

Oregon Coast Community College
Medical Assisting Program



OREGON COAST
COMMUNITY COLLEGE

Student Handbook
2019 – 2020
Section II





OCCC Medical Assisting Program Policy: for Occupational Injury or Bloodborne Pathogen Exposure during Clinical Experiences

PURPOSE

To establish a standardized procedure to protect students and faculty members from exposure to blood borne pathogens (BBP) or occupational injury and to manage any unanticipated or inadvertent exposure to blood borne pathogens or occupational injury during assigned educational clinical experiences. The protocol includes the standards established by the Center for Disease Control (CDC) and the Occupation Safety and Health Administration (OSHA).

RATIONALE

Students enrolling in academic medical assisting programs participate in invasive or exposure prone procedures, such as the provision of clinical care to patients in health care facilities.

The educational program prepares students to practice in the safest possible manner to prevent exposure and injury. However, in the event of an unanticipated or inadvertent exposure or occupational injury the procedures outlined here will provide the most current approach to the protection of student health.

Blood borne pathogens are potentially infectious materials, including Hepatitis B virus (HBV), Human immunodeficiency virus (HIV) and hepatitis C virus (HCV). Such infectious materials may be found in all human body fluids, secretions, and excretions, except sweat. Exposure to blood borne pathogens may be unanticipated or inadvertent exposure via eye, mouth, other mucous membrane, non-intact skin, or parenteral contact (such as a needle stick) with blood or other potentially infectious materials.

Occupational injury includes direct patient/client care in the clinical environment or by the nature of being exposed to occupational hazards as noted by the Center for Disease Control (CDC) Occupational Safety and Health Administration (OSHA).

PROCEDURES

1. All clinical faculty and students that are enrolled in Oregon Coast Community College Medical Assisting program with a clinical component are required to be immunized against Hepatitis B Virus (HBV).
2. All students and faculty members are required to practice standard precautions when caring for patients and take reasonable precautions to prevent exposure to blood borne pathogens through the use of standard precautions and personal protective equipment, such as gloves, masks, gowns, etc.
3. Health care facilities are expected to supply students and faculty members with the personal protective equipment, safety guidelines and equipment needed to protect against exposure to bloodborne pathogens (BBP) and injury in their settings.
4. Health care facilities are expected to advise the College about any site-specific training needs for students and faculty members related to protection against exposures to BBP and occupational injury prevention.
5. The College will provide students and faculty members with the required annual training regarding protection against exposure to BBP, and occupational injury according to OSHA and CDC guidelines. In addition, the college will ensure that students and instructors have at least started the hepatitis B vaccination series before clinical assignments begin, and provide for any post-exposure follow-up evaluations and care of students and faculty.
6. Faculty members will advise students to report to them immediately any injury or BBP exposure incident that occurs during required clinical experience.
7. In the event of a BBP exposure the student or faculty member needs to cleanse the wound/site immediately with disinfectant soap. The faculty member will take the responsibility to contact Samaritan Occupational Health Services (SOHS) at 775 SW 9th Street, Suite E, Newport, OR 97365, phone 541-574-4675. SOHS is to be notified that an individual needs to be seen for a potential occupational exposure to BBP. Treatment needs to be within two hours of exposure. If the Occupational Health Department is closed, then the faculty member or student is to seek treatment in the closest emergency room department.
8. If a student or faculty member experiences an exposure incident for BBP or injury in a health care facility during required clinical placements, complete the form titled "Oregon Coast Community College Incident Report," and the Oregon Coast Community College incident report form and any site-specific documentation that is required.

9. If any other non-BBP-occupational related injury or exposure incident requires treatment, it cannot be assumed that the College will pay the cost of any care or services provided to students or instructors for injuries. For this reason, the Safety Officer requests that we refrain from making statements like "The College will pay for care." However, the same protocol as noted in # 7 and 8 must be followed.

10. Notify Linda Mollino, Director of CTE Programs: Health & Human Services @ 541-867-8513 or 541-961-7670 after the injury or exposure incident has been attended to. Unless there is a problem handling the incident and you need the Director's help, this notification can be done at your first opportunity during regular college office hours.

