Physical Therapist Assistant Program

Clinical Handbook

2025 - 2026

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Physical Therapist Assistant Program Mission Statement

The PTA program mission is to educate students to become competent in the physical therapy skills needed to perform evidence-based practice in a variety of settings, while meeting the needs of patients, families and healthcare providers in the community. Graduates will be working with clients with psychological, social, and physical needs and must be sensitive to the total individual.

Division of Health Sciences Mission Statement

The Division of Health Sciences strives to maintain high levels of academic and clinical standards while providing the allied health community with effective and highly motivated professionals who are committed to interprofessional collaboration and sensitivity to cultural diversity. This goal is to be achieved by meeting the diverse needs of students through academic advising, recruiting, counseling, and innovative teaching and learning strategies.

Non-Discrimination Policy

Gulf Coast State College does not discriminate against any person in its programs, activities, policies or procedures on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, sex, pregnancy, sexual orientation, gender identity, genetic information, disability, or veteran status. All questions or inquiries regarding compliance with laws relating to non-discrimination and all complaints regarding sexual misconduct or discrimination, may be directed to the Executive Director of Human Resources/Title II/504/Title IX Coordinator and Employment Equity Officer, Gulf Coast State College, 5230 W. US Highway 98, Panama City, FL 32401; 850-872-3302.

Disclaimer

This handbook was developed using the "Guidelines and Self-Assessments for Clinical Education" adopted by the APTA and the Gulf Coast State College "Physical Therapist Assistant Program Handbook." The preparation and review of the information contained in this handbook was carried out with great care to ensure that all policies contained herein do not conflict with Gulf Coast State College policies. Should a question arise, and an apparent conflict is uncovered, Gulf Coast policy may override program policy. Gulf Coast policies in reference to students may be found in the General Catalog, and in the Gulf Coast State College Student Handbook. If your clinical center would like a copy of either of these documents, please contact the Director of Clinical Education (DCE).

The Physical Therapist Assistant Program reserves the right to make changes in regulations and policies in this handbook as circumstances may dictate. If changes are required during an academic year, the student will be notified.

The student is required to adhere to all policies found in the PTA Program Handbook which is provided to the student at the beginning of the program as well as additional policies within the Clinical Education Handbook.

Gulf Coast State College's Expectations for Student Clinical Experience

1. The clinical experience will provide students with the opportunity to practice and perform clinical and professional responsibilities under appropriate PT or PTA supervision.
2. The clinical experience will expose the student to a variety of patients and treatment techniques.
3. The student will participate in direct patient care.
4. Performance evaluations will be constructive and timely.
5. The Clinical Instructor will be a positive role model.
6. The student will achieve entry-level competency prior to graduation.

Timeline for Information Exchange

January	▪ Students review clinical center information forms ▪ Students will rank clinical site choices on the *Clinical Request Form*
March	▪ DCE will make initial contact with clinical sites to formally request clinical placement.
6 weeks prior to Clinical	▪ Confirmation letters are sent to clinical sites (by DCE) to confirm student placement
4 weeks prior to Clinical	▪ Clinical Inservice: Students will review the *Clinical Education Handbook* and receive tentative clinical assignment. ▪ DCE mails/emails clinical agencies a copy of liability insurance (This is only performed for the agencies who request a hard copy)
3 weeks prior to Clinical	▪ Student will make initial contact with clinical site. They will mail/email a letter in which they introduce themselves, state their goals for the clinical experience, and provide the CI with appropriate contact information. ▪ If the clinical site contacts you directly regarding the need to personal information for onboarding purposes, please notify the DCE immediately so that this process may be performed correctly and safely.

1 week prior to Clinical	▪ If the student has not yet received a response from the clinical site/clinical instructor, the student should contact both the clinical site/CI (by phone or make a physical visit) as well as inform the DCE.
Start of Clinical Experience	
Day 1 – Clinical Experience	▪ Orientation (if needed/not already performed prior to clinical start date) ▪ Review of clinics written policies and procedures. ▪ Review student goals and the CI's expectations for the clinical experience.
Midterm	▪ The DCE will make a site visit or phone call to meet with the student and CI. ▪ The CPI Web midterm evaluation should be completed prior to DCE visit.
Completion of Clinical Experience	▪ The CPI Web final evaluation is due (and signed off by both student and CI) by the last day of the clinical experience. ▪ Any additional paperwork, surveys, or assignments for the clinical experience are also due by the last day of the clinical experience.

List of Skills Mastered Prior to First Clinical Experience

Performance Evaluation

The students have been evaluated on the skills listed below in the table. If an item falls under the "Skill Check" category, the student demonstrated the skill upon demand. If the item falls under the "Practical" category, then the student was given a patient scenario/POC and was required to carry out a mock treatment on a simulated patient. Many skills fall under both categories indicating that the student demonstrated the skill both in isolation and applied the skill in a mock patient simulation.

Evaluation Criteria

The following grading system is used in the laboratory:
3 - Performs all functions and tasks with mastery. Demonstrates efficiency and skill in the preparation, adjustment and use of all materials and equipment. Operates in a confident and professional manner. Is well organized in communication and actions. Demonstrates awareness of personal and patient safety at all times.
2 - One verbal cue is from the instructor to perform required functions competently and maintain safety in a clinically acceptable manner.
1 - Needs multiple prompts from the instructor. Disorganized and/or inefficient. Uses minimum care in safety. Needs improvement.
0 - Performs required tasks or functions in an unacceptable manner. Lacks knowledge of procedures and/or equipment. Inattentive to safety or infection control issues. Actions and/or appearance unprofessional.

- Each lab practical also has critical safety elements and required components of the skill that must be passed with a level "3" in order to pass the practical. A critical safety element is a portion of the skill which is intended to prevent or mitigate injury. A required component of the skill is an essential part of the skill that is necessary to ensure student has mastered the particular skill.

Skill	Skill Check	Practical	Both
PHT 1200			
Communication		X	
Body Mechanics		X	
Transfers		X	
Bed Mobility		X	
Palpation	X		
Draping		X	
Wheelchair Mobility	X		
PROM	X		
Vital signs (Blood pressure, pulse, respiration rate, SpO2)	X		
Handwashing/Infection Control			X
Sterile Technique	X		
PHT 1131			
Communication		X	
Infection Control		X	
Documentation	X		
Goniometry	X		
Manual Muscle Testing	X		
Sensory Testing	X		
Reflex Testing	X		
PHT 1220			
Communication		X	
Infection Control		X	
Documentation		X	
PROM, AAROM, AROM		X	
Strength Training: OKC/CKC, eccentric/concentric, Isometric/isotonic/isokinetic. (Using gym equipment, free weights, & theraband)			X
Stretching techniques: PNF, static, & self-stretching		X	

Skill	Skill Check	Practical	Both
Postural Stabilization, McKenzie/Williams, Swiss ball ther-ex, plyometrics, aerobic/endurance training		X	
Monitors and responds to patient's physiological response to exercise/treatment		X	
Balance (static & dynamic) and coordination		X	
PNF patterns and strengthening			X
Functional training (including ther-ex progression to obtain function/meet goals)		X	
PHT 1124			
Communication			X
Infection Control			X
Muscle Length Testing	X		
Scoliosis treatment		X	
Leg length assessment	X		
Postural Analysis	X		
Gait training (patterns, patient education, stairs, curbs, un-level surfaces, guarding)		X	
PHT 2224			
Communication		X	
Infection control		X	
Anthropometrics		X	
Documentation		X	
Intermittent compression		X	
Amputee treating (with and without prosthetic)		X	
Residual limb wrapping	X		
Pulmonary Hygiene (percussion, chest mobilization, coughing		X	

technique, and breathing techniques)			
Skill	**Skill Check**	**Practical**	**Both**
Cardiac Rehab (levels and intervention)	X		
Vital and physiologic response to treatment/exercise – specially with cardiac & pulmonary pathology.			X
PHT 2211			
Communication		X	
Infection Control		X	
Anthropometrics		X	
Documentation		X	
Hot pack			X
Fluidotherapy			X
Paraffin			X
Laser/Light therapy	X		
Cold pack			X
Cold compression (Game Ready and Cryocuff)			X
Ice massage			X
Contrast bath			X
Electrotherapeutic agents (IFC, Premod, TENS, HiVolt, NMES, iontophoresis)		X	
Ultrasound		X	
Traction		X	

GCSC Physical Therapist Assistant Curriculum

Freshman Year		
Fall Semester		**Credit Hours**
BSC 2085	Anatomy and Physiology I	3
BSC 2085L	Anatomy and Physiology I Lab	1
	College Level Math (MAC1105, MGF1130, MGF1131,STA2023 or higher)	3
HSC 1531	Medical Terminology	2
PHT 1000	Introduction to Physical Therapy	2
PHT 1102	Applied Anatomy for PTA's	2
PHT 1102L	Applied Anatomy Lab for the PTA	1
PHT 1200	Basic Skills in Patient Care	2
PHT 1200L	Basic Skills in Patient Care Lab	2
		Total = 18 hrs

Spring Semester		**Credit Hours**
BSC 2086	Anatomy and Physiology II	3
BSC 2086L	Anatomy and Physiology II Lab	1
PHT 1124	Functional Human Motion	2
PHT 1124L	Functional Human Motion Lab	1
PHT 1220	Introduction to Therapeutic Exercise	3
PHT 1220L	Therapeutic Exercise Lab	2
PHT 1131	Assessment, Measurement, and Documentation	1
PHT 1131L	Assessment, Measurement, and Documentation Lab	2
	Civic Literacy Req (POS2041, *AMH2010 or AMH2020) **AMH2010 is <u>not</u> accepted if taken prior to Fall 2024*	3
		Total = 18 hrs

Summer Semester		**Credit Hours**
PSY 2012	General Psychology	3
ENC 1101	English Composition I	3
PHT 2224	Therapeutic Interventions I: Medical/Surgical Disabilities	2
PHT 2224L	Therapeutic Interventions I Lab	1
	Humanities Elective (Level I, II, or III)	3
PHT 2211	Therapeutic Modalities	2
PHT 2211L	Therapeutic Modalities Lab	2
		Total = 16 hrs

Sophomore Year		
Fall Semester		**Credit Hours**
PHT 2801	PTA Clinical Practice I	2
PHT 2225	Therapeutic Interventions II: Orthopedic Disabilities	3
PHT 2225L	Therapeutic Interventions II Lab	2
PHT 2226	Therapeutic Interventions III: Neurologic Disabilities	3
PHT 2226L	Therapeutic Interventions III Lab	2
		Total = 12 hrs

Spring Semester		**Credit Hours**
PHT 2931	Seminar	2
PHT 2810	PTA Clinical Practice II	4
PHT 2820	PTA Clinical Practice III	4
		Total = 10 hrs
		Program total = 74 hrs

Clinical Policies

Liability Insurance

The college will carry liability insurance for all students while practicing at a contracted clinical site. Upon request from the clinical center, a certificate of insurance will be sent to the clinical site.

Health and Wellness Policy

As a future healthcare provider, it is important for students to remain healthy and protect themselves from infection, disease, and injury. There are several protocols in place to help students safely navigate through the PTA Program. It is important to read and adhere to each policy or guideline listed below, referenced in the respective appendices:

1. Personal Protection Precautions, Appendix D
2. GCSC Policy for needle stick, blood or potentially infectious bodily fluids exposure, Appendix D
3. Following accident, injury, exposure reporting Appendix D. Accident/injury insurance will be carried by the student through GCSC. This insurance covers the student for medical costs incurred when injured while participating in class, laboratory practice, or clinical experience. The insurance forms are to be completed in accordance with the Florida Community Colleges Risk Management Consortium. It provides a record for claims against the student accident policy with the insurance company.
4. Students must provide an immunization record.

5. It is strongly recommended that all students receive Hepatitis B vaccine (HBV) due to possible exposure in clinical agencies. Students must sign a statement declaring they have received the vaccine or that they have refused to receive it.
    - The cost of this vaccine is the responsibility of the student and should be arranged with the student's personal physician or with the Public Health Department.
    - Students currently employed in a hospital or other health care agency may be provided with the vaccine free of charge. Check with your employer.
6. Prior to clinical placement, the student will need to repeat a tuberculosis test. Certain clinical agencies may have other specific health requirements, which relate to students affiliating with them. These must be adhered to as a condition for affiliation. Check with the DCE regarding specific requirements for the clinical facility requested/assigned.
7. It is highly recommended that each student admitted and enrolled in a health-related program carry individual health insurance. The liability insurance the college covers the student for injuries sustained during classroom/laboratory instruction, or during direct patient care activities. Some clinical facilities require proof of student health insurance, in addition to the college liability insurance. If a student chooses not to carry an individual health insurance policy, this may limit clinical education placement.

Transportation and Other Expenses

1. The student may be required to travel up to 100 miles from the campus for clinical placement. Therefore, students should anticipate that clinical assignments may not always be conveniently located near their homes.
    a. *This distance refers solely to the total miles from the main campus and does not include travel time to the clinical center (i.e., The amount of traffic or other potential delays are not considered with clinical placements).*
2. Each student is responsible for their own transportation to and from the clinical site. Ride sharing cannot be used as a reason to modify working hours as required by the clinical agency
3. Chronic car problems are not acceptable reasons for tardiness or absences from clinical assignments.
4. Inability to arrange childcare will not be considered in clinical placement arrangements.

Dress Code

A professional appearance is expected while enrolled in the Physical Therapist Assistant program. You are responsible for adhering to the dress code at each clinical site. If a dress code is not indicated by the clinical facility, then a navy-blue polo and khakis are required.

1. No jeans or shorts. In most facilities, khakis and polo shirts, or scrubs are standard attire. Khaki pants and a navy-blue polo shirt with a collar are required for the program.
2. Students should not wear T-shirts, tank tops, or low-cut necklines to the clinical center.

3. Students should wear good shoes (closed-toes), preferably with non-slip soles. No high heels or sandals. Many facilities will allow sneakers, but some will not. Check prior to each affiliation.
4. Extravagant jewelry must be avoided. (Medic alert bracelet or simple necklace is acceptable.) Rings other than plain wedding bands are unacceptable. Rings are a scratch hazard to patients, and they may harbor organisms that can be transmitted from patient to patient, or even carry an infection to the wearer. Earrings, other than the small stud-type for pierced ears are not permitted. Dangling earrings may be a source of personal injury should a patient grab hold of one. Visible piercings other than in the ear are not permitted.
5. A watch with a second hand or digital second indicator is considered part of your uniform and is required.
6. Nails should be neatly trimmed to fingertip length and clean. Nail polish, if worn, should be clear or natural. Dark pinks, reds, purple, green or black, etc. are not acceptable. Artificial nails are not allowed.
7. Hair must be pulled back or secured up, if longer than shoulder length. No radical haircuts or hair dyes are permissible, as they are not considered professional.
8. Personal hygiene is of vital importance. Daily bathing and the use of deodorant should be routine. Consideration should be shown for the fact that the scent of strong perfume, hair spray, coffee or cigarette smoke is offensive to many patients who may not be feeling well.
    - *Some clinical sites are smoke-free facilities. It is the student's responsibility to adhere to the smoke-free policy. Violation of a clinical policy is grounds for dismissal from the program.*
9. Each student must be identified by an approved nametag acquired through the college.
10. All visible tattoos must be covered while in the clinic. *Policies may vary from facility to facility. It is your responsibility to discuss proper dress code/policy with your CI and/or SCCE.*

Confidentiality

All information, which you read, observe, generate, hear, or over-hear about a patient, is considered confidential and may not be passed on to anyone who is not involved in the direct care of the patient. Violation of confidentiality may be cause for the student to be terminated from the clinical affiliation and/or withdrawn from the program. All program students must review, sign, and abide by the confidentiality statement (provided in the Appendix E). Approved HIPAA training is also mandatory prior to clinical affiliation and is available through the college.

