Services.
   C. Acknowledgement of refusal to seek management of exposure incident must be completed if the person in question refuses to seek management of exposure incident.

2. Timeliness of Reporting
   Any accidents or injuries which are reported late, i.e., not within a few hours of the occurrence, should be reported directly to the department head or supervisor, whom will then be responsible for completing the entire injury or illness report. The form should then be sent to Human Resources within 24 hours of the occurrence.

3. Distribution of Field Injury or Illness Reports
   A. Employee and Student Worker reports with sections A and B completed are to be sent (in whole) to Human Resources. Human Resources will then distribute copies to Security, Purchasing, Student Health Services, the Department Head or Supervisor, and the Vice President for business Affairs, while retaining a copy in Human Resources.

   After the Department Head/Supervisor receives the report from Human Resources with sections A and B completed, the Department Head/Supervisor should review the injury/accident situation, complete section C on the report, and return it to human resources.

   B. Student and Visitor reports retained in Student Health Services (if not Originating in this department, the report should be sent there.) Copies are distributed by Student Health Services to the Security and Purchasing departments.
Injury or Illness Report

☐ Employee  Date of Report: _____/ _____/ ______
☐ Student Worker  Time: ________ □  a.m. □ p.m.
☐ Student  (See Reverse side for Instructions)
☐ Visitor

Name of Injured: ___________________________________________________ □ Male □ Female
Permanent Address: ____________________________________________________________________
City:_____________________________________   State: _______________  Zip Code: ______________
Telephone Home: (_____)_________________ Work: (_____)_________________SSN:_________________
Name(s) Witness:_______________________________________________________________________
Telephone Home: (______)________________            Work: (______)__________________

Statement of Injured Person or Witness
(If injured person or witness is unavailable, information is to be completed by individual completing report.)
Date of Accident ______/______/_______     Time ________ □  a.m.    □ p.m.
Location of Accident: ___________________________________________________________________
Summarize how injury, illness, or exposure occurred: ______________________________________
Kind of Injury:_________________________________________________________________________
Part of Body Affected (Specific part of the body, i.e., left wrist, right leg): _______________________
Describe any contributing factors or objects: _______________________________________________
Signature of injured person or witness: _____________________________________________________

To be Completed by first Aid Provider
Symptoms and complaints of the injured person: ______________________________________________
Describe the nature and extent of the injury: _________________________________________________
Treatment, recommendations, and referral: _________________________________________________
Signature of First Aid Provider: ___________________________________________________________

To be Completed by Supervisor for Employee Injury/ Illness (attach additional information if necessary)
Evaluation of how accident occurred/ contributing factors _______________________________________
Possible preventive actions ______________________________________________________________

For Human Resources Only
Lost Time: □ Yes □ No  Number of Days: _________ Anticipated Release: _______________
Work Restrictions: _________________________________________________________________
Medical Treatment: __________________________________________________________________

Employee and Student Worker reports to Human Resources Department  Student and Visitor Reports to Student Health Services
Must be completed within 24 hours of the accident
I have been informed about the following policies and have initialed each item to signify my understanding of these policies and that all the questions regarding them have been answered to my satisfaction.

Please initial each statement to indicate your acknowledgement of the statement.

I understand that I am financially responsible for any treatment or care provided from any clinical affiliation or healthcare organization as the result of an injury or exposure while participating as a USI respiratory therapy student in the event that the participating affiliation denies coverage of care.

I give consent allowing the University of Southern Indiana (USI) College of Nursing and Health Professions (CNHP) to use my picture and personal statement for educational and promotional purposes, including but not limited to the web site of the CNHP. This consent form is valid from the date below until withdrawal of the consent is received in writing from the person whose signature is below.

I understand that I am responsible for updating and maintaining my health forms and CPR certificate.

I understand I must maintain professional behavior and adhere to the dress code when representing USI and the Respiratory Therapy Program.

I have reviewed and will review annually, the HIPAA and OSHA policies as directed by the program faculty and understand my responsibilities involved with those policies.

I understand that laptops may be used in classrooms for educational use; only with permission of faculty and handbook signatures.

I understand that it is my responsibility to read handbooks every semester prior to entering clinical sites/labs.

I understand it is my responsibility to ask questions of faculty about handbooks, policies, and assignments.