In addition, the Safety Officer at OCCC will need to be contacted regarding BBP exposure or any injury to faculty or students in the clinical skills lab or classroom environment @ 541-867-8549 or the HR Manager @ 541-867-8515.

**OCCC Medical Assisting Program Policy: for Occupational Injury or Bloodborne Pathogen Exposure during Clinical Experiences
Acknowledgement Statement Form**

Oregon Coast Community College Medical Assisting Program requires that each student and faculty must sign and return this form prior to any clinical placement affiliated with their experiences at Oregon Coast Community College Medical Assisting Program. The policy has been developed for your safety and that of the clients for whom you and your students care for.

I. I understand that prior to beginning of an assignment through Oregon Coast Community College in a clinical agency I must review the following content related to blood borne pathogens:

- Epidemiology & symptoms of blood borne diseases
- Models of transmission
- Methods to control exposure
- Information on protective clothing and equipment
- Emergency information Policy Related to Injury or Bloodborne Pathogens Exposure
- Bloodborne Pathogen Exposure Policy at assigned facility
- OSHA Safety Guidelines for healthcare facilities; fire safety, electrical safety and hazard communication guidelines
- Explanation of the college's exposure control plan (contained in the *Policy Related to Injury or Bloodborne Pathogens Exposure*)

II. I acknowledge having reviewed the following on an annual basis related to my assignment with the Oregon Coast Community College Medical Assisting Program

___ Reviewed the policy and procedures related to standard transmission based precautions @ the assigned facility

___ Completed the online training through Samaritan Health Services @ <http://www.samhealth.org/health-professionals/students/Pages/undergradatenursingstudents.aspx>

___ Reviewed CDC and OSHA Guidelines and Documents related to:

___ Workplace Safety and Health Topics: Bloodborne Infectious Diseases: HIV/AIDS, HEPATITIS B, HEPATITIS C @ <http://www.cdc.gov/niosh/topics/bbp/#prevent>

___ Healthcare-associated Infections (HAIs): Tools for Protecting Healthcare Personnel @ <http://www.cdc.gov/HAI/prevent/ppe.html>

___ Protecting Healthcare Personnel @ http://www.dcc.gov/HAI/prevent/ppe_train.html

___ OSHA Recommended Safety Guidelines @ Occupational Safety & Health Administration <https://www.osha.gov/SLTC/healthcarefacilities/index.html>

___ Hazard Communication @ <https://www.osha.gov/dsg/hazcom/index.html>

_____ Healthcare Wide Hazards: Fire @

<https://www.osha.gov/SLTC/etools/hospital/hazards/fire/fire.html>

Electrical Safety @

<https://www.osha.gov/SLTC/etools/hospital/hazards/electrical/electrical.html>

- III. I have been provided a copy of the Oregon Coast Community College Medical Assisting Program Policy for OCCC Medical Assisting Program Policy: for Occupational Injury or Bloodborne Pathogen Exposure during Clinical Experiences for my current and future reference. I have read the policy, agree to abide by the contents and shall retain it for future reference:

Faculty/Student Signature _____ **Date** _____

Adapted from Policies and procedures from Chemeketa Community College, University of Washington and Villanova University College of Nursing