Cancellation of the Clinical Experience

Any student who is found to be frequently tardy, absent, untrustworthy, unsafe, unable to accept supervisory criticism, unacceptable in terms of professional appearance, quality of work or who is otherwise a disruptive influence may be terminated from the clinical experience after counseling by the clinical instructor and a conference with the student and the Director of

Clinical Education. Depending on the circumstances this may result in the student not being allowed to continue in the PTA program, as clinical experience is a required component of the course. Please refer to *Problem Resolution Procedures* in *Student Problems and Complaints* for further details.

Student Attendance Policy

1. Clinical attendance is expected as assigned. The student has the responsibility to be at the clinical site at the specified time. If the student cannot be present or will be late it is mandatory that he/she:
    1) Call the clinical supervisor at the agency
    2) Call, and email the Physical Therapist Assistant program at Gulf Coast State College by 8:30 a.m. (DCE or a designated individual).
2. Since placements are provided by the agency at time and expense to themselves (they provide the training and take supervisory responsibility without compensation from the college), we attempt to disrupt their schedule as little as possible. Therefore,
    - You are expected to be present for the days you are assigned, taking lunch and coffee breaks as assigned by the clinic.
    - The working hours for a clinical experience will be the working hours of the agency to which the student is assigned and may vary from one clinical site to another.
3. Holidays and vacations are at the discretion of the clinical agency. Should the college have a scheduled holiday or vacation period, which the clinical agency does not observe, the student is required to report to the clinical experience as usual. The agency schedule takes priority over the college schedule
4. Clinical attendance is expected as assigned. If a student has been injured during the program or elects to have a surgery, clearance (updated physical form with technical standards) must be updated four weeks prior to beginning date of the scheduled clinical experience. If injury should occur during this timeframe, the DCE must be notified immediately, and clearance to resume the clinical must be obtained. This may delay the scheduled clinical experience and/or graduation.
5. In the event of an emergency situation, where the college is required to close/cancel classes, the student will not be required to report to the clinical facility. It is the student's responsibility to notify the clinical instructor of the excused & required absence from the clinical experience.
6. All missed clinical hours in excess of 1 day per clinical course must be made up, regardless of the reason for the absence, at the convenience of the clinical site. It is the student's responsibility to schedule make-up hours with the clinical center and the make-up schedule must be approved by the DCE prior to being completed. For liability reasons, no unapproved make-up time will be permitted. **This may affect the student's spring break**
7. Any time missed during a clinical rotation (even if it is just one hour) must be approved by the DCE. The student must fill out the Clinical Leave of Absence Form —see Appendix G

Absence of Clinical Instructor (CI)

Should the CI be absent from the clinic (due to illness, vacation, etc.) and be unable to assign supervisory responsibilities to another qualified PT or PTA, the student must be notified not to attend the clinic that day. These missed clinical days must be made up and scheduled at a time convenient for the CI and student.

Student Problems and Complaints

Problem Resolution Procedure

The Problem Resolution Procedure is an orderly process for the student to present their problems, complaints, suggestions, or ideas to the faculty. In turn, the procedure provides faculty with an opportunity to listen to and address students' concerns.

1. A problem is any matter of concern to a student.
2. This resolution procedure is not a substitute for informal, one-to-one conversations between faculty and students. This should always be the first step in resolving a problem. But if, due to circumstances, the usual avenues of discussion are ineffective or insufficient, a more formalized approach may be necessary.

Procedure

Step 1: The student discusses the problem with the clinical instructor or the faculty advisor as soon as possible after the problem arises. The faculty advisor listens to the student's version of the problem, conducts a speedy and thorough investigation of the situation, and meets again with the student to discuss the resolution.

Step 2: If the student is not satisfied by the resolution of Step 1 or if the resolution requires action beyond the authority of the faculty advisor, the faculty advisor and the student will meet with the Division Chair of Health Sciences. At this meeting, the problem, again, will be thoroughly explored and if possible, resolved.

Step 3: If the complaint or problem remains unresolved at this level, it should then be discussed with the Vice President of Academic Affairs in accordance with the grievance procedure outlined in the GCSC Student Handbook and in the General Catalog.

Note: The student has the option to initiate the discussion at any step of the procedure - with the understanding that if the problem should properly be brought to the attention of a lower rank, the problem will be referred back to the program faculty for initial review.

Complaints

Written complaints help the program and college identify systemic problems and provide opportunities for improvement. Complaints may be submitted by students or members of the community. Complaints regarding the PTA program or program graduates should follow the GCSC Policy for written complaints as outlined below. Complaints initiated by persons other than students, will follow the same process as outlined for students.

Complaints regarding accreditation of the PTA program should be addressed to the Commission on Accreditation in Physical Therapy Education (CAPTE) through their website.

GCSC Procedure per GCSC Student Handbook:

1. Any written complaint, whether submitted as an email or in some other written form, will be accepted (from anyone) and acted upon as long as it contains the person's name, contact information and a general description of the problem. Complaints about the PTA program can be submitted to the PTA program coordinator, Dr. Melinda Cumbaa at mcumbaa@gulfcoast.edu, or to the division chair of Health Sciences, Mrs. Laura Justice at ljustice@gulfcoast.edu.
2. Following a thorough review of a complaint received, the college administrator will forward all written complaints, along with resolutions/responses, to the Dean of Student Life via the internet/web-based form. The administrator will maintain a copy of all complaints received within their respective departments, divisions.
3. The Dean of Student Life will review each complaint to determine whether:
    - complaints are being fairly and properly addressed
    - specific problems are occurring repeatedly and/or at multiple campuses and locations
    - changes or adjustments can be made to eliminate specific problems
    - repeated complaints indicate the need for review of a program or area
4. The Dean of Student Life will also analyze complaints annually (June 30) and provide a report to the Vice President of Academic Affairs. The annual report summarizes student complaints and recommends corrective action where needed. If the vice president concurs with the recommended corrective action, the recommendation(s) will be forwarded to the appropriate administrator(s) for implementation.

In addition, CAPTE has a mechanism to consider formal complaints about physical therapy education programs (PT or PTA) that allege a program is not in compliance with one or more of CAPTE's Evaluative Criteria or has violated any of CAPTE's expectations related to academic integrity. CAPTE will consider two types of complaints: those that involve situations subject to formal institution/program due process policies and procedures and those that involve situations not subject to formal due process procedures. The mechanism through which the Commission on Accreditation in Physical Therapy Education (CAPTE) can act on concerns is through the formal complaint process. Information about CAPTE's formal complaint process can be found at the following link: http://www.capteonline.org/Complaints/

Qualifications for Clinical Placement

Authorization for Release of Personal Information

Per student authorization (Appendix F), Gulf Coast State College and the Health Sciences Division are authorized to release the last four digits of the student's social security number and any other personally identifiable information required to enter any Health Sciences program, participate in educational or clinical training experiences, graduate or complete my application for licensure or certification. This release includes, but is not limited to, the following agencies: any affiliate utilized for clinical training, Florida Department of Health, state licensing agencies and the Florida Community College Risk Management Consortium. Revocation of this release may be requested in writing to the Health Sciences Division.

Student Requirements

In order to qualify for clinical placement, the student must:

1. Be at least 18 years of age (by the time they enter the clinical experience)
2. Maintain an overall cumulative grade point average of 2.0.
3. Have passed all required courses (including both PHT courses and general studies courses) with a "C" or better and must have a sophomore standing in the college.
4. Provide current, valid cards/certifications in CPR (BLS) and First Aid from the American Heart Association or American Red Cross. Students are required to get these cards on their own; they are not part of the curriculum. Copies of the cards/certificates must be submitted to the program coordinator.
5. Provide documentation of a negative TB test annually. If positive, must provide evidence of a clear chest x-ray and follow-up report. The Mantoux Test (two-step TB skin test) may not meet some clinical facility requirements. The QuantiFERON-TB Gold or T-SPOT may be required prior to clinical assignment.
6. Have a current negative drug test result within the window specific to the clinical site. All students are required to complete a second drug test prior to clinical placement. In addition, some facilities may request additional drug testing specific to their needs, (i.e., within a six-month window, or one from their facility). It may be necessary for the student to pay for and complete drug tests prior to each of the three clinicals in order to satisfy clinical site requirements.)
7. Submit proof of attendance at the HIV/AIDS, Hospital Orientation, Domestic Violence, HIPAA, Infection Control, Human Trafficking, TB with Mask Fit and Prevention of Medical Errors training programs. A copy of each certificate must be submitted online as part of the student's secure document records account. Students are required to get this training on their own. It is not part of the curriculum.
8. Submit all immunizations required by the college and by the clinical facility to which assigned. (Some facilities have requirements beyond those of the program.)

9. Pay all required insurance fees (through student fees or possibly at clinical sites as required). Students are required to purchase liability insurance (against malpractice) and accident insurance (which covers injuries the student may receive while in the clinic). Both of these insurances are purchased through the college with lab fees that are automatically attached to clinical courses each semester. These insurances are required in addition to any personal insurance the student may already have. *(Personal/Individual health insurance is not required by the program, but may be required by the clinical center).*
10. Have a clear physical examination & signed technical standards form on file.
11. Complete APTA's Values-Based Behaviors Self-Assessment Tool prior to the first and second clinical experiences.

Health Requirements

1. Students must provide an immunization record.
    - Students must report their vaccination status for clinical placement purposes. Vaccination requirements are determined by each clinical facility and outlined in the clinical affiliation agreement (accessible online by GCSC Faculty). While some facilities may permit exemptions for certain vaccines (e.g., Flu, Hepatitis B), others may not. Consequently, a student's vaccination status may affect their clinical placement. The Director of Clinical Education (DCE) will make every effort to secure an alternative placement if needed; however, if an alternative cannot be arranged, it may delay graduation.
    - It is strongly recommended that all students receive Hepatitis B vaccine (HBV) due to possible exposure in clinical agencies. Students must sign a statement declaring they have received the vaccine or that they have refused to receive it.
        i. *The cost of this vaccine is the responsibility of the student and should be arranged with the student's personal physician or with the Public Health Department*.
        ii. Students currently employed in a hospital or other health care agency may be provided with the vaccine free of charge. Check with your employer.
2. Prior to clinical placement in the Sophomore year, the student will need to repeat a tuberculosis test. Certain clinical agencies may have other specific health requirements, which relate to students affiliating with them. These must be adhered to as a condition for affiliation. Check with the DCE regarding specific requirements for the clinical facility requested/assigned.
3. It is highly recommended that each student admitted and enrolled in a health-related program carry individual health insurance. The liability insurance the college covers the student for injuries sustained during classroom/laboratory instruction, or during direct patient care activities. Some clinical facilities require proof of student health insurance,

in addition to the college liability insurance. If a student chooses not to carry an individual health insurance policy, this may limit clinical education placement.

Drug Screening and Background Checks

For clinical placement, all students are required to have a drug screening and background check prior to clinical placement. A positive drug screen will result in immediate dismissal from the program. More frequent testing (drug screening or background checks) may be required for the clinical site.

- All students will be required to complete a second drug test prior to clinical placement. In addition, some facilities may request additional drug testing specific to their needs (i.e., within a six-month window, or one from their facility). It may be necessary for the student to pay for and complete drug tests/and or background checks prior to each of the three clinical experiences in order to satisfy clinical site requirements.

Liability Insurance

Each student is required to pay a lab fee for liability insurance once a year. The fee is payable at the time of registration for the clinical course. Non-payment of insurance fees will disqualify the student from being assigned a clinical experience placement. Non-payment of insurance fees will be considered as voluntary withdrawal from the Physical Therapist Assistant program.

Accident Insurance

1. Each student is required to pay a fee for accident insurance one a year. This insurance covers the student for medical costs incurred when injured while providing direct patient care as a student within the program. Non-payment of fees will disqualify the student from clinical experiences.
2. Should an accident occur during a clinical experience, the student must notify the DCE as soon as possible. Additionally, the student must fill out the appropriate accident form for the facility with the Clinical Instructor. Within 48-72 hours, the student must also obtain and fill out the GCSC ***Accident-Incident*** form, which is available from the Director of Clinical Education (DCE).
    - Information on filing insurance claims is also available from the DCE or PTA Program Coordinator. See Appendix D (Section 4).

Personal Health Insurance

It is highly recommended that students have their own health insurance coverage while enrolled in the program. Healthcare costs associated with a student's enrollment in the program are the financial responsibility of the student. Many clinical sites require health insurance for clinical placements. Students may be requested to submit proof of personal health insurance in order to attend a particular clinical site. If a student chooses not to carry health insurance, some clinical placements may not be available to that student. Prior to

submitting clinical placement requests, please check the clinical site list for details about specific facilities that require students to have an individual health insurance policy.

PTA Technical Standards

TECHNICAL STANDARD	DEFINITION	EXAMPLES OF NECESSARY ACTIVITIES (Not All Inclusive)
Cognitive Qualifications	Sufficient Reading, Language and Math Skills; Ability to collect and integrate information to make a decision for patient care	• Able to comprehend and interpret written material • Follow and deliver written and oral direction • Able to comprehend & apply new knowledge within scope of work
Critical Thinking	Critical thinking ability sufficient for clinical judgment; synthesize information from written material and apply knowledge to clinical situations	• Identify cause-effect relationships in clinical situations • Read and comprehend relevant information in textbooks, medical records and professional literature • Make rapid decisions under pressure • Handle multiple priorities in stressful situations • Assist with problem solving
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, educational, cultural, and intellectual backgrounds	• Establish rapport with individuals • Cope effectively with stress • Can exchange ideas in a group (work effectively as part of a team) • Cope with confrontation • Demonstrate a high degree of patience • Graciously admit mistakes and accept constructive criticism
Communication	Communication abilities sufficient for interaction with others in verbal and non-verbal form (speech, reading, and writing)	• Explain treatment procedures • Give effective instructions to patients and families • Demonstrate active listening skills. Recognize, interpret and respond to non-verbal behavior of self and others • Keep accurate, ethical logs and records of treatment and charges with correct spelling and grammar
Mobility	Physical abilities sufficient to move from room to room, to maneuver in small spaces and to perform procedures necessary for emergency intervention	• Maintain positions including sitting, standing, squatting, kneeling, reaching (above shoulder level), walking, stair climbing, and movement of trunk and neck in all directions for an extended amount of time. (up to 4 hours) • Able to push, pull, and/or lift a minimum of 50-70 lbs., and push/ pull, or move such weight a minimum of 50 feet. • Safely and effectively transfer a 200-300lb patient with assistance • Able to lift up to 10 lbs. above head • Able to endure and successfully complete a 40 hour work week during clinical education courses, while wearing appropriate PPE (may entail: gloves, masks or gowns).
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective patient care	• Handle and use equipment • Position patients • Perform repetitive tasks • Able to grip
Hearing	Normal, corrected or aided - Auditory ability sufficient to interpret verbal communication from patients and health care team members	• Hear monitor alarms, emergency signals, and cries for help • Hear telephone interactions
Visual	Normal or corrected - Visual acuity sufficient for observation and assessment necessary for patient assessment	• Observe patient responses • Identify and distinguish colors
Tactile	Tactile ability sufficient for gross and fine motor coordination necessary for manual assessment of tissues	• Perform palpation, functions of physical examination and/or those related to therapeutic intervention • Tactile abilities needed to palpate pulses, detect changes in texture, body contour, muscle tone, and joint movement
Professionalism	Ability to demonstrate professional behaviors and a strong work ethic	• Demonstrate respect, moral and ethical behaviors in all academic and professional settings • Demonstrate time management skills that promote punctual attendance to class, lab and clinical settings • Recognize personal limitations and request assistance as appropriate

		• Present professional appearance and maintain personal hygiene
Environmental	Ability to tolerate environmental stressors	• Work with chemicals and detergents • Tolerate exposure to fumes and odors • Work in areas that are close and crowded • Tolerate shift work (up to 12 hours) while wearing personal protective equipment (mask, gloves, gown, goggles) as indicated.