I understand it is my responsibility to submit completed assignments on or before due dates as assigned.

I understand that while in a clinical setting of any type, I am to use facility resources including, but not limited to computers, copy machines, and food only for activities which are directly related to patient care. These resources are never to be used for my personal needs.

I understand I cannot use computers at the clinical facility to access personal web pages, social networking sites, or online communication networks such as Twitter, Instant Messaging, Facebook, or other sites used for personal communication.

I understand that if I use a phone of any type as a storage device for clinical resource information, the phone may only be used to access the clinical resources. While on the clinical unit, the phone must be set so it cannot transmit or receive calls or data.

I understand that the use of cell phones for calls, text messaging, and Internet use is strictly prohibited during all clinical experiences and/or classrooms. The cell phone may ONLY be used when off the clinical unit during scheduled breaks.

I understand I cannot take pictures for personal reasons in the clinical setting. This restriction includes pictures/video anywhere in the clinical setting and is not limited to patient care areas or pictures that include patients, staff, or visitors.

I understand that willful violation of any of the program policies and standards can result in disciplinary action not limited to program probation and/or possible dismissal.

Print Name _____________________________________________

Signature ___________________________________________________________________________

Date ________________________________________________________________________________
CONSENT FORM
Respiratory Therapy Program
University of Southern Indiana
College of Nursing and Health Professions

I, ____________________________, give my consent allowing the University of Southern Indiana Respiratory Therapy Program to use my picture and personal statement for educational and promotional purposes, including but not limited to the web site of the Respiratory Therapy Program at USI. This consent form is valid from the date below until withdrawal of this consent is received in writing from the person whose signature is below.

_________________________    ______________________________
Witness’s Signature (faculty member)    Student’s Signature

_________________________    __________________________
Date    Date
I have received a copy of the University of Southern Indiana College of Nursing and Health Professions Infection Control Program and have received training in the following areas as it relates to my clinical education at the University of Southern Indiana:

1. Information regarding the content of the OSHA Bloodborne Pathogens Standard
2. The location of an accessible copy of the OSHA Bloodborne Pathogens Standard
3. The etiology, symptoms and transmission of infectious diseases
4. My potential for exposure to blood or other potentially infectious materials
5. Actions to take in the event I am exposed to blood or other potentially infectious materials
6. Methods for reducing my potential for exposure to blood or other potentially infectious materials and preventing the transfer of infectious diseases including the use of:
   a. standard precautions
   b. engineering and work practice controls designed to reduce exposure potential
   c. personal protective equipment
   d. decontamination and protection of equipment and environmental surfaces
   e. infectious waste management

I agree to use the required standard precautions, engineering and work practice controls, and personal protective equipment as presented in the College of Nursing and Health Professions Infection Control Program and in the curriculum of my discipline.

___________________________  ______________________________
Signature                 Date

Revised May 2012
University of Southern Indiana
Respiratory Therapy Program
Permission to Disclose
Personal/Confidential Information

Date _______________

I, ____________________________________________, do hereby grant permission for __________________________ (Full legal name) authorized persons in the University of Southern Indiana Respiratory Therapy Program to comply with requests for information for evaluative purposes by others acting on my behalf in such matters as employment, admission to another school, admission for internship, and/or securing financial aid, scholarships, honors, or awards.

I further authorize the acquisition of performance data from the hospital/agency which employs me as a respiratory care practitioner. I understand that this data will be used by the college for curriculum evaluation and will be kept confidential.

This permission extends indefinitely and until such time as I withdraw it with a written statement to the Dean, College of Nursing and Health Professions.

________________________________________
Written legal signature
This is to acknowledge that I have received a copy of the Respiratory Therapy Student Handbook. I have read the policies and practices contained in the Handbook which includes the College of Nursing and Health Professions Social Media Policy and agree to comply with them. I understand the program has the right to revise policies and practices and I agree to abide by said revisions in these policies and practices. I further acknowledge that I understand that any violation of the Respiratory Therapy Program policies which include all policies set forth by the University of Southern Indiana can result in disciplinary action including possible program dismissal.

_______________________________________________________
Printed Name

_______________________________________________________                ______________________________________
Signature                                      Date

_______________________________________________________                ______________________________________
Program Chair                                      Date