Medical Assisting Program
 Physical Contact and Invasive Procedure Policy

<p>Purpose</p>	<p>It is the intent of this policy is to establish guidelines for students within the Medical Assisting Program at Oregon Coast Community College (OCCC) to practice medical assisting skills on each other. These skills include: basic care; mobility; vital signs; intradermal injections; subcutaneous injections; deltoid intramuscular injections: finger stick blood glucose, venipuncture, nasal and throat swab, eye and ear irrigation and EKGs.</p> <p>These guidelines are intended to safeguard both Medical Assisting students and Oregon Coast Community College.</p>
<p>Policy</p>	<p>In preparation for working with patients in a clinical setting, every student will learn and perform a variety of clinical skills in a group setting with fellow students and faculty. The skills will translate to the quarterly clinical/skills competencies required for each student to successfully complete prior to advancing to the next quarter of the medical assisting program.</p> <p>In the clinical setting, close physical contact between the preceptor and student, student to student, and student to patient may be required in the delivery of care, or during direct supervision.</p> <p>During the skills lab component of clinical instruction appropriate touching and physical contact as well as the performance of certain invasive procedures will be required between students under the supervision of the medical assisting faculty.</p>
<p>Practice Guidelines</p>	<p>1. Students within the Medical Assisting program at OCCC who participate in practicing medical assisting skills upon other students are protected against liability as long as all medical assisting skills are practiced according to established protocols. Under no circumstances, however, will a student be protected under the College's insurance policy when the student acts outside the scope and course of the medical assisting student, commits intentional wrongful acts, intentionally hurts other students or willfully disregards the instructions of Medical Assisting Faculty.</p>

<p>Practice Guidelines</p>	<p>2. Students who wish to practice medical assisting skills on other students must sign consent form and informed of the risks/discomforts and benefits of participating in the medical assisting skills are practiced on other students.</p> <p>3. A student may not practice a medical assisting skill on another student unless the student has first practiced the skill on a mannequin.</p> <p>4. An instructor will supervise students when practicing medical assisting skills on other students.</p> <p>5. Universal and Bloodborne pathogen precautions and procedures will be followed when medical assisting skills are practiced on other students.</p> <p>6. Student participation is voluntary. A student may revoke his/her consent to participate in the medical assisting skills by giving notice to an instructor within the Medical Assisting Program.</p> <p>7. Students will not be penalized if they choose not to participate in the medical assisting skills. Instructors within the Medical Assisting Program will develop alternative learning activities or skills for students that do not wish to participate in the medical assisting skills.</p> <p>8. Medication will not be injected into students participating in medical assisting skills. For intramuscular, intradermal and subcutaneous injections sterile saline may be injected at the direct supervision of the instructor.</p>
<p>Benefits</p>	<p>The experiences listed below have been selected because they are skills essential to the learning process and the Medical Assisting Faculty at OCCC believe that realistic practice is essential for optimum learning. Participation will enhance the learning process and the acquisition of technical skills. An alternative experience may not provide as realistic an opportunity to practice and therefore may result in less effective learning. Specific benefits are listed.</p>
<p>Guidelines</p>	<p>Students are asked to sign the Physical Contact and Invasive Procedure Consent Form giving permission: for fellow students in the medical assisting program at Oregon Coast Community College to perform the procedures on them under the supervision of medical assisting faculty.</p> <p>Approved Non-Invasive Procedures include:</p> <ul style="list-style-type: none"> • Mobility • Vital signs • EKG

	<p>Approved Invasive Procedures include:</p> <ul style="list-style-type: none"> • Intradermal, subcutaneous, and deltoid intramuscular injections • Finger stick blood glucose • Performing venipuncture • Nasal and throat swab • Eye and ear irrigation <p>Students do not have approval for the following procedures:</p> <ul style="list-style-type: none"> • Insertion of urinary catheters • Administration of oral medications
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Risks/Discomforts	Participation in the medical assisting skills may create some anxiety or embarrassment for you. Some of the procedures may create minor physical or psychological discomfort. Specific risks and discomfort are listed below.
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Your Rights	You have the right to withhold consent for participation and to withdraw consent after it had been given. If you withhold consent, you will be required to participate in an alternative learning experience. If you do not participate in either the medical assisting skills or the alternative activity, you may not be able to successfully complete the course. You may ask questions and expect explanations of any point that is unclear. Where possible the subject's identity will remain confidential.
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Consent	By signing this consent, I acknowledge and agree that I understand the above information and agree to follow the policy.
	As a student in the Medical Assisting Program at Oregon Coast Community College, I give my consent to participate in and allow medical assisting skills to be practiced upon me by other Medical Assisting students. I have read the above policy and understand the contents. I understand that these invasive procedures will be performed using Universal Precautions and that I will participate in assuring use of these precautions.
	I understand the consent is voluntary and I can revoke it anytime by providing written notice to the Director of CTE Programs: Health and Human Services Careers.
	I am not a minor and ample time was provided to ask questions and discuss the information with the medical assisting faculty.
	I understand the risks and/or discomforts as detailed in the Physical Contact and Invasive Procedure Policy well as the benefits of participating in the medical assisting skills.