The Clinical Center and Faculty

Criteria for Acceptance as a Clinical Center

1. The clinical center's philosophy regarding patient care and clinical education must be compatible with that of Gulf Coast State College.
2. Student learning experiences must be planned with clearly stated objectives and good communication among the CI, the DCE, and the SCCE.
3. All PT's and PTAs on staff must practice ethically and legally as outlined by the state standards of practice, the state practice act, clinical center policy, and the Standards of Ethical Conduct for the PTA.
4. The clinical centers written personnel and patient treatment policies and protocols must be readily available to students and staff.
5. Roles and responsibilities of physical therapy personnel are clearly defined and consistent with the state practice act, rules, and regulations.
6. Commitment to the principles of equal opportunity must be evidenced.
7. Physical therapy clinical education must be supported by the clinical center's administration. CI and SCCE training and development is encouraged.
8. The clinical center must have a variety of learning experiences available to the student.
9. The clinical center must provide an active, stimulating, and flexible environment for the learning needs of the student.
10. The PT staff must be adequate in number to provide quality educational programs for students and quality care for patients.
11. The PT staff is active in professional activities. Activities may include self-improvement activities, career enhancement activities, membership in professional associations, activities related to offices or committees, written or verbal presentations, community, and human service organization activities, etc.
12. The clinical center supports staff development & education. Student participation in career development activities is expected and encouraged.
13. The clinical center has active quality assurance and internal evaluation procedures for all aspects of the clinical center, which assure the proper maintenance and inspection of all equipment which might be used by students and provide for the safety of students and the patients entrusted to their care.
14. Evaluation of the physical therapy personnel should be completed at regularly scheduled intervals and should include appropriate feedback to the individuals evaluated.

15. The clinical education site has successfully met the requirements of appropriate external agencies.
16. An organized procedure for the orientation of students exists. May include orientation manual, clinical center tour, information related to housing, transportation, parking, dress code, documentation, scheduling procedures, and other important subjects.

Criteria for Acceptance as a Site Coordinator of Clinical Education (SCCE)

1. The SCCE is responsible for coordinating the assignments and activities of students at the clinical site.
2. The SCCE may or may not be from the physical therapy profession; however, they must be experienced in clinical education, be interested in students, possess good interpersonal relationships, communication, and organizational skills, and demonstrate knowledge of current issues relating to clinical practice and education regardless of their professional background.
3. The SCCE must demonstrate professional and ethical behavior in addition to effective supervisory and instructional skills.
4. The SCCE must have administration and managerial skills and be skilled in performance evaluation.

Criteria for Acceptance as a Clinical Instructor (CI)

1. At least one year of clinical experience and a current license as required by the practice act in the state in which they practice. The CI must be a competent PT or PTA who practices ethically as outlined by the APTA Core Values and ethical standards.
2. Demonstrates use of professional skills (per SCCE).
3. Demonstrates adequate performance evaluation and feedback skills (per SCCE).
4. Must have effective communication skills as demonstrated by the ability to encourage dialogue with the student and to initiate communication that may be difficult or confrontational (per SCCE).
5. Effective skill in interpersonal relationships as evidenced by interaction with patients/clients, colleagues, and other health care providers to achieve identified goal (per SCCE).
6. Effective instructional skills including: the ability to develop written objectives, facilitate learning & clinical reasoning, and evaluation of the clinical experience (per SCCE).
7. Effective supervisory skills as evidenced by: providing formal and informal feedback to the student, presenting clear performance expectations of the student, and developing goals that are mutually agreed-upon by the CI and the student (per SCCE).
8. A willingness to work with students as evidenced by pursuing learning experiences to develop knowledge and skills in clinical teaching (per SCCE).
9. A clear understanding of the scope of practice for the student (per SCCE).

10. A positive evaluation by DCE, with input from SCCE/CI regarding CI readiness prior to clinical affiliation*. DCE will continue to monitor all CIs based on student feedback, DCE mid-term site evaluations & input from SCCE as needed.*
11. Understanding and demonstration of effective PT/PTA teamwork where the physical therapist assumes the ultimate responsibility of patient care (per SCCE).
12. Adherence to legal practice standards (per SCCE).
13. Knowledge of issues which are pertinent to the physical therapy profession (per SCCE).
14. Completion of CPI web training.

Responsibilities of the College to the Clinical Center and Faculty

1. The college/program will periodically conduct a Clinical Instructor's workshop.
2. The college/program will provide any additional forms needed for student evaluations, assessments, or other clinical education needs. *(Note: student clinical evaluations are performed using the CPI Web online tool)*
3. The college/program will acknowledge the student's supervisor and/or the Site Coordinator of Clinical Education (SCCE) as "Clinical Faculty".
4. To meet with the supervising physical therapist or physical therapist assistant to discuss matters of mutual concern.
5. To make "on-site" visits for local student affiliations and personal phone calls to both the student and supervising therapist for "out-of-town" student affiliations to discuss the student's clinical performance.

Responsibilities of the Clinical Center to the College

1. To provide a planned program for affiliating students to meet specific objectives of the PTA program curriculum, the clinical center, and the individual student.
2. To provide a variety of learning experiences that are appropriate for the student.
3. To provide one person designated as the Site Coordinator of Clinical Education (SCCE) who will be responsible for coordinating the assignments and activities of students at the Clinical Center.
4. To provide Clinical Instructors who are able to apply basic principles of general education (teaching and learning) to clinical education.
5. To provide an objective evaluation of the student's performance using CPI web by the completion of the affiliation period.
6. To encourage members of the physical therapy staff to attend the Clinical Instructor meetings held by the College.
7. To ensure safe practices to all patients while facilitating a positive clinical education experience.

Responsibilities of the Clinical Center to the Student

Orientation of the student must be conducted prior to the clinical experience or during the first two days of the clinical experience. This orientation must include, but is not limited to:

1. Introduction to staff
2. Walk through department and clinical center – Orient the student to the department and clinical center by providing a tour/introduction on the location of appropriate equipment, policies, personnel, and operation for the site.
3. The location and review of departmental and clinical center policies and procedures
4. Identify and review the safety and emergency procedures for the clinical center.
5. The clinical sites policies and procedures for record keeping and documentation protocols.
6. The clinical sites scheduling and billing process and procedures.
7. The familiarization and assignment of the student's workspace.
8. Identify the location and use of equipment, supplies, modalities
9. Inform students on clinical centers preferred treatment protocols and/or where they are located for reference.
10. Inform student on their work schedule, in addition to the clinical centers required dress code and appropriate student/employee parking.
11. Review of student objectives, CI expectations, and critical skills needed
12. Schedule a time for the CI to review the midterm and final evaluations (CPI Web) with the student.

Responsibilities of the Clinical Instructor to the Student

1. Establish an environment in which the student feels comfortable, providing appropriate support for student concerns, frustrations, and anxieties. (#22 PTA Student Evaluation of Clinical Experience and Clinical Instructor)
2. Practice physical therapy with competence, demonstrating professional, ethical behavior as an exemplary role model for the student. (#11 on CI Survey, was #3 CI Self-Assessment)
3. Utilize appropriate time management to allow for sufficient time to explain procedures/treatments and assist the student in performing assigned skills. (#22 P, L, F PTA Student Evaluation; #12 CI Survey)
4. Provide constructive feedback to the student privately, and in a non-threatening manner. Additionally, the CI will openly and honestly assess student performance and encourage interactive dialogue with the student. (#6. Mid-Term Clinical Site Contact Form; #22. E, T PTA Student Evaluation)
5. Allow the student progressive, appropriate independence. (#22 N. PTA Student Evaluation; Midterm Clinical Site Contact Form; #8 Mid-term Clinical Site Contact Form; #11 CI Survey)
6. Plan effective learning experiences with a variety of patients, helping the student to understand the relationship between academic knowledge and clinical practice. (#22. R PTA Student Evaluation; #8 Midterm Clinical Site Contact Form)
7. Be available to the student to answer questions and make effective learning experiences out of situations as they arise. (#22 D, L, P PTA Student Evaluation; Midterm Clinical Site Contact Form #6)

8. Help the student define specific objectives for the clinical experience under the general guidelines of the clinical course syllabus. (#22 B, C PTA Student Evaluation; #2 Midterm Clinical Site Contact Form)
9. Schedule formal regular meetings with the student (at least once weekly is suggested) for discussion of strengths and weaknesses. (#22 F, P PTA Student Evaluation #6 Midterm Clinical Site Form; #5 CI Survey)
10. Accept each student as an individual and not judge their performance by comparing them to other students. Be prepared to modify learning experiences to meet individual student needs, objectives, and interests. (#22 E, S PTA Student Evaluation; #10 CI Survey)
11. Make the mid-term and final evaluation a constructive process. (#22 T, 23, 24 PTA Student Evaluation; #6 on Midterm Clinical Site Contact Form; #5 CI Survey)
12. If the clinical instructor teaches the student a new treatment technique that has not been presented and practiced in the academic setting, the CI is responsible for defining the student's level of competence or proficiency in that technique and for determining if, and when, the student should use the technique with a patient. (#18, 21, 22 N, PTA Student Evaluation; #9. Midterm Clinical Site Contact Form)

Responsibilities of the Director of Clinical Education (DCE) to the Student

1. Assign all eligible students to a variety of clinical experience and confirm the assignment, in writing, to each clinical supervisor.
2. Assure that all written contracts and letters of agreement between the educational institution and facility are signed and reviewed regularly.
3. Make regular contacts with each clinical agency in which students are placed, either by phone or in person.
4. Maintain a current file for information on each agency.
5. Expand the number of clinical contracts to provide a wide variety of options for student clinical experience.
6. Orient students to the process and purposes of clinical experience and provide the needed evaluation forms.
7. Assign a grade to each clinical experience based on the clinical instructor's evaluation and any conferences held with the clinical instructor and the SCCE or CI.
8. Be available for personal visits to a clinical agency if requested by the student or the agency.
9. Act as intermediary between the clinical agency and Gulf Coast State College in the case of the necessity for a disciplinary action against a student. Act as the responsible individual for Step 1 in the problem resolution process.

CI and SCCE Benefits and Privileges

To express our appreciation to those functioning as adjunct clinical staff, Gulf Coast State College offers the following benefits to CI's and SCCE's:

- Use of college and PTA program library guides and facility.
- Free tickets to GCSC ball games.
- Opportunity to serve as teaching assistants in the academic environment.

The PTA Program Coordinator or DCE should be contacted to coordinate receipt of these benefits.

The Student

Responsibilities of the Student to the Clinical Center

1. To report to the clinical center on time and professionally attired on each day of the clinical affiliation or to request permission from the clinical supervisor & DCE for an unavoidable absence, according to established policy.
2. To learn and adhere to policies and procedures of the clinical center in which the student is assigned.
3. To exhibit exemplary professional behavior at all times as a representative of Gulf Coast State College and a member of the physical therapy profession, and to exhibit the highest of ethical and moral standards while dealing with patients and their families, staff and employees of the clinical center.
4. To complete an evaluation of the clinical experience and return to the DCE.
5. To strictly adhere to policies regarding confidentiality of information.
6. To adhere to health prerequisites of the clinical center.
7. To demonstrate a commitment to patient/client care and delivery of service.

Responsibilities of the Student to the Clinical Instructor

As part of the contractual agreement with clinical facilities providing training sites for physical therapist assistant students, students are bound to the following responsibilities and will sign a form prior to clinical experience agreeing to adhere to these conditions: Report to the clinical agency on time, properly attired and prepared to go to work every day of the scheduled affiliation period, or immediately call the CI and DCE in case of tardiness or emergency.

1. Attempt to do his/her best to safely and effectively perform any tasks requested. The student will ask for supervision or help when unsure of how to proceed.
2. Discuss problems or concerns with the clinical instructor as soon as they arise. The student will let the instructor know if they are going too slowly or too fast.
3. Observe, ask questions at appropriate times and places, and review academic and textbook resources in relation to the day's experiences.
4. Represent the Physical Therapist Assistant program and Gulf Coast State College with the highest standards of moral and ethical behavior at all times.
5. Strictly adhere to policies regarding confidentiality of patient information.

6. Complete the student evaluation of the clinical experience and share it with the clinical instructor (if the student feels comfortable doing so), on or before the last day of the affiliation. The evaluation will be an objective, constructive interaction with the clinical agency, with the goal to improve the clinical experience for the next student.

Responsibilities of the Student to the Director of Clinical Education (DCE)

1. Keep the DCE informed of any problems arising in the clinical experience on an ongoing basis after discussing the problem with the clinical instructor.
2. After receiving a clinical assignment, check with the DCE to review the facility file. You must check for dress code, working hours, health, and other requirements unique to that facility and make sure that you will be in compliance prior to the start of your clinical experience.
3. Provide the DCE with proof of 1) Certificates for immunizations, TB tests etc. as required, 2) CPR and First Aid, 3.) Drug Testing, 4.) Background Checks, 5) Health Insurance (as indicated), and 6) Orientation certificates for HIPAA, Human Trafficking, HIV/AIDS, Infection Control, Prevention of Medical Errors, etc.
4. Although special requests for a particular clinical experience is not guaranteed, should you have a special request, please discuss it with the DCE no less than six weeks prior to the anticipated date of the start of the clinical experience. No changes can be made once assignments have been posted. (Approximately four weeks prior to the clinical experience)

Clinical Site Selection Process

Selection Criteria

The prospective clinical site must pass the selection criteria outlined in *Criteria for Acceptance as a Clinical Center*. With successful adherence to these criteria, the clinical site will be added to the site list for students to consider. A current contract and Clinical Site Information Form must be on file prior to eligibility. Students will use the Clinical Site Information Form provided by the DCE to help in their selection process. This form also helps the student prepare for their affiliation.