Student Signature _____ Date: _____



Policy & Procedure

<input checked="" type="checkbox"/>	Corporate	<input checked="" type="checkbox"/>	SLCH
<input checked="" type="checkbox"/>	GSRMC	<input checked="" type="checkbox"/>	SNLH
<input checked="" type="checkbox"/>	SAGH	<input checked="" type="checkbox"/>	SPCH

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Revision #: 1

Owner: SHS Privacy Officer

Authorized by: Corporate Operations

Social Media

APPLICATION

All Samaritan Health Services (SHS) employees, contractors, and affiliated physicians, providers, and students.

POLICY

Social media may be used by SHS employees/affiliates for business-related purposes subject to the restrictions set forth in this policy. These restrictions are intended to ensure compliance with legal and regulatory requirements and privacy and confidentiality agreements.

PROCEDURE

1. DEFINITIONS:

- **Affiliate** – Any person or group having a close business-relationship with SHS; for example, contractors, members of SHS hospital medical staffs, locum tenen providers, volunteers, and students.
- **Blog** – A site that allows an individual or group of individuals to share a running log of events and personal insights with an online audience. Also known as a “weblog”.
- **Brand Voice** – Refers to the words, tone, attitude and feel of all communication that reflects the character, mission and/or values of SHS. In order to ensure brand alignment and create consistent communications with the proper tone and voice of the organization, there is oversight authority that directs the SHS brand voice in all corporate communications and social media.
- **Electronic Media** – Non-computing devices, e.g., flash memory drives, CDs, DVDs, tapes, hard discs, internal memory, electronic notebooks, and any other interchangeable, reusable, and/or portable electronic storage media on which electronic information is stored or used to move data among and between computing systems/devices.
- **Patient/Member Identifiable Information (PMII)** – Any individually identifiable information regarding a SHS patient or health plan member that is collected, received, created, transmitted, or maintained in connection with his/her status as a patient or member. PMII includes, but is not limited to, information about a patient/member’s physical or mental health, the receipt of health care, or payment for that care; patient/member premium records, enrollment and disenrollment information; name, address, Social Security Number, account number, security code, information from or about transactions, driver’s license number, financial or credit account numbers, phone numbers, Internet Service Provider (ISP) and Internet domain addresses, and other personal identifiers.
- **Podcast** – A collection of digital media files distributed over the Internet, often using syndication feeds, for playback on portable media players and personal computers.
- **Protected Health Information (PHI)** – Individually identifiable information (oral, written or electronic) about a patient/member’s physical or mental health, the receipt of health care or payment for that care. PHI includes individually identifiable patient/member payment, dues, enrollment and disenrollment information. (Individually identifiable health information in SHS employment records is not PHI, but it may be subject to other state and federal privacy protections.)
- **RSS feeds or Syndication feeds** – Electronic formats used to publish updated content such as blog entries, news headlines or podcasts and “feed” this information to subscribers via e-mail or by an RSS reader enabling automated updates to favorite Web sites.

- **SHS Information** – Information in any form or media that is created by or on behalf of SHS in the course and scope of its business, regardless of whether that information is maintained or stored by SHS or others on behalf of SHS. Examples of SHS Information include, but are not limited to, patient and member records, personnel records, financial information, company competitive information, SHS-developed intellectual property, and business e-mail messages.
- **Social Media** – Includes, but is not limited to, blogs, podcasts, discussion forums, chat rooms, on-line collaborative information and publishing systems that are accessible to internal and/or external audiences (for example, but not limited to: Wikis, RSS feeds, video sharing and social networks such as YouTube, iTunes, Twitter, LinkedIn, MySpace, and Facebook).
- **URL (Uniform Resource Locator)** – A unique website address for a file that is accessible on the Internet.
- **Wiki** – A website that allows users to create, edit and link Web pages easily are often used as a platform to create and power collaborative community Web sites.

2. IMPLEMENTATION:

SHS Hosted Sites:

The SHS VP of Marketing & Public Relations is responsible for granting or denying requests to act as the SHS 'brand voice' and for providing guidance on all appropriate business uses of social media as relates to SHS (See SHS Internet Postings policy).

1. Only those individuals that have permission to speak in the brand voice of SHS shall create SHS hosted or sponsored social media sites.
2. The URL for any SHS hosted social media site (including blogs) must be requested through and provided by the SHS VP or Director of Marketing & Public Relations department to allow for social media brand monitoring.
3. All postings to social media sites must be in accordance with all SHS policies and procedures including, but not limited to, those policies relating to
 - privacy and confidentiality,
 - SHS confidentiality agreement signed by all users having access to SHS PMII and PHI,
 - consent by staff, patient or visitor to photograph,
 - use of e-mail and Internet posting or disclosing information (including photos) about patients, caregivers, providers, financial data, and/or
 - any other information considered confidential, sensitive or proprietary regarding SHS, its patients, members, employees, and/or affiliates.
4. Adherence to all state, federal and copyright laws are required.
5. All postings on SHS hosted sites become official property of SHS.
6. Internet posts that conflict with SHS mission, vision and values will be removed.
7. No post to an SHS site shall contain material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or entity.

Non-SHS Hosted Sites

1. Unless an individual is serving as an approved, official spokesperson for SHS or an affiliated entity in online communications, such communications are the individual's personal opinions and do not reflect the opinion of SHS or its affiliated entities. Each individual employee, physician, volunteer or other associate of SHS or its affiliates is personally responsible for his/her posts (written, audio, video or otherwise).
2. Communications in online communities should never contain information that identifies a patient's identity or health condition in any way.
3. Communications must not contain SHS or affiliate confidential, proprietary or trade-secret information.

4. Communications must not include SHS trademarks or copyrights unless previously authorized by the SHS VP of Marketing & Public Relations.
5. Individuals may be held personally liable for defamatory, proprietary or libelous commentary.
6. E-mail and Internet access is provided to support SHS or affiliate business purposes. While users who are given access to these tools may make incidental personal use of them, they may not make extensive personal use of them either during work or non-work time. Each user's manager has the right and responsibility to determine what is "extensive use," counsel their staff and revoke access privileges for abuse of the system, if necessary.

Applicable to both SHS and Non-SHS Hosted Sites:

1. This policy applies to use of social media while at work or when away from work and affiliation with SHS is identified, known or presumed. It does not apply to content that is not health care related or is otherwise unrelated to SHS.
2. Any unauthorized information posted on a social media site that discloses confidential or proprietary SHS information, violates SHS policy, implies SHS opinion, or impacts the reputation of any SHS facility, employee, or affiliate unfavorably may be used as grounds for discipline, up to and including termination, even if the action was on personal time and equipment.
3. Employees or affiliates that believe they have been the target of harassment through another employee or affiliates' social media activity should report the incident to their supervisor or Human Resources department. Abusive or harassing behavior violates SHS policy and is subject to disciplinary action.
4. Samaritan Health Services has the right to view, monitor and request removal of any posting on a social media site that does not meet the requirements of this policy.

Monitoring of Social Media Sites

1. All monitoring of SHS hosted social media sites shall be the responsibility of the SHS Marketing & Public Relations and SHS Plans Marketing departments.
2. Monitoring, either randomly or specific to a complaint or incident, of employee or affiliate postings to non-SHS hosted social media sites shall be the cooperative responsibility of SHS Human Resources, Information Services, and Compliance/Privacy departments.