Notification of Site Selection

In March of each year, the DCE will begin placement of the students. Sites will be contacted by the DCE via telephone or email for confirmation and acceptance of student placement. Written confirmation of placement will be mailed a minimum of six weeks prior to the affiliation start date.

Clinical sites must notify DCE 4 weeks prior to the start of the affiliation should unforeseen circumstances warrant withdrawal of site availability.

Students will mail an information letter to the SCCE at their assigned site a minimum of three weeks prior to their affiliation. Upon request, evidence of current CPR certification, medical insurance coverage, background check clearance and the name of a responsible person to contact in the event of an emergency will be sent to the clinical center. One week prior to the clinical start date, students will call or, if possible, visit the site to establish contact and make final preparations. **Students shall not make any direct contact with sites unless given permission by the DCE.**

1. For clinical placement all students are required to have a drug screening and background check prior to clinical placement. (See PTA program student handbook)
2. All students will be required to complete a second drug test prior to clinical placement. In addition, some facilities may request additional drug testing specific to their needs.
3. It may be necessary for the student to pay for and complete drug test/and or background checks prior to each of the three clinicals in order to satisfy clinical site requirements.

Clinical Agreements

A written agreement, which defines the rights and responsibilities of the college, the student and the clinical center is necessary and must be properly endorsed by all parties and on file at GCSC prior to the first day of affiliation. By accepting assignment to a clinical center, the student agrees to carry out all contractual responsibilities.

Clinical Site Review

Clinical Site Information Forms will be updated yearly and filed electronically by the DCE. The DCE is responsible for updating and maintaining these forms.

Clinical Standards

American Physical Therapy Association (APTA) guidelines state that clinical experiences must be consistent with APTA Standards of Ethical Conduct for the Physical Therapist Assistant and the philosophy of the college program. The clinical education is an organized sequence of learning activities integrated within the curriculum. The collective experiences should allow for opportunities in patient care and teaching, as well as opportunities for students to learn through participation and observation of activities such as administration, quality assurance, and supervision of other supportive personnel.

Clinical education provides students with the opportunity to perform their responsibilities under appropriate physical therapist or physical therapist assistant supervision and with positive role modeling. The clinical experiences should provide exposure to a variety of patients and learning activities in a variety of practice and health care settings and ensure participation in direct patient care.

Clinical Competencies, Evaluations, and Criteria

Clinical Performance Instrument (CPI Web)

Clinical competence for specific skills must be demonstrated to successfully complete clinical affiliations. Students must complete each clinical at certain levels as established by the PTA program in accordance with CPI web and syllabus for the respective course.

- **Clinical I:** Must be completed at an Advanced Beginner level.
- **Clinical II:** Must be completed at an Advanced Intermediate level.
- **Clinical III:** Must be completed at Entry-Level.

In addition, skills listed under intervention or data collection must be marked as performed by both the CI and the student, in order for credit to be given. It is the student's responsibility to ensure that they have mastered all skills at the appropriate level. The student should keep a list of the skills that need to be mastered and share the information with the CI at the beginning of each clinical affiliation.

Evaluation of Student Performance

Specific objectives have been developed for each clinical experience. They reflect the technical skills completed at the time of the clinical experience and the level of the clinical experience. All technical competencies passed in the laboratory setting may be asked of the student in the clinical setting and should be practiced too clinical competency as opportunities arise. In the supervisory relationship, both the clinical instructor and the student assume responsibility for:

1. Identifying the students specific learning needs and goals.
2. Formulating a plan of growth which leads to achievement of technical competencies as outlined in the specific objectives for the given clinical experience.

Students will be evaluated at the end of the first clinical experience, and at both the mid-point and end of clinical experiences II and III by the clinical supervisor. Performance should be discussed at those times.

Students will evaluate the clinical experience at the end of each affiliation and will share this evaluation with the clinical supervisor. This evaluation form is to be turned in with your performance evaluation. Your grade is not complete until it is turned in. After you have discussed and signed the final evaluation form, the final form will be returned to the DCE.

- A midterm evaluation must be conducted within 5 days of the midterm date. Final evaluations must be completed and reviewed by the last day of the affiliation. **The final clinical grade is determined by the DCE.**

A review of the critical competencies required for successful completion as defined by CPI web should be conducted within the first few days. The CI must provide verbal or written feedback at least weekly (informal feedback should be given more frequently – daily is suggested).

Clinical Criteria and Projects

Students will be required to conduct in-services, quality assurance projects, journal reflections, and case studies during their clinical experience. All references to patients will be anonymous and confidentiality will be maintained.

Students will show evidence of experiencing the following elements during their clinical practice.

1. Management of patients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care. (Journal Assignments)
2. Practice in settings representative of those in which physical therapy is commonly practiced. (Journal Assignments)
3. Involvement in interprofessional practice. (Discussion board)
4. Participation as a member of the PT and PTA team. (Discussion board)

Student Evaluation of Clinical Instructor and Clinical Center

Students will conduct an evaluation of the CI and clinical site during the final week of their affiliation. Students may share this evaluation with their CI. This evaluation must be returned to the DCE before a grade will be assigned for the clinical rotation. The evaluation will be shared with the SCCE upon request. The student is responsible for contacting the DCE with any problems or concerns that require immediate attention. These concerns will be documented in writing by the DCE. The DCE will contact the SCCE and/or clinical instructor to begin the resolution process for any problems.

Obedience to State Laws and Code of Ethics

Any behaviors or activities conducted by the student in the clinic, which violate state law, the state practice act, or the APTA's Standard of Ethical Conduct for the PTA, will result in immediate dismissal from the program. If a student is arrested or convicted during the program, this must be reported to the PTA program Director and the DCE within 24 hours.

Poor Student Performance Procedures

A rating below the required levels for each respective clinical as outlined in *Clinical Performance Instrument Competencies (CPI Web)*, will result in a failure of the clinical affiliation. If the student is in danger of falling below the level required, the DCE should be notified immediately by the CI. The student will be placed on academic warning and a written plan will be established to improve performance.

Managing the Problem Situation

1. Upon recognition of a problem with a student's clinical performance, it is important that the DCE, CI, and SCCE collaborate in its management and resolution. Careful documentation of the problem must be completed. A chronological journal of observations, initiated at the first sign of a potential problem, is suggested. The student, CI and DCE will meet to review the documented problem(s), and a plan for corrective action will be formulated and signed by all parties. The plan will contain the defined areas of deficits, the desired behaviors required to correct these deficits, and a plan for attainment of each one.
2. The DCE will remain in close contact with the student and will facilitate the remediation process. A calendar of weekly reviews of progress will be established to assess the effectiveness of the plan and the progress of the student. The student will be allowed to submit written comments in response, which will be added to these documents.
3. If a discrepancy between the student's report of the situation and the report given by the SCCE or CI exists, it is the role of the DCE to clarify the behaviors or deficient skills at the heart of the problem.
4. The CI is responsible for ensuring that the student was treated fairly and given regular feedback regarding performance. Documentation of performance and records of meetings with the student are essential.

Assessment Policy of Clinical Instructors

Assessment of Clinical Educators will occur through a variety of mechanisms. This assessment will include evaluating the effectiveness of individual CIs as well as the effectiveness of the CIs collectively. The assessment will determine the effectiveness of the clinical instructor's student instruction abilities, if the site CI would benefit from individual mentoring by the DCE for future student instruction and for aiding in determining future developmental areas for all clinical instructors associated with the college clinical experiences.

Individual CI assessment will occur prior, during, and immediately after the time the CI has a student. This assessment will include gathering information from the student, CI, DCE, and SCCE as appropriate.

1. <u>Student:</u>
   Students will assess the clinical instruction using the PTA Student Evaluation of Clinical Experience and Clinical Instruction forms at mid-term and end of the clinical experience.
   - Mid-term evaluation will be completed by the student and available for review by the DCE prior to the scheduled mid-term visit/call. Any CI receiving a student score of 1 or 2 will trigger the DCE to have a further discussion with the student during the midterm visit.
   - Final evaluations will be completed by the student and shared with the CI at the end of the clinical. The form will then be submitted to the DCE. Any score of 1 or

2 will be recorded on the CI Performance Log and will be discussed with the SCCE. If the CI receives a score of 1 or 2 by more than one student an individual CI development plan will be created.

During the mid-term site call/visit the student will be asked about CI effectiveness. Special attention will be given to findings from the PTA Student Evaluation of Clinical Experience, question #22. Student responses will also be recorded on the Mid-term Clinical Site Contact Form questions, #13-17.

All issues regarding a specific CI will be recorded and kept electronically on the R drive under clinical files.

The concerns are tabulated and saved for future discussion with the Site Coordinator of Clinical Education (SCCE). Discussion with the SCCE will occur at least on a yearly basis by email or phone and documented in the Clinical Site Concerns Log. If the DCE determines critical safely, or ethical issues are the main concern, the DCE will initiate a discussion with the site SCCE immediately after such issues have been identified. The discussion will be documented on both the Clinical Site Concerns Log and the CI/SCCE Development Activity Log.

2. Clinical Instructor
   The CI will be interviewed by the DCE during the mid-term call/visit. The DCE will ask questions regarding the CI's self-perception of their effectiveness as a clinical instructor.
   - Mid-term Clinical Site Contact Form questions (#1,3,4,6,8,9,10)

   Each CI will be asked to complete a CI Survey on his/her performance at the end of the clinical rotation. Information gathered from this document will be used by the DCE to assess the CI's self-reported instruction performance and aide in identifying areas of clinical education concern or weakness that may be improved through continued education offered by the college. The DCE will note the areas of concern and offer one-on-one advising if the CI is likely to be supervising PTA students in the future.

3. Director of Clinical Education (DCE):
   During the mid-term call/visit the DCE will evaluate the CIs general knowledge of clinical education strategies and determine if there are any areas of need for development. This will be recorded on the Mid-Term Clinical Site Contact Form.

   Upon review of CIs completion of CPI if the DCE notes any issues or concerns. Concerns will be documented on the CI Performance Log.

4. Site Coordinator of Clinical Education (SCCE)
   If student interview and CI interview indicate a significant concern the DCE will interview the SCCE regarding the CIs performance as a clinical educator.

Effectiveness of all developmental activities will be evaluated based upon the trigger that indicated the need for the plan.

Group CI Evaluation

1. Student:
    - Students will assess the clinical instruction using the PTA Student Evaluation of Clinical Experience and Clinical Instructor at the end of the clinical experience. Any area indicated as a 1 or 2 for more than one CI will be considered an area of global concern and a CI developmental plan will be established.
2. Clinical Instructor (CI):
    - CI self-assessments completed after each clinical experience will be compiled. Any area rated as a 1 or 2 by five or more CIs will trigger a developmental activity.
3. Director of Clinical Education (DCE):
    - DCE notes from mid-term site/call visit logs and from final evaluation of CPI completion will be compiled. Any area noted as a concern with five or more CIs will trigger a developmental activity.
4. Site Coordinator of Clinical Education (SCCE):
    - A survey will be sent to all CIs/SCCEs on an annual basis. Any area rated as a 1 or 2 by five or more SCCEs will trigger a developmental activity.
    - Developmental activities could include a special mailing, a newsletter, a CE course/workshop, article review, consultation or an online instructional activity.

Appendices

APTA CPI 3.0
CI & SCCE
Getting Started Guide

Welcome to CPI 3.0! Please see the instructions below on how to get started.

Before Logging In to the CPI 3.0 Platform:

- You must have an APTA account to access the CPI 3.0 system.
    - If you have previously had an APTA account, we encourage you to use that account vs creating a second account. Having multiple APTA accounts may cause issues when trying to access the CPI 3.0 system.
        - To update your information on a previous APTA account, visit apta.org, click the "Log In" button at the top middle of the screen, enter your credentials, click the "My Profile" button on the top right of the screen, click "My Account" at the top left of the screen, and "Contact Information".
        - If you cannot remember the password to your previous account, click the "Forgot your password?" button above the orange "Log in" button. Follow the prompts to reset your APTA account password.
        - For APTA username and password issues, please contact APTA's Member Success team at membersuccess@apta.org or 800-999-2782 from 8am-6pm ET Monday - Friday.
    - If you do not have an APTA account, please visit apta.org and click "Log In" at the top middle of the page. Under the orange "Log in" button, you will see the options to "Become an APTA member" or "Create a free account". Follow the prompts to create an APTA account.
- Take the free **APTA CPI 3.0 – CI/SCCE Training** in APTA's Learning Center.
    - Link: https://learningcenter.apta.org/products/apta-cpi-30-ciscce-training
    - This course includes training for both PT and PTA students.
- **IMPORTANT:** When logged into the Learning Center, click on the "profile" tab on the left side of the screen. The email address listed on this screen is the email address associated with your APTA account. **Send this email address to the educational program to grant you access to the CPI 3.0**.

How to Log In to the CPI 3.0 Platform:

- Go to the CPI 3.0 platform: https://cpi.apta.org/login
- Click on the "Login" button in the top right of the screen. This will take you to the APTA Login page.
- Enter your APTA Login credentials. This is the same username and password you used to take the CPI 3.0 Training on APTA's Learning Center.
    - **Potential Error Messages:**
        - "Invalid Username or Password"
            - For APTA username and password issues, please contact APTA's Member Success team at membersuccess@apta.org or 800-999-2782 from 8am-6pm ET Monday - Friday.
            - If you cannot remember your account password, click the "Forgot your password?" button above the orange "Log in" button. Follow the prompts to reset your APTA account password.
        - "This account is not associated with any program or user role."
            - Contact the educational program to gain access to the CPI 3.0 portal.
        - "Access denied due to not completing the CPI 3.0 Training. Please complete the CPI 3.0 Training at (website) to gain access to the system. Once you have completed the training, please refresh your screen to update the CPI 3.0 system to grant you access."
            - If you have not completed the **APTA CPI 3.0 – CI/SCCE Training,** please review the instructions above on how to complete the training.
            - If you have completed **APTA CPI 3.0 – CI/SCCE Training**, please contact the CPI 3.0 team at cpi@apta.org or 703-706-8582.
- Read and agree to the Terms of Use & Privacy Policy.
- That is it! You are in the CPI 3.0 portal and will be brought to your dashboard page.

After Logging On to the CPI 3.0 Platform:

- To access the CI and SCCE user guides, click on the white circle with a blue question mark icon at the top right of the screen. These instructions will explain the different functions of the CPI 3.0 system.
- If there is a CPI 3.0 system issue, APTA will add a message on the CPI 3.0 portal Login page (https://cpi.apta.org/login). We will remove the message when the issue is resolved.
- For any questions about the CPI 3.0 tool, please contact the CPI 3.0 Team at CPI@apta.org or 703-706-8582.

Last Updated: 10/3/2023

APTA CPI 3.0
PTA Student
Getting Started Guide

Welcome to CPI 3.0! Please see the instructions below on how to get started.