REFERENCES

- SHS Policies:
 - Code of Ethics and Conduct
 - Information Privacy and Security – Investigation and Corrective Action
 - Internet Postings
 - Communicating Patient Information via SHS Electronic Message Systems

NOTE

This policy is expected to be followed in non-Samaritan clinics and offices also.



**Oregon Coast Community College
Incident Reports**

An incident report (or Quality Assurance report) is required under any circumstance when real or potential injury or loss has occurred to a student or patient. The incident reporting process is part of a quality improvement process as well as a formal tracking mechanism when untoward outcomes may have occurred. Situations involving a nursing student, or a patient being cared for by a nursing student, will likely require completion of two sets of reporting documents, one for the college and one for the facility.

	Facility Incident Report submitted to Dept. manager	OCCC Incident Report Form
Student's patient involved	X	
Student only involved		
Student injured	X	X
Potential for injury due to violation of standards	X	

Incidents involving a patient assigned to a nursing student:

- The first action must be attending to the well-being of the patient and reporting to the appropriate person(s) (Clinical Preceptor, Clinical Manager, Physician,)
- The student with staff or instructor supervision should then complete a facility Incident Reporting form. Students may enter content on the form but signature must belong to staff person
- The student or staff person will need to notify the clinical instructor who will complete and submit an Incident Report form for Oregon Coast Community College

Note: For any accidents and/or medical occurrences involving a student

- Notify the OCCC Clinical Faculty who is responsible for completion of an OCCC College Incident Report Form.
- The student is to be seen in the facility ER (or Occupational Health if at SPCH)
- Complete the correct facility incident report form.

This form is to be submitted by the Clinical Faculty to the Director of CTE Programs: Health & Human Services within 24 hours



Report all incidents that occur resulting in bodily injury or damage to someone else's property.

Location: _____ Time of incident: _____ Date Reported: _____

Injured Person's Name: _____ Age: _____ Sex: Male Female

Address: _____

Home Phone: _____ Work Phone: _____

Parent's Name (if under 18): _____

Date of Incident: _____ Time: _____: _____ Day of Week: _____

Where did the incident happen? _____

Who was supervising? _____

How did the incident happen? (Describe fully, stating whether the customer fell, etc.): _____

Description of injury, extent and part of body involved: _____

Procedure followed and first aid performed: _____

Who administered first aid? (Name and title): _____


Were others involved? Yes No Names: _____

What action is being taken to prevent a reoccurrence (if applicable)? _____

Were others notified? Yes No Name of person notified: _____

Signature: _____ Title: _____




	Medical Assisting Program Alert Progress Record
	Student Name: _____
	Faculty Member: _____
	Course Number/Term/Year: _____ Date(s) of Occurrence: _____
Purpose	<p>The Alert Progress Record is utilized when faculty identifies a student-related problem or behavior that is not consistent with meeting the program competencies and requires a plan of action for correction.</p> <ul style="list-style-type: none"> • Alert Progress Record documentation will become part of the student's file • If the problem is resolved in a timely manner no further action will be taken. • If the problem persists or reoccurs, the instructor will inform the CTE Director of Health and Human Services and discuss further actions that may need to be taken, which may include a problem-solving record and/or a probation record.
Related program outcomes in jeopardy.	<input type="checkbox"/> Interacting in a caring and respectful manner with patients, families, and the health care team. <input type="checkbox"/> Establishing and managing office procedures and implementing medical documentation systems using appropriate medical terminology <input type="checkbox"/> Performing the administrative business tasks required in a medical office. <input type="checkbox"/> Assisting the physician and other members of the health care team in clinical procedures related to the examination and treatment of patients. <input type="checkbox"/> Complying with quality assurance requirements in performing clinical laboratory procedures. <input type="checkbox"/> Performing common diagnostic procedures under a licensed health care provider to ensure patient comfort and safety.
Related clinical outcome in jeopardy, and/or inappropriate student behavior.	<input type="checkbox"/> Completing administrative tasks. <input type="checkbox"/> Preparing and maintaining exam and treatment areas. <input type="checkbox"/> Assisting with selected exams, procedures, and treatments. <input type="checkbox"/> Treatment of all patients with compassion and empathy and respecting cultural diversity.

	<input type="checkbox"/> Communicating effectively with patients, peers, and coworkers. <input type="checkbox"/> Providing basic patient teaching. <input type="checkbox"/> Projecting a professional image. <input type="checkbox"/> Adhering to ethical and legal principles guiding practice as a medical assistant. <input type="checkbox"/> Working as a team member. <input type="checkbox"/> Obtaining accurate vital signs and patient histories.
Description of academic progression concern	1. Does not interact in a caring and respectful manner with patients, families, or the healthcare team 2. Does not perform the administrative business tasks required in a medical office 3. Does not assist the physician and other members of the health care team in clinical procedures related to the examination and treatment of patients 4. Does not comply with quality assurance requirements in performing clinical laboratory procedures 5. Does not perform common diagnostic procedures under a licensed healthcare provider to ensure patient comfort and safety 6. Does not demonstrate competency skills 7. Does not project a professional image i.e. arriving on time, attendance, attitude, and appearance
Related Outcome in jeopardy or description of academic progression concern	<input type="checkbox"/> Theory Grade less than 75%
Pattern of problem occurrence	<input type="checkbox"/> New <input type="checkbox"/> Recurrent
Desired outcome from student plan	
Student's plan of action (include measurable actions with time frames) Further action indicated	

Student's Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

 OREGON COAST COMMUNITY COLLEGE	Medical Assisting Program Probation Contract	
	Student Name:	
	Faculty Members:	
	Course Number/Term/Year:	Date:
Purpose	Probation Contract is notice to a student that immediate changes are needed in some behavior(s) to prevent either failure or dismissal from the Program. Subsequent occurrences of problem behavior during a probationary period will result in disciplinary action, which will result in dismissal from the program. The probation contract documents the problem and a plan to remedy the problem, specifies the conditions for retention and progression in the Medical Assisting Program, and documents the conference.	
Description of Academic/Clinical Progression concern		
Related Program Outcomes in jeopardy		
Related Clinical Policy in violation, and/or Unsafe Clinical Behavior.		
Probation Contract		
Student's Plan of Action (include measurable actions with time frames)		
Further Action Indicated		

Student's Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Director of CTE Programs _____ Date: _____



Medical Assisting Student Handbook Agreement

I have read the material in the current 2019-2020 - OCCC Medical Assisting Program Student Handbook and understand it. As an Oregon Coast Community College Medical Assisting student, I understand that I must comply with the policies contained in Medical Assisting Handbook Manual to include the policy on student cheating and plagiarism to continue in the program.

I consent/do not consent to having fellow students perform instructor selected and approved non-invasive and invasive medical assistant clinical procedures (i.e. injections and capillary blood sugar sticks) on me after appropriate instruction and under instructor supervision. I understand that all information regarding clients is strictly confidential, whether written in the clinical record or coming to my knowledge from being in the health care facility and I will comply with the Confidentiality of Information Policy contained within this handbook and HIPAA guidelines and other policies for the clinical facilities. I understand that if I violate the policies I may be subjected to civil penalties and/or disciplinary action.

I understand that if I request a recommendation for transfer or employment purposes from a Medical Assisting instructor, a written request must be provided and the recommendation will be in writing. Classroom and clinical absences may be noted on any recommendation letter. I understand that for purposes of continuity of education and safety of clients, my Medical Assisting instructors will discuss my skills lab and clinical performance from term to term in faculty meetings, with the Director CTE Programs: Health and Human Services Careers and with me.

I understand that clinical schedules may change during any given term and that my work schedule must be adjusted to fit around my class, skills session and clinical schedule. I agree that for purposes of public safety and health, if I have or develop any type of psychological, medical, drug or alcohol problem that could or does impair my clinical performance, my instructor will remove me from client care responsibilities and follow the guidelines outlined in the Medical Assisting Student Handbook.