Before Logging In to the CPI 3.0 Platform:

- You must have an APTA account to access the CPI 3.0 system.
    - If you have previously had an APTA account, we encourage you to use that account vs creating a second account. Having multiple APTA accounts may cause issues when trying to access the CPI 3.0 system.
        - To update your information on a previous APTA account, visit apta.org, click the "Log In" button at the top middle of the screen, enter your credentials, click the "My Profile" button on the top right of the screen, click "My Account" at the top left of the screen, and "Contact Information".
        - If you cannot remember the password to your previous account, click the "Forgot your password?" button above the orange "Log in" button. Follow the prompts to reset your APTA account password.
        - For APTA username and password issues, please contact APTA's Member Success team at membersuccess@apta.org or 800-999-2782 from 8am-6pm ET Monday - Friday.
    - If you do not have an APTA account, please visit apta.org and click "Log In" at the top middle of the page. Under the orange "Log in" button, you will see the options to "Become an APTA member" or "Create a free account". Follow the prompts to create an APTA account.
    - Confirm with your educational program which email address you should use (i.e. school or personal email address).
- Take the free **APTA CPI 3.0 – PTA Student Training** in APTA's Learning Center.
    - Link: https://learningcenter.apta.org/products/apta-cpi-30-pta-student-training
- When logged into the Learning Center, click on the "profile" tab on the left side of the screen. The email address listed on this screen is the email address associated with your APTA account.

How to Log In to the CPI 3.0 Platform:

- Go to the CPI 3.0 platform: https://cpi.apta.org/login
- Click on the "Login" button in the top right of the screen. This will take you to the APTA Login page.
- Enter your APTA Login credentials. This is the same username and password you used to take the CPI 3.0 Training on APTA's Learning Center.
    - **Potential Error Messages:**
        - "Invalid Username or Password"
            - For APTA username and password issues, please contact APTA's Member Success team at membersuccess@apta.org or 800-999-2782 from 8am-6pm ET Monday - Friday.
            - If you cannot remember your account password, click the "Forgot your password?" button above the orange "Log in" button. Follow the prompts to reset your APTA account password.
        - "This account is not associated with any program or user role."
            - Contact the educational program to gain access to the CPI 3.0 portal.
        - "Access denied due to not completing the CPI 3.0 Training. Please complete the CPI 3.0 Training at (website) to gain access to the system. Once you have completed the training please refresh your screen to update the CPI 3.0 system to grant you access."
            - If you have not completed the **APTA CPI 3.0 – PTA Student Training,** please review the instructions above on how to complete the training.
            - If you have completed **APTA CPI 3.0 – PTA Student Training**, please contact the CPI team at cpi@apta.org or 703-706-8582.
- Read and agree to the Terms of Use & Privacy Policy.
- That is it! You are in the CPI 3.0 portal and will be brought to your dashboard page.

After Logging On to the CPI 3.0 Platform:

- To access the PT/PTA Student User Guide, click on the white circle with a blue question mark icon at the top right of the screen. These instructions will explain the different functions of the system.
- If there is a CPI 3.0 system issue, APTA will add a message on the CPI 3.0 portal Login page (https://cpi.apta.org/login). We will remove the message when the issue is resolved.
- For any questions about the CPI 3.0 tool, please contact the CPI 3.0 Team at CPI@apta.org or 703-706-8582.

Last Updated: 10/3/2023

INFECTION CONTROL RESOURCE MANUAL

2025-2026

HEALTH SCIENCES DIVISION

NURSING DIVISION

Infection Control Manual

Document Revision History

Date	Item	Action
July 2021	Infection Control Manual Created (Deborah S. Van Zant, RN- BSN Student and Sandra M. Zapata, RN -BSN Student)	Reviewed
August 2021	Manual Reviewed - Health Sciences Division Chair, Laura Justice/Health Sciences Faculty	Approved and Adopted
August 2021	Infection Control Manual uploaded to Health Sciences Central	Implemented
July 2022	Reviewed and Revised Laura Justice, Health Sciences Division Chair Dr. Keri Matheus, Nursing Division Chair	Revisions Adopted
August 2022	Infection Control Manual uploaded to Health Sciences Central	Implemented
July 2023	Reviewed and Revised Laura Justice, Health Sciences Division Chair Dr. Keri Matheus, Nursing Division Chair	Revisions Adopted
August 2023	Infection Control Manual uploaded to Central Commons (CANVAS)	Implemented
August 2024	Reviewed and Revised Laura Justice, Health Sciences Division Chair Dr. Keri Matheus, Nursing Division Chair	Revisions Adopted
August 2024	Infection Control Manual uploaded to Central Commons (CANVAS)	Implemented
August 2025	Reviewed and Revised Laura Justice, Health Sciences Division Chair Dr. Keri Matheus, Nursing Division Chair	Revisions Adopted
August 2025	Infection Control Manual uploaded to Central Commons (CANVAS)	Implemented

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ADDENDUMS

INTRODUCTION

When one elects to become a health care provider, one does so with the understanding that all types of patients will need health services and should be administered to in a spirit of love, concern, and compassion. All people have a right to quality health care and to the provision of that care by people who hold no discriminatory attitudes towards certain people or illnesses. One should consider these conditions when making the decision to become a health care provider.

Recognizing that the health care field is subject to certain risks, the student has a right to assistance by responsible faculty in becoming prepared to care for a high-risk patient. It is also the students' responsibility to be prepared themselves and to accept individual responsibility for protecting themselves and clients under their care. Additionally, and after consultation with the supervising faculty, students have the option to refuse situations or clients that they feel are a risk to themselves, either through exposure to the patient or if they feel unprepared to care properly for a patient.

During their education, the faculty will provide students with the instructions and with written policies on infection control within each department. A student is expected to follow current guidelines for universal precautions recommended by the Center for Disease Control (CDC) when providing direct care in a clinical setting. Supervising faculty will also evaluate each student for clinical competency and knowledge in the management of high-risk patients to ensure that a student is able to perform procedures correctly. If the evaluation indicates that a student needs more training or assistance, the faculty will provide this.

Students will be continually monitored during clinical assignments and the faculty will serve as supervisors and resource personnel. Students will attend program specific orientation and complete the following Healthcare Interprofessional Training courses: HIPAA, HIV/AIDS, Infection Control, Prevention of Medical Errors, Airborne Precautions with Mask Fit, Interprofessional Education, Human Trafficking, and Domestic Violence. The clinical agencies provide appropriate safety equipment except for protective eyewear. OSHA approved protective eyewear is available in the GCSC Bookstore as well as other vendors.

SECTION 1 – BLOODBORNE PATHOGENS AND PERSONAL PROTECTIVE PRECAUTIONS

1) To standardize the delivery of health care to all patients and to minimize the risk of transmission of blood borne pathogens, Health Sciences and Nursing students will:
   a) Be taught basic skills in isolation techniques, injections, according to CDC specifications, and handling of body fluids in the skills laboratory before actual clinical practice of these skills on a patient.
   b) Be provided classroom instruction related to treatment, modes of transmission and prevention.
   c) Receive clinical agency orientation on specific policies for blood and body fluid precautions.
   d) Utilize blood and body fluid precautions consistently on all patients.
   e) Wear gloves when touching blood and body fluids, mucous membranes or non-intact skin of patients, or when touching items or surfaces soiled with blood or body fluids including performing venipuncture and other vascular access.
   f) Wash hands immediately before gloving and again after removing gloves. Hands should also be washed immediately and thoroughly when contaminated with blood or body fluids.
   g) Change gloves between each patient.
   h) Wear gowns or plastic aprons, masks, and protective eyewear for any procedure likely to generate airborne droplets, result in or prone to splashing of blood or body fluids.
   i) Not recap used needles, purposely bent or broken by hand, removed from disposable syringes, or manipulated by hand and use only approved needle recapping devices.
   j) Disposable needles, syringes, scalpel blades and other sharp items should be placed in puncture resistant containers for disposal (Sharps Containers).
   k) Place soiled linen in a bag and tie closed. Linen should be handled as little as possible with minimum agitation.
   l) Wear gloves for post-delivery care of the umbilical cord and until all blood and amniotic fluids have been cleaned from the infant's skin.
   m) Be aware of and follow isolation/labeling on patient's room.

n) Place specimens of blood and body fluids in a leak-proof container. When collecting the specimen, care should be taken to prevent contamination of the outside of the container. All containers should then be placed in a zip-lock bag.

o) Use mouthpieces and resuscitation bags in place of mouth-to-mouth resuscitation.

p) Not care for any patient requiring the specially fitted HEPA Mask for care (Airborne Isolation, Specifically TB)

q) Report alterations in health status, such as, fractures, surgery, seizure activity, or exacerbation of chronic illness / disease, to the program coordinator. Additional documentation of fitness for practice from a healthcare provider may be required to be submitted before the student can return to the clinical setting.

r) Update the Report of Physical Examination Form and Technical Standards Attestation annually. The student is responsible for reporting any major health changes as well as maintaining and updating their file with current CPR and Annual TB/Mantoux documentation in the compliance management software designated by the program and/or clinical facilities.

s) Follow current guidelines for universal precautions recommended by the Center for Disease Control and Prevention (CDC) when providing direct care in a clinical setting.

2) Hepatitis B Vaccination:

a) In accordance with Centers for Disease Control and Prevention (CDC) guidelines, Health Science Division and Nursing students should be immunized against Hepatitis B Virus and demonstrate proof of immunity or formally decline vaccination (CDC, n.d.).

b) Students who decline to be vaccinated are required to sign a formal declination waiver form.

3) Adult Immunizations:

a) Students are required to demonstrate proof of immunity or be immunized against other infectious diseases (CDC guidelines for adult immunizations) as part of their preparation for clinical training (CDC, n.d.).

b) Annual Tuberculosis Test: Students are required to receive a TB test and submit the results prior to the first clinical day of the semester on an annual (yearly) basis. TB forms are available from the program coordinator or the Health Sciences /Nursing Office Administration and contain additional information regarding those students who have tested positive for TB in the past or have an allergy. Students who fail to maintain current updates may be dismissed from the Health Science Division/Nursing program. **Dental Programs require a TB test upon program acceptance (not annually).*

4) Students should always be aware of what is going on around them, but here are some precautionary measures that can be taken to prevent accidents from occurring.
   a) Precautions to be taken to avoid contact with body fluids and needle sticks. The best way is to utilize your Personal Protective Equipment (PPE). Some examples of PPE include gowns, gloves, masks, or goggles.
   b) The type of PPE appropriate for a given task is dependent upon the degree of exposure reasonably anticipated. If the student is unsure of which PPE to use for a particular case, he/she must consult a class instructor.
   c) General Rules on PPE:
      i) The student must be trained to use the equipment properly.
      ii) PPE must be appropriate and readily available for the task.
      iii) Appropriate PPE must be used in performing each task.
      iv) Equipment must be free of physical flaws that could compromise safety.
      v) PPE must fit properly.
      vi) If when wearing PPE, it is penetrated by blood or other potentially infected materials, remove it as soon as feasible.
      vii) Before leaving the work area, remove all protective equipment and place it in the designated area or container for washing, decontamination, or disposal.
   d) Exception to the PPE Rules:
      i) If using PPE would prevent proper delivery of healthcare or jeopardize the safety of the student or personnel, its use may be temporarily and briefly abandoned, only in an emergency.
5) The student will:
   a) Properly dispose of any contaminated materials.
   b) Place reusable items such as linen in the appropriate receptacle for the protection of the persons handling laundry.

c) Dispose of contaminated disposable equipment properly as per clinical education site department policy.
d) Dispose of any used or opened “sharps” considered contaminated and place in an appropriate puncture-resistant container immediately after use.
e) Disinfect all equipment and environmental working surfaces as soon as possible after contact with potentially infectious materials.

SECTION 2 – HAZARDS OF THE ENVIRONMENT

Injuries and disease in the workplace can occur for a variety of reasons including fatigue, ignorance, haste, defective equipment, carelessness, clutter, crowding, inadequate lighting or improper use of storage. There is no substitute for the individual's personnel safety consciousness in creating a safe working environment.

THE FOLLOWING GENERAL SAFETY PRACTICES WILL BE FOLLOWED:

- Entrances/exits will not be blocked.
- Hallways will not be used as storage areas for boxes, etc.
- Burned out light bulbs should be reported immediately and replaced as soon as possible.
- All personnel will be alert for damaged/defective electrical plugs/outlets/cords and report problems to the Program Coordinator or Division Chair.
- Potential for back injury or muscle strain.
  - It is the student's responsibility to follow all protocols of safe body mechanics including assistive devices when lifting, pushing, or standing for long periods of time.
  - When lifting heavy objects, ask for help. Use appropriate body mechanics for the situation.
- Gas cylinders will be stored in the rack(s) designed for that purpose or secured to the wall by a belt system.
- Avoid undo haste that jeopardizes safety. DO NOT RUN.
- Keep drawers and cabinets closed unless being used. Disinfect work surfaces using disinfectant daily.
- Eating, drinking, or smoking in any area other than a designated area for either eating/drinking or smoking is prohibited.
- SMOKING AREAS: Smoke from tobacco is a documented health hazard to both the smoker and those nearby. Also recognizing our responsibility as health care providers, we have an obligation to present a healthful image to our patients. For these reasons, the college has adopted a SMOKE FREE CAMPUS POLICY (GCSC Student Handbook, 2012-2022).

1) **RADIOLOGY:** Ionizing radiation is a known health hazard. Students will follow appropriate policy regarding limiting exposure to radiation hazards including wearing protective equipment as required. Students will not hold films for surgical exposure. Students will receive proper training regarding safety practices and is responsible for following practices. When not in use, the lead aprons will be hung on the rack(s) provided. Folding the aprons increases their chance of developing cracks, thereby decreasing their effectiveness. Students who are pregnant or think they might be must notify the instructor and follow appropriate operator safety policies.

2) **ANESTHETIC GASES:** Hazards are associated with the inhalation of anesthetic gases; scavenger systems are utilized in the facility to limit exposure to the gases. Acute exposure to high concentrations of Waste Anesthetic Gases (WAGs) can cause a narcotic effect resulting in reduced mental performance, audiovisual ability, and manual dexterity. Some studies have shown that chronic exposure to WAGs may increase the risk causing other health effects including reduced fertility, spontaneous abortion, an increase in birth defects, and neurological, renal, and liver disease. Students will be given instruction on the hazards and precautions associated with WAGs prior to laboratory or clinical practices.

3) **PREGNANCY AND STUDENTS:** It is the responsibility of the student who thinks they may be or who becomes pregnant to inform the instructor of pregnancy status and obtain release from physician regarding possible limitations and health status. It is the student's responsibility to monitor for possible exposure to any potentially known hazards including ionizing radiation, excuse self from case to prevent possible exposure when indicated, and notify instructor for reassignment to another area as approved by the physician's release document.

4) **EQUIPMENT OPERATION HAZARDS:** Operating procedures will be taught and a designated preceptor will monitor operation of these devices. Autoclaves and other hazardous equipment will be used only by those trained in their use. It is the responsibility of the student to utilize the appropriate safety precautions when operating or in the presence of any piece of equipment. Defective equipment will not be used. It will be reported to the lab faculty.

5) **LASERS:** Students must wear appropriate eyewear and follow all precautions for the type of laser being utilized. In addition, due to cellular contents within the plume, students must wear a laser mask for an Electro-Surgical Unit (ESU) removal of all condylomas, warts and/or whenever a laser is in use.

6) **FIRE PROTECTION:** All personnel will be familiar with the evacuation plan and location of the fire extinguishers. Trash and other combustibles will not be allowed to accumulate in the clinical/laboratory/classroom/office setting. Smoking is prohibited in all areas of the George Tapper Health Science Building. Flammables and caustic materials should be stored in a flame retardant metal cabinet that meets Occupational Safety and Health Administration (OSHA) and National Fire Protection Association (NFPA) standards. In case of fire, call 911, then report it to the college operator, and get the fire extinguisher from the hallway nearest the area.

7) **INSTRUMENTS:**
   a) Remove all disposable scalpel blades and needles prior to disposal of drapes into appropriate labeled sharps containers. Handle sharps with closed instruments such as a needle holder or hemostat only and be alert to the potential for needle stick injury at all times. Do not recap or repackage or bend or remove by hand. Package or separate sharp instruments from all others to prevent accidental injury. Perform the Scoop technique – one handed can be used to recap if necessary. Use smooth motion away from body during removal of caps or blades (do not attempt to control – may jerk hand and bring it back into the sharp item).
   b) Keep instrument tray orderly, return items to their place. Immediately remove scalpel or other sharps from sterile drape/patient field to the Mayo to prevent accidental sick. Utilize neutral zone when possible.
   c) Store sharps and loaded needle holders in such a way that it cannot accidentally perforate drapes or be exposed to the team's moving hand. Position sharp items so that they are in the area of least traffic (hands moving back and forth increase potential injury).
   d) Disinfect all used instruments and supplies after each surgery including mock surgeries in the lab. Sterilize as appropriate.
   e) Use only packaged sterile instruments and supplies for patients. INSPECT PRIOR TO USE.

8) **UTILITY GLOVES:** Wear utility gloves to handle contaminated items; return contaminated items to the designated area in enclosed containers. Process and package instruments and equipment according to instructions given. Wash after removal.

9) **CHEMICAL DISINFECTANTS:** Adhere to manufacturer's directions and reference the Safety Data Sheets (SDS). Instruction will be provided regarding the interpretation of SDS prior to use in the laboratory or clinical setting. The location of the SDS book will be disclosed to students.

10) **RESPONSIBILITY:** In addition, workers/students are exposed to other hazards from mechanical devices, noxious vapors, heat, caustic chemicals, latex allergies, and high-pressure gas lines, among others. It is the responsibility of all staff and students to fully understand the hazards associated with the lab, classroom, or workplace and how to avoid/prevent a safety or health problem from occurring. If you have any questions, have them clarified immediately by one of the instructors or monitors. An eyewash station is in each lab and clinical area so chemicals coming in contact with the eyes can be flushed immediately. Proper use of the eyewash station will be demonstrated in the laboratory setting.

SECTION 3 – NEEDLE STICK, BLOOD OR POTENTIALLY INFECTIOUS BODY FLUIDS EXPOSURE POLICY/PROTOCOL

1) It is the policy of Gulf Coast State College that any student who sustains a needle stick or other wound resulting in exposure to blood or bodily fluids while engaged in a college sponsored educational program should receive prompt medical attention, including counseling, prophylactic drug treatment, and baseline and follow up laboratory values, as necessary. In accordance with this policy, the following procedures must be followed by students who have been exposed to blood/body fluids.
   a) Drug prophylaxis is time sensitive; therefore, the student must immediately seek help from the appropriate supervising personnel. The student and faculty member will fill out the incident reports at both the facility and Gulf Coast State College. Faculty will report the incident immediately to his/her immediate supervisor.
   b) The employee/student, notified supervisor, or faculty will initiate an incident report (FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM, ACCIDENT-INCIDENT FORM), detailing the particulars of the event, completing the appropriate sections on the form, and evaluating the circumstances of the accident. This form must be signed by faculty, the injured person, and a witness. If the injured person declines medical treatment, this should be documented and signed by that individual. The original form(s) will be sent to the Vice President of Administration and Finance Office. A copy of the form(s) will be retained in the office of the Administrative Specialist of Health Sciences/Nursing on the second floor of the Health Science Building (Room 200). A copy of the original form will be placed in the student's records. *For dental incidents, a copy of the original form should be placed in the BLOODBORNE PATHOGENS notebook that is kept locked in the program Coordinators office(s).*
   c) Initial Wound Care/First Aid for exposure
      i) Express blood from puncture wound
      ii) Clean wound with soap and water
      iii) Flush mucous membranes with water or saline
   d) It is recommended that appropriate medical follow-up be obtained.
      i) **Students** who sustain a needle stick or exposure will go to the medical facility where the incident occurred. If the student is "off-site" then the student will go to either hospital or medical facility in Bay/Franklin/Gulf County for the appropriate

consultation and testing. These services will be administered by ***A-G Administrators for QBE*** and student enrollment is arranged by the college. Students are issued a card at the beginning of the fall semester and/or when they begin the Health Science program. Students should be instructed to always carry the card with him/her while participating in college sponsored educational programs.

ii) **Faculty** who sustain a needle stick or exposure and the source person will go to any Medical Facility for the appropriate tests and counseling at no charge. In addition to submitting a completed Accident/Incident Report, the employee is responsible for contacting Human Resources for Workers Compensation processing.

e) The facility director in charge at the facility where the needle stick or exposure occurred will obtain permission from source patient for blood testing by contacting the attending physician of the source patient.

i) The student will NOT ask the source patient for permission to provide blood for testing. It is against Federal and state laws for the student to request permission of the source patient.

f) The student will be counseled and advised regarding post exposure prophylaxis, if necessary.

g) If indicated, the student will be given a starter pack of prophylactic drugs which are recommended in accordance with the current guidelines of the Center for Disease Control (CDC) and Prevention. Student Accident insurance covers the cost for the drugs.

h) Baseline blood tests will be drawn on the student in accordance with the facility's policy and the current CDC and Prevention recommendations.

i) Using current CDC and Prevention recommendations, re-testing should occur as deemed necessary by the primary care provider.

j) See information provided in:

i) OSHA Regulations for Management and follow-up after exposure to blood

ii) Management of persons exposed to blood

iii) Post exposure protocol for occupational exposure to blood borne diseases

k) All procedures, testing, and results WILL REMAIN CONFIDENTIAL.

l) The facility and personnel involved will evaluate the root cause of the incident to discover policy changes that may help to prevent further occurrences.

SECTION 4 – ACCIDENT/INCIDENT REPORT FORMS

1) **ACCIDENTS/INCIDENTS INVOLVING STUDENTS AND/OR PATIENTS IN CLINICAL SITUATIONS**
   a) **ACCIDENTS INVOLVING STUDENTS**
      i) Forms to be completed are:
         (1) Accident – Incident Report Form (sections 1,4,5,6,7); provide specific details regarding the incident in section 6, especially the use of personal protective equipment (PPE).
         (2) A-G Administrators Student Accident Claim Form
         (3) See Attachment 1 when immediate medical treatment is required, see attachment 2 when immediate treatment is not required.
   b) **ACCIDENTS INVOLVING PATIENTS** (ALLIED HEALTH INCIDENT)
      i) Complete an Accident - Incident Report Form
         (1) Complete sections 1,4,5,6,7.
         (2) Forward the completed form to the Chair of the Health Science or Nursing Division.
      ii) Complete an Allied Health Incident Form
         (1) Complete ALL sections.
         (2) Forward form with a completed Accident – Incident Report Form to the Chair of the Health Sciences or Nursing Division.
   c) **INCIDENTS INVOLVING STUDENTS** (Harassment, Report of Stolen Personal Property, etc.)
      i) Complete an Accident – Incident Report Form
         (1) Complete sections 1,4,5,6,7; provide specific details regarding the incident in section 6.
         (2) Forward the completed form to the Chair of the Health Science or Nursing Division immediately.
         (3) An incident may require an investigation by Human Resources or Student Development; therefore, it is important all information be reported on the Accident – Incident Report Form.
   d) **INCIDENTS INVOLVING STOLEN COLLEGE PROPERTY**
      i) Complete an Accident – Incident Report Form

(1) Complete sections 1,3,5,6,7.

(2) Forward the completed form to the chair of the Health Sciences or Nursing Division.

2) FOR STUDENT INJURY REQUIRING IMMEDIATE MEDICAL ATTENTION

a) Assess the situation – (this is a judgement call on the instructor's part). If the student needs immediate medical attention, CALL 911. If using a campus phone, CALL 9-911.

b) CALL HOSPITAL to which student will be transported to let them know student is coming. Give the hospital the following information regarding the student's insurance: Policyholder: Florida Colleges System Risk Management Consortium. Claims must be mailed to: A-G Administrators, Post Office Box 979, Valley Forge, PA 19482. Tell the student to present the insurance information card to hospital staff upon arrival (if possible), but let the student know you will call ahead.

c) Immediately notify the Office of the Division Chair who will notify administration.

d) You must complete sections 1,4,5,6, and 7 of the Accident – Incident Report Form. You sign as supervisor, and the student as claimant. If the student is unable to sign, indicate this, and get the form to the Division Chair's office as soon as possible. It is very important that you ensure thorough completion of the Accident – Incident Report Form. Witnesses and their pertinent information must be obtained immediately while they are present. Specific details (#6) of the accident are also very important (i.e. how did it occur?). Example: Simply indicating possible exposure to TB does not describe how the accident occurred. Give the fully completed Accident – Incident Form to the Health Science Division Administration Assistant as soon as possible.

e) In addition, an A-G Administrators Student Accident Claim Form needs to be completed. As soon as the student is able, he/she must complete and sign the claim form. The form is then to be forwarded to the Division Chair for review/signature and forwarding to the Vice President of Administration & Finance Office. Medical providers cannot be paid until the A-G Administrators Student Accident Claim Form has been processed.

3) FOR STUDENT INJURY <u>NOT</u> REQUIRING IMMEDIATE MEDICAL ATTENTION

a) Whether treatment is required or not, the Accident – Incident Report Form must always be completed, as it provides specific information for college records and state reporting.

b) The A-G Administrators Student Accident Claim Form will also have to be submitted for arrival at the insurance company's office in Valley Forge, PA within 30 days of the incident if the student thinks they may have to seek attention at a future date. The student

must incur first medical expense within 26 weeks after the accident for coverage to apply for Accident Medical Benefit.

Florida College System Risk Management Consortium

ACCIDENT – INCIDENT REPORT

(A copy of this report is **NOT** authorization for medical treatment)

INSTRUCTIONS:

- If loss/occurrence/injury is to a **college employee**, please complete sections: 1, 2, 5, 6, 7 and 8.
- If loss/occurrence is to **college-owned property** please complete sections: 1, 3, 5, 6, 7 and 8.
- If loss/occurrence/injury is to a **non college employee or non college-owned property**, please complete sections: 1, 4, 5, 6, 7 and 8.

1. LOCATION AND DATE OF INCIDENT/OCCURRENCE

COLLEGE: (Check One)

☐ **BC** ☐ **CC** ☐ **CF** ☐ **CFK** ☐ **DSC**	☐ **EFSC** ☐ **FGC** ☐ **FSWSC** ☐ **GCSC** ☐ **HCC**	☐ **IRSC** ☐ **LSSC** ☐ **MDC** ☐ **NFC** ☐ **NWFSC**	☐ **PBSC** ☐ **PHSC** ☐ **PeSC** ☐ **PoSC** ☐ **SFC**	☐ **SJRSC** ☐ **SPC** ☐ **SSC** ☐ **SFSC** ☐ **SCFMS**	☐ **TCC** ☐ **VC**	CAMPUS/LOCATION CODE:

DATE OF OCCURRENCE:	TIME OF OCCURRENCE: AM PM	LOCATION OF OCCURRENCE (BE SPECIFIC):

2. INJURED EMPLOYEE (INJURY/LOSS TO COLLEGE EMPLOYEE)

NAME OF EMPLOYEE:	AGE:	OCCUPATION & DEPARTMENT:	EMPLOYEE #:

ADDRESS:	CITY:	ST:	ZIP:

PHONE: ( )	PART OF BODY INJURED:	TYPE OF INJURY (CUT, STING, BUMP, BRUISE ETC.):

DOES EMPLOYEE WISH TO SEEK MEDICAL ATTENTION TODAY: ☐ YES ☐ NO*	WILL EMPLOYEE REQUIRE TIME OFF FROM WORK: ☐ YES ☐ NO	DATE INJURY FIRST REPORTED:	TIME INJURY FIRST REPORTED:

* A "no" answer does not waive the employee's right to request medical attention at a later date.

3. PROPERTY (COLLEGE OWNED)

IDENTIFY THE DAMAGED/LOST PROPERTY:	ESTIMATED COST OF DAMAGED/LOST PROPERTY: $

4. INJURED PARTY/PROPERTY (PERSONS **NOT** EMPLOYED BY COLLEGE AND/OR PROPERTY **NOT** OWNED BY COLLEGE)

NAME:	AGE:	PHONE: ( )

ADDRESS:	CITY:	ST:	ZIP:

IDENTIFY THE INJURY OR THE DAMAGED/LOST PROPERTY:	STUDENT ID # (If Injured Party is Admitted Student):

5. WITNESS(ES)

NAME:	PHONE: ( )

ADDRESS:	CITY:	ST:	ZIP:

NAME:	PHONE: ( )

ADDRESS:	CITY:	ST:	ZIP:

Revised: 08/17

6. DESCRIBE THE LOSS/OCCURRENCE/INJURY (To be completed by Injured Employee/Party, if at all possible):

7. SIGNATURES

INJURED EMPLOYEE/PARTY'S SIGNATURE: DATE:

DEPARTMENT CONTACT'S SIGNATURE: DATE:

8. RISK MANAGEMENT COORDINATOR REVIEW (To be completed by the College's Risk Management Coordinator):

TYPE OF CLAIM (Please Check One):

☐ GENERAL LIABILITY	☐ STUDENT ACCIDENT
☐ COLLEGE PROPERTY DAMAGE/THEFT	☐ ATHLETIC
☐ EQUIPMENT BREAKDOWN	☐ FACILITIES USE
☐ WORKER'S COMPENSATION**	☐ ALLIED HEALTH (Please Attach Allied Health Incident Form)

** Please do not send Work Comp A/I forms to the Consortium. The College WC coordinator should submit all WC claims through the call center.

RISK MANAGEMENT REVIEW STATEMENTS (Initial **ONLY** those statements that apply):

_____ THIS A/I IS **FYI ONLY.** NO CLAIM IS BEING SUBMITTED AT THIS TIME.

_____ THIS A/I HAS BEEN SUBMITTED TO A-G ADMINISTRATORS, FOR CLAIM REVIEW (Student Accident Coverage).

_____ THIS A/I HAS BEEN SUBMITTED TO SUMMIT AMERICA, FOR CLAIM REVIEW (Athletic Coverage).

RISK MANAGEMENT COORDINATOR'S SIGNATURE: DATE:

ACCIDENT – INCIDENT REPORT INSTRUCTIONS

This form is used to notify the Florida College System Risk Management Consortium (FCSRMC) of accidents/incidents/occurrences for review as possible claims. This form should be used to document the following types of occurrences: Accidents, Injuries, Crimes/Theft, Property Damage (College Owned), Property Damage (Non-College Owned), Internet Crisis (stolen, lost, or hacked personal information), Equipment Breakdown (fka Boiler and Machinery), Student Accidents, Athletic Injuries, and Allied Health (Professional Liability Claims). **Please note, Worker's Compensation claims are not reported to the FCSRMC using this form. The College's Worker's Compensation Coordinator should submit all claims via the dedicated reporting line: 877-842-6843.**

1. LOCATION AND DATE OF INCIDENT/OCCURRENCE

COLLEGE: Clearly check the FCSRMC abbreviation for your college.

CAMPUS/LOCATION CODE: Please use the campus codes as noted on the College's Property Listings on file with the FCSRMC.

LOCATION OF OCCURRENCE (BE SPECIFIC): Provide campus name and building name or number. If accident occurred off campus, provide street address and city.

2. INJURED EMPLOYEE

OCCUPATION & DEPARTMENT: List the occupation and department in which the employee is primarily employed.

PART OF BODY INJURED: Loosely identify the part of the Employee's body which has been injured (i.e. wrist, ankle, back etc.)

TYPE OF INJURY: Loosely identify the manner in which the Employee has been injured (i.e. cut, sting, bruise etc.)

DATE INJURY FIRST REPORTED: If the injury was originally reported on a date different from the date of completing the A/I, please list the original date the injury was reported.

3. PROPERTY (COLLEGE OWNED)

IDENTIFY THE DAMAGED/LOST PROPERTY: Describe the damaged or stolen college-owned property. Enter information such as: "Flood damage to 1st floor of Building K; or 1998 white Mercedes driver side door; or Glass broken in classroom window; or IBM Pentium II computer, monitor, keyboard, and Hewlett-Packard LaserJet printer."

ESTIMATED COST OF DAMAGED/LOST PROPERTY: Enter your best guess of the value. This figure will not be used in evaluating the claim. It will be an indication of whether or not it falls within the college deductible and whether or not it needs to be submitted to the servicing office.

4. INJURED PARTY/PROPERTY (INJURY/LOSS TO PERSONS **NOT** EMPLOYEED BY COLLEGE AND/OR PROPERTY **NOT** OWNED BY COLLEGE)

NAME: Report the name of the impacted person, such as, students who are not employees of the college at the time of injury, visitors, or owners of property that is stolen or damaged while at the college, including art exhibits.

IDENTIFY THE INJURY OR THE DAMAGED/LOST PROPERTY: Enter information such as "Twisted knee; or 1989 white Mercedes convertible; or blue backpack with 4 textbooks; or Walkman radio/tape player; etc."

Revised: 08/17

5. WITNESS(ES)

This information is extremely valuable in adjusting the claims or if suits are filed later. Please supply the information if it is available.

6. DESCRIBE THE LOSS/OCCURRENCE/INJURY (To be completed by the injured person, if at all possible):

Please do not write "SEE ATTACHED." Please give a brief description of accident using words such as: "College-owned vehicle was hit by vehicle owned by student; or Employee tripped over phone cord; or Student left backpack on library steps for 10 minutes; or Vehicle 1 (student-owned) hit vehicle 2 (student-owned) while backing out of parking space."

If additional space is required, feel free to **attach a second A/I form**.

It is extremely important to remember that those of us reading the accident/incident reports after they have left your college have no idea who the involved people are, whether they are college employees , students or visitors, and we have some difficulty determining whether or not damaged property is college owned or non-college owned.

7. SIGNATURES

Where possible, please get the signature of the Injured Employee/Party and a Department Contact.

8. RISK MANAGEMENT COORDINATOR REVIEW (To be completed by the College's Risk Management Coordinator):

Review by the Risk Management Coordinator or his/her designee are extremely important. Our belief is every incident should be submitted through the Coordinator's office for review and that office should accept responsibility for submitting the report to the Consortium office. It is important for loss control purposes to have one person at the college coordinating incident information and taking responsibility to make sure areas in need of repair are reported to the proper people for this to be accomplished.

GENERAL LIABILITY: Check this block when incident involves students, visitors, property of students or visitors.

COLLEGE PROPERTY: Check this block when incident involves property owned by the college.

EQUIPMENT BREAKDOWN: Check this block only when incident involves your college owned boiler and/or refrigeration equipment.

STUDENT ACCIDENT: Check this block if the injured party is enrolled in a covered curriculum.

ATHLETIC: Check if claimant was participating in an enrolled sport.

FACILITIES USE: Check this block when incident involves visitors to an event for which Facilities Use coverage has been purchased.

ALLIED HEALTH: Check this block when incident involves patients of students enrolled in the Allied Health Program. Be sure to attach an Allied Health Incident Form found at http://fcsrmc.com/attachments/Allied_Heath_Incident_Form.pdf

RISK MANAGEMENT REVIEW STATEMENTS: Initial the appropriate statements to let the FCSRMC staff know that the Risk Management Coordinator has reviewed the claim and determined that the A/I is for FYI purposes only, is a Student Accident claim that has been forwarded to Fringe Benefits, OR is an Athletic claim which has been submitted to Summit America. By initialing the appropriate statements, we hope to make the notification process more efficient and limit the number of follow-up calls the FCSRMC has to make to the College Risk Coordinator.

SPECIALTY INSURANCE

COLLEGIATE
ACCIDENT CLAIM FORM

Please complete and submit to A-G Specialty Insurance with itemized medical bills AND primary insurance explanation of benefits.

Send all claim forms and documents using our secure upload portal: upload.agadministrators.com
Alternatively, submit documents to claims@agadm.com.

For questions, however, please contact A-G Specialty Insurance: customerservice@agadm.com.

YOUR INFORMATION (EMPLOYEE INFO)

First Name:_____ Last Name:_____

Title:_____ School/Organization Name:_____

Email Address:_____ Phone Number:_____

POLICYHOLDER INFORMATION

Policyholder (School):_____

School Address:_____
STREET CITY STATE, ZIP

STUDENT INFORMATION

Student's Name:_____
FIRST NAME MIDDLE INITIAL LAST NAME

Date of Birth:_____ Sex: ☐ M ☐ F **Social Security #:** _____

Student's Phone Number (or Parent's if minor): _____

Student's EMAIL (or Parent's if minor): _____

Student's Home Address: _____
STREET CITY STATE, ZIP

ACCIDENT INFORMATION

Circumstance: ☐ Game ☐ Practice ☐ Conditioning ☐ Other (Please explain in Nature of Injury section.)

Type of Activity: ☐ Club Sport ☐ Intramural ☐ Intercollegiate ☐ Non-Athletic

Activity/Sport (if athletic related):_____ Accident Date:_____

Body Part Injured:_____ Place of Accident:_____

Nature of Injury (Details of what happened.):_____

_____

_____

INSURANCE INFORMATION

Does the claimant have primary insurance? ☐ Yes ☐ No (Attach separate documents if necessary.)

Insurance Company Name:_____

Insurance Company Address:_____
STREET CITY STATE, ZIP

Policy Number: _____ ID#:_____

Is the student eligible for Medicaid or TriCare Benefits? ☐ YES ☐ NO
If yes, please file for benefits under the Student Accident Plan before submitting expenses to Medicaid or TriCare.

A-G SPECIALTY INSURANCE, LLC
PO Box 21013, Eagan, MN 55121
Ph: **(610) 933-0800** *Fx:* **(610) 933-4122** *Email:* **claims@agadm.com**

AUTHORIZATION

AFFIDAVIT: I verify the statement regarding other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse A-G Specialty Insurance to the extent for which A-G Specialty Insurance would not have been liable.

AUTHORIZATION TO RELEASE INFORMATION: I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization, or any family member to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Specialty Insurance and its designees. I also authorize A-G Specialty Insurance to release medical and billing information to any family member or health care provider if necessary to facilitate any potential payments.

PAYMENT AUTHORIZATION: I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

STUDENT/PARENT APPROVAL: I certify that approval has been granted from the student to submit this claim.

WARNING: New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

AUTHORIZED POLICYHOLDER / SCHOOL REPRESENTATIVE SIGNATURE	**DATE**

FRAUD WARNING: Any person who, knowingly and with intent to defraud, or helps commit a fraud against, any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties

Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony. Idaho and Indiana: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person, who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison

A-G Specialty Insurance, LLC
PO Box 21013, Eagan, MN 55121
Ph: **(610) 933-0800** *Fx:* **(610) 933-4122** *Email:* **claims@agadm.com**

FCSRMC
FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM

2025-2026 Secondary (Excess) Student Accident Insurance

Claims Filing Instructions

Florida College System Risk Management Consortium has obtained a Secondary (Excess) Student Accident Insurance policy in the event that a student is injured during a covered school sponsored event and will require outside medical treatment. An Injury Claim Form will be submitted on behalf the student to A-G Specialty Insurance, the Claims Company, for the accident insurance policy in order for benefits to be eligible under the policy.

Please be advised that this coverage is excess (secondary in most situations) to all other valid and collectable insurance plans. Each student should initially provide their primary health insurance information to each medical provider at the time of treatment, as well as the Secondary (Excess) Student Accident insurance information. This policy is designed to cover any remaining balances of expenses related to a covered injury/accident that are not covered by the student's primary insurance (including co-pays, deductibles, coinsurance, etc.) and left to patient responsibility.

To ensure that claims are covered under the Secondary (Excess) Student Accident Insurance students are asked to give the billing information to each medical provider prior to every medical treatment and/or service for a school-related injury. **Please present the Identification Card below.** If a bill is received in the mail following a visit, the student should call the billing department and request they bill the secondary insurance policy by providing the information below.

Student Accident Insurance Plan
Secondary (Excess) Coverage

FL College System Risk Management Consortium

Policy Effective Date: March 1, 2025
Benefits become eligible on date of injury

Payor ID: 11370

Deductible: $0 per Injury
Coverage limit: $25,000 per injury

AG SPECIALTY INSURANCE

Policy #: 81-BSR-104402
Group #: FCSRMC

Front of Card

Questions: 1-800-634-8628
Email: claims@agadm.com

Eligibility is subject to change. This card is for identification purposes only and does not guarantee benefits.

This plan is excess to all other valid and collectable insurance plans. For electronic submission use **Payor ID: 11370**

For claims questions or submissions, please contact:

A-G Specialty Insurance
PO Box 21013
Eagan, MN 55121
Fax: 610-933-4122

AG SPECIALTY INSURANCE

Insurance policy is underwritten by Hartford Fire Insurance Company

Back of Card

ADDENDUM 1 – BIOMEDICAL WASTE PLAN CHAPTER 64E-16 FLORIDA ADMINISTRATIVE CODE

CHAPTER 64E-16 BIOMEDICAL WASTE

64E-16.001 General.

(1) This chapter prescribes minimum sanitary practices relating to the management of biomedical waste, including segregation, handling, labeling, storage, transport, and treatment. This chapter applies to all facilities that generate, transport, store, or treat biomedical waste to ensure that the waste is properly handled to protect public health. Further, this chapter prescribes minimum standards for permitting biomedical waste generators, storage facilities and treatment facilities, and for registering biomedical waste transporters.

(2) This chapter does not apply to biomedical waste incinerators. This chapter does not apply to linen incinerators. This chapter does not apply to linen that is to be laundered and re-used. Further, this chapter does not apply to dead bodies that are disposed of by a person licensed under the provisions of Chapter 470, F.S., or to the transport of bodies, parts of bodies, or tissue specimens in furtherance of lawful examination, investigation, or autopsy conducted pursuant to Section 406.11, F.S. Specimens or samples collected for laboratory testing or use in medical research or teaching are not considered biomedical waste until such time as the material is discarded.

(3) The Department of Health shall regulate the packaging, transport, storage, and treatment of biomedical waste. The Department of Environmental Protection shall regulate biomedical waste incineration and biomedical waste disposal.

(4) Health care providers shall inform their home user clients verbally and in writing of the recommended method for handling biomedical waste generated in the home setting. Health care providers who deliver in-home medical services shall remove or have removed by a registered

(5) Biomedical waste transporter all biomedical waste generated during the performance of these services.

(6) Home users should segregate and package their biomedical waste in a manner that reduces the chance of exposure to the public.

(7) Inspections, permitting and enforcement of emergency medical services that generate biomedical waste shall be performed by the Bureau of Emergency Medical Services.

Rulemaking Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098 FS History-New 6-19-89, Amended 12-14-92, 1-23-94, 6-3-97, Formerly IOD-104.001.

64E-16.002 Definitions.

For the purpose of this chapter, the following words and phrases shall have the meanings indicated:

(1)American Society for Testing Materials, also referred to as ASTM — A technical society with headquarters located at 100 Barr Harbor Drive, West Conshohocken, Pennsylvania, 19428-2959, which publishes national standards for the testing and quality assurance of materials.

(2) Biomedical waste — Any solid or liquid waste which may present a threat of infection to humans, including nonliquid tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included:

(a) Used, absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried.

(b) Non-absorbent, disposable devices that have been contaminated with blood, body fluids or, secretions or excretions visibly contaminated with blood, but have not been treated by an approved method.

(3) Biomedical waste generator — A facility or person that produces biomedical waste. The term includes hospitals, skilled nursing or convalescent hospitals, intermediate care facilities, clinics, dialysis clinics, dental offices, health maintenance organizations, surgical clinics, medical buildings, physicians' offices, laboratories, veterinary clinics and funeral homes.

(a) Mobile health care units, such as bloodmobiles, that are part of a stationary biomedical waste generator, are not considered individual biomedical waste generators.

(b) Funeral homes that do not practice embalming are not considered biomedical waste generators.

(4) Body fluids — Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B virus and include blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. In instances where identification of the fluid cannot be made, it shall be considered to be a regulated body fluid. Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomitus shall not be considered biomedical waste unless visibly contaminated with blood.

(5) Contaminated — Soiled by any biomedical waste.

(6) Decontamination — The process of removing pathogenic microorganisms from objects or surfaces, thereby rendering them safe for handling.

(7) Department — The Department of Health or its representative county health department.

(8) Disinfection — A process which results in a minimum Log 6 kill against the vegetative organisms listed in Table I, and a minimum Log 4 kill against Bacillus stearothermophilus spores utilizing steam or a minimum Log 4 kill against Bacillus Subtilis spores utilizing dry heat, chemicals, or microwave shredding.

(9) Capability — All contiguous land, structures, and other appurtenances which are owned, operated, and licensed as a single entity which may consist of several generating, treatment, or storage units.

(I O) Hazardous waste — Those materials defined in Chapter 62-730, F.A.C.

(11) Health Care Provider — Any person who provides medical care or personal services, as that term is defined in Section 400.402, F.S., to another individual.

(12) Home User — An individual who generates biomedical waste as a result of self-care or care by a family member or other non health care provider.

(13) Leak resistant — Prevents liquid from escaping to the environment in the upright position.

(14) Outer container — Any rigid type container used to enclose packages of biomedical waste.

(15) Packages — Any material that completely envelops biomedical waste. This includes red bags, sharps containers and outer containers.

(16) Person — Any individual, partnership, corporation, association, or public body engaged in the generation, storage, transport, or treatment ofbiomedical waste.

(17) Point of origin — The room or area where the biomedical waste is generated.

(18) Public sharps collection program — A cooperative program designed as a non-profit community service to assist the home user in the safe disposal of discarded sharps.

(19) Puncture resistant — Able to withstand punctures from contained sharps during normal usage and handling.

(20) Restricted — The use of any measure, such as a lock, sign, or location, to prevent unauthorized entry.

(21) Saturated — Soaked to capacity.

(22) Sealed — Free from openings that allow the passage of liquids.

(23) Sharps — Objects capable of puncturing, lacerating, or otherwise penetrating the skin.

Sharps container — A rigid, leak and puncture resistant container, designed primarily for the containment of sharps, clearly labeled with the phrase and international biological hazard symbol as described in Section 64E-16.004(2)(a),

(24) F.A.C., and manufactured with dyes meeting the requirements for incidental metals as described in Section 64E-16.004(2)(b)1 .b., F.A.C.

(25) Sterilization — A process which results in a minimum Log 6 kill against Bacillus stearothermophilus spores utilizing steam or a minimum Log 6 kill against Bacillus Subtilis spores utilizing dry heat, chemicals, or microwave shredding.
(26) Storage — The holding of packaged biomedical waste for a period longer than three days at a facility or in a transport vehicle.
(27) Transfer — The movement of biomedical waste within a facility.
(28) Transport — The movement of biomedical waste away from a facility.
(29) Transport vehicle — A motor vehicle, as defined in Section 320.01, F.S., a rail car, watercraft or aircraft, used for the transportation of biomedical waste.
(30) Treatment — Any process, including steam, chemicals, microwave shredding, or incineration, which changes the character or composition of biomedical waste to render it noninfectious by disinfection or sterilization.

Rulemaking Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 42-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10-104.002.

64E-16.003 Facility Policies and Procedures.

(1) All biomedical waste facilities shall comply with the following:

(a) Biomedical waste mixed with hazardous waste, as defined in Chapter 62-730, F.A.C., Hazardous Waste, shall be managed as hazardous waste.

(b) Biomedical waste mixed with radioactive waste shall be managed in a manner that does not violate the provisions of Chapter 64E-5, F.A.C. The biomedical waste shall be managed in accordance with the provisions of Chapter 64E-16, F.A.C., after the radioactive component has decayed in storage as provided for in Chapter 64E-5, F.A.C., or is otherwise not regulated under Chapter 64E-5, F.A.C. The packaging requirements of Chapter 64E-5, F.A.C., shall be followed, unless the requirements of Chapter 64E-16, F.A.C., are more restrictive.

(c) Any other solid waste or liquid, which is neither hazardous nor radioactive in character, combined with untreated biomedical waste, shall be managed as untreated biomedical waste.

(d) All surfaces contaminated with spilled or leaked biomedical waste shall be decontaminated as part of the cleaning process.

(2) Each biomedical waste facility shall implement a written operating plan to manage biomedical waste, in accordance with this chapter. This plan shall be available for review by the department and facility personnel. The plan shall include the following: a description of training for personnel; procedures for segregating, labeling, packaging, transporting, storing, and treating, biomedical waste; procedures for decontaminating biomedical waste spills; and a contingency plan for emergencies. Facilities which have multiple specialty services shall include procedures specific to each specialty if procedures vary. Plans shall be updated when regulations, facility policies, or procedures change.

(a) Each facility or their designee shall train new personnel who handle biomedical waste as part of their work responsibilities. This training shall be provided prior to commencement of duties related to biomedical waste handling. Refresher training shall be completed annually by all personnel who handle biomedical waste. Training shall detail compliance with the facility's

operating plan and Chapter 64E-16, F.A.C., and shall be maintained as a part of the operating plan.

(b) All biomedical waste management records shall be maintained for 3 years and shall be available for review by the department.

Rulemaking Authority 381.006, 381.0098 FS Law Implemented 381.006' 381.0098, 395.002(13), 395.1011 FS History-New 6-19-89, Amended 42-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 101)-104.003.

64E-16.004 Storage and Containment.

(I) Storage.

(a) Storage of biomedical waste at the generating facility shall not exceed 30 days. The 30 day period shall commence when the first non-sharps item of biomedical waste is placed into a red bag or sharps container, or when a sharps container containing only sharps is sealed.

(b) Storage of biomedical waste in a place other than at the generating facility shall not exceed 30 days. The 30 day storage period shall begin on the day the waste is collected from the generator.

(c) Indoor storage areas shall have restricted access and be designated in the written operating plan. They shall be located away from pedestrian traffic, be vermin and insect free, and shall be maintained in a sanitary condition. They shall be constructed of smooth, easily cleanable materials that are impervious to liquids.

(d) Outdoor storage areas, including containers and trailers, shall, in addition to the above criteria, be conspicuously marked with the international biological hazard symbol as described in paragraph 64E-16.004(2)(b), F.A.C., and shall be secured against vandalism and unauthorized entry. The international biological hazard symbol on an outdoor storage area shall be a minimum of six inches in diameter.

(2) Containment.

(a) Packages of biomedical waste shall remain sealed until treatment, except when compacted in accordance with the requirements of this chapter as stated in Section 64E-16.006(2), F.A.C. Ruptured or leaking packages of biomedical waste shall be placed into larger packaging without disturbing the original seal.

(b) All packages containing biomedical waste shall be visibly identifiable with the international biological hazard symbol and one of the following phrases: "BIOMEDICAL WASTE", "BIOHAZARDOUS WASTE", "BIOHAZARD", "INFECTIOUS WASTE", or "INFECTIOUS SUBSTANCE". The symbol shall be red, orange, or black and the background color shall contrast with that of the symbol or comply with the requirements cited in subpart Z of 29 C.F.R. subparagraph 1910.1030(g)(I)(C), Occupational Exposure to Bloodbome Pathogen Standard.

(c)Bags

1. Biomedical waste, except sharps, shall be packaged and sealed at the point of origin in impermeable, red plastic bags or, at the discretion of the generator, into sharps containers. The international biological hazard symbol shall be at least six inches in diameter on bags 19" x 14" or larger, and at least one inch in diameter on bags smaller than 19" x 14". Each plastic bag shall meet the following physical properties:

a. Impact resistance of 165 grams and tearing resistance of 480 grams in both the parallel and perpendicular planes with respect to the length of the bag. Impact resistance shall be determined using ASTM D-1709-91, and tearing resistance shall be determined using ASTM D-1922-89.

b. Incidental sum concentrations of lead, mercury, hexavalent chromium and cadmium shall be no greater than 100 ppm for dyes used in the coloration of bags.

(d) Sharps containers.

1. Sharps shall be discarded at the point of origin into single use or reusable sharps containers. Needles and scalpel blades shall not be placed directly into double-walled corrugated containers. Sharps containers must be sealed when full. A sharps container is considered full when materials placed into it reach the designated fill line, or, if a fill line is not indicated, when additional materials cannot be placed into the container without cramming or when no additional materials are to be placed in the container.

2. Permanently mounted sharps container holders shall bear the phrase and the international biological hazard symbol described in paragraph 64E-16.004(2)(a), F.A.C., if this information on the sharps container is concealed by the sharps container holder.

3. Reusable sharps containers shall only be emptied into a treatment cart or directly into a treatment unit. They shall be constructed of smooth, easily cleanable materials, and shall be decontaminated after each use.

4. The international biological hazard symbol shall be at least one inch in diameter on sharps containers.

(e) All outer containers shall be rigid, leak-resistant and puncture-resistant. Reusable outer containers shall be constructed of smooth, easily cleanable materials and shall be decontaminated after each use.

(O The international biological hazard symbol shall be at least six inches in diameter on outer containers 19" x 14" or larger, and at least one inch in diameter on outer containers less than 19" x 14".

Rulemaking Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 42-90, 12-14-92, 1-23-94, 8-20-95, 6-4-97, Formerly IOD-104.004.

64E-16.005 Labeling.

(I) Biomedical waste bags and sharps containers shall be labeled with the generator's name and address unless treatment occurs at the generating facility.

(a) If a bag or sharps container is placed into a larger bag prior to transport, the label for the exterior bag shall comply with subsection 64E-16.005(I), F.A.C. Inner bags and inner sharps containers are exempt from the labeling requirements of subsection 64E-16.005(1), F.A.C.

(b) Outer containers shall be labeled with the transporter's name, address, registration number, and 24-hour telephone number prior to transport.

(2) The transporter may provide labels for bags or sharps containers that are generator-specific, such as bar codes or specific container numbers. Use of these generator-specific labels satisfies the requirements of paragraph 64E-16.005(1)(a), F.A.C.

Rulemaking Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. Hist00'—New 6-19-89, Amended 42-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Fonnerly IOD-104.005.

64E-16.006 Generator Requirements.

(I) A biomedical waste generator shall not negotiate for the transport of biomedical waste with a person who is not registered with the department as a biomedical waste transporter.

(2) Compacting packages of biomedical waste within the generating facility, except recognizable human tissue, bulk liquids, or sharps, is acceptable provided the following conditions are met:

(a) Packages of biomedical waste shall not be compacted to a density greater than 22 pounds per cubic foot.

(b) Compacted packages of biomedical waste shall not be subjected to further compacting.

(c) Any residual or incidental liquid shall be contained within the inner bag or outer container. Should the inner bag or outer container rupture during compaction, residual or incidental liquids shall be disposed of directly into the sanitary sewer, an on-site sewage treatment and disposal system, or other system approved to receive such wastes by the Department of Environmental Protection or the department;

(d) Discharge of noxious air shall be kept to a minimum through use of HEPA filters having a pore size of 2 microns or less, negative pressure rooms, or other safety methods;

(e) Compacted packages of biomedical waste shall be treated by incineration or other approved treatment process. Treatment processes, such as steam, chemical, gas, dry heat, or microwaving, shall be considered by the department upon written request and microbiological evidence that the proposed process provides the same degree of treatment for compacted waste as for uncompacted waste. Steam treatment systems shall be tested against Bacillus stearothermophilus spores, as described in subsection 64E16.007(2), F.A.C. Other proposed treatment processes shall demonstrate efficacy using subsection 64E-16.007(4), F.A.C.

Rulemaking Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 42-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly ID-104.006.

64E-16.007 Treatment.

(1) Biomedical waste shall be treated by steam, incineration, or an alternative process approved by the department as described in subsection 64E-16.007(4), F.A.C., prior to disposal. Treatment shall occur within 30 days of collection from the generator.

(2) Steam treatment units shall subject loads of biomedical waste to sufficient temperature, pressure, and time to demonstrate a minimum Log 4 kill of Bacillus stearothermophilus spores placed at the center of the waste load, and shall be operated in accordance with the following:

(a) Before placing a steam treatment unit into service, operating parameters such as temperature, pressure, and treatment time shall be determined according to the following:

I. Test loads of biomedical waste which consist of the maximum weight and density of biomedical waste to be treated shall be prepared. Separate loads of red bags, sharps containers, boxes, and compacted waste shall be prepared if they are to be treated separately.

2. Prior to treatment, Bacillus stearothermophilus spores shall be placed at the bottom and top of each treatment container, at the front of each treatment container at a depth of approximately one-half of the distance between the top and bottom of the load, in the approximate center of each treatment container, and in the rear of each treatment container at a depth of approximately one-half of the distance between the top and bottom of the load.

3. If the operating parameters used during the treatment of the test loads demonstrate a minimum Log 4 kill of Bacillus stearothermophilus spores at all locations, the steam treatment unit shall operate under those parameters when placed into service. If the operating parameters fail to provide a minimum Log 4 kill of Bacillus stearothermophilus spores at all locations, treatment time, temperature, or pressure shall be increased and the tests must be repeated until a minimum Log 4 kill of Bacillus stearothermophilus spores is demonstrated at all locations. The steam treatment unit shall be operated under those parameters when placed into service. Tests shall be repeated and new parameters established if the type of biomedical waste to be treated is changed.

(b) When operating parameters have been established and documented using the criteria in paragraph 54E-16.007(2)(a), F.A.C., the steam treatment unit may be placed into service.

(c) The steam treatment unit shall be serviced for preventive maintenance in accordance with the manufacturer's specifications. Records of maintenance shall be onsite and available for review.

(d) Unless a steam treatment unit is equipped to continuously monitor and record temperature and pressure during the entire length of each treatment cycle, each package of biomedical waste to be treated will have a temperature tape or equivalent test material such as a chemical indicator placed on a non-heat conducting probe at the center of each treatment container in the load that will indicate if the treatment temperature and pressure have been reached. Waste shall not be considered treated if the tape or equivalent indicator fails to show that a temperature of at least 250 degrees F (121 degrees C) was reached during the process.

(e) Each steam treatment unit shall be evaluated for effectiveness with spores of Bacillus stearothermophilus at least once each 7 days for permitted treatment facilities, or once each 40 hours of operation for generators who treat their own biomedical waste. The spores shall be placed at the center of the waste load. Evaluation results shall be maintained onsite and available for review.

(O A written log shall be maintained for each steam treatment unit. The following shall be recorded for each usage:

1. The date, time, and operator name;
2. The type and approximate amount of waste treated; 3. The post-treatment confirmation results by either
   a. recording the temperature, pressure, and length of time the waste was treated, or
   b. the temperature and pressure monitoring indicator;

(g) A current written operating procedure shall specify, at a minimum, the following:

1. Parameters, determined from testing, that provide consistent treatment, such as exposure time, temperature, and pressure.

2. Identification of standard treatment containers and placement of the load in the steam treatment unit.

(3) Incineration of biomedical waste shall be achieved in a biological waste incinerator permitted by the Department of Environmental Protection.

(4) An alternative treatment process, such as chemical, gas, dry heat, or microwave shredding, shall be considered by the department upon receipt of a written request. The written request shall be directed to the State Health Officer and shall include:

(a) The specific treatment process and type of facility for which acceptance is sought; (b) The reason for the request;

(c) Microbiological evidence, using the organisms listed in Table 1, that the proposed process provides sterilization or a satisfactory level of disinfection. Using the protocol described in subsection 64E-16.007(4), F.A.C., alternative treatment systems must show either:

I. For disinfection, a minimum Log 6 kill for the vegetative organisms listed in Table I and a minimum Log 4 kill against Bacillus stearothermophilus spores utilizing steam or a minimum Log 4 kill against Bacillus Subtilis spores utilizing dry heat, chemicals, or microwave shredding, or

2. For sterilization, a minimum Log 6 kill against Bacillus stearothermophilus spores utilizing steam or a minimum Log 6 kill against Bacillus Subtilis spores utilizing dry heat, chemicals, or microwave shredding.

Table 1

1. Bacteria
   a. Bacillus spores — mandatory, species determined by treatment process Any two
   b. Enterococcusfaecalis
   c. Pseudomonas aeruginosa
   d. Staphylococcus aureus
   e. Nocardia species
2. Mycobacteria species — any one
   a. Mycobacterium bovis
   b. Mycobacterium fortuitum 3. Fungus — any one
      a. Candida albicans
      b. Aspergillus