If I am in a drug rehab program the OCCC Medical Assisting Program has the right to monitor my compliance. Monitoring may include body fluid collection and testing performed by a designated laboratory in a manner, which preserves the integrity of the specimen. I am aware of the inherent problems present in the clinical settings regarding lifting clients, communicable diseases that clients may have the potential for needle sticks, exposure to latex, exposure to hazardous materials and radiation, etc. I am also aware that these hazards are always present and proper precautions must be taken at all times. I am also aware that I must use "standard precautions" in caring for all clients.

Name (Print): _____

Signed: _____ **Date:** _____

Please sign, date, and return this form to the Administrative Assistant in Health & Human Services by 9-23-2019



Oregon Community College Medical Assisting Program

PRINT NAME

DATE

CONFIDENTIALITY OF INFORMATION

During your participation in courses at the OCCC Medical Assisting Skills Lab sessions, you will likely be an observer of the performance of other individuals in managing healthcare events. It is also possible that you will be a participant in these activities. You are asked to maintain and hold confidential all information regarding the performance of specific individuals and the details of specific scenarios.

By signing below, you acknowledge having read and understood this statement and agree to maintain the strictest confidentiality about any observations you may make about the performance of individuals and the clinical simulation scenarios.

SIGNATURE

DATE

RELEASE FOR STILL PHOTOGRAPHS AND VIDEOTAPES

I authorize instructors and administrators of the OCCC Medical Assisting Program to photograph (slides or prints) and/or perform image recording of me during the course of training in the Medical Assisting Skill labs. I understand that the photographs will be shown only for educational, research or administration purposes. No public or commercial use of the photographs (slides or prints) and/or videotapes will be made without my additional written permission.

SIGNATURE

DATE

Please sign, date, and return this form to the Administrative Assistant in Health and Human Services no later than 9-23-2019



ACADEMIC INTEGRITY

Academic integrity is vital for medical assistants to possess in their everyday life. Honesty and integrity are important for all scholastic careers, especially the Medical Assistant. I plan to uphold my academic integrity by adequately citing all sources I use and also by doing my own work throughout the program. I believe that cheating is not acceptable in any aspect of life and I will live up to my commitment to never do so.

*I will never plagiarize and will pursue everything I do with honesty and integrity. I will work hard for everything I attempt. Also, I will not cheat and/or copy other students' work. I will also do my best to learn the most possible and complete scholarly work.

SIGNATURE

DATE

PERMISSION TO SHARE INFORMATION

As indicated on the program application I submitted, I understand the OCCC Medical Assisting Program may from time to time gather individual and aggregate data for the purpose of program evaluation and improvement. I also understand that Oregon Coast Community College (OCCC) and grantors may need to gather data for obtaining accurate and important recruitment and admissions statistics. As I did when I applied to the OCCC Medical Assisting Program, I again give my permission for information regarding my name, gender, ethnicity, age, prior degrees, and other requested information to be shared with OCCC and third-party grantors for the above purposes.

SIGNATURE

DATE

*Excerpt reprinted with permission from Elison, J. 2011. Academic dishonesty. *StuNurse.com*, edition 19, p. 7.

Excerpts from this handbook have been reprinted with permission from Rogue Community College Student Medical Assistant Handbook

Please sign, date, and return this form to the Administrative Assistant in Health and Human Services no later than 9-23-2019



Student Reference Request Form

Student Name

ID Number

I request that _____(Employee) serve as a reference for me.

I authorize release of any and all information from my educational records, as defined in the Family Educational Rights and Privacy Act (FERPA) relating to my education at Oregon Coast Community College to the following: _____

All prospective employers, and/or educational institutions to which I seek admission and all organizations considering me for an award or scholarship OR

Other _____

I understand and agree that authorization for this reference will remain in effect until revoked by me, in writing, and delivered to Employee; however, such revocation will not affect previous disclosures. Further, I agree to hold harmless the Employee and Oregon Coast Community College, for any claim arising out of, or related to, any reference or information provided as a result of this request.

Student Signature

Date

Please sign, date, and return this form to the Administrative Assistant in Health and Human Services no later than 9-23-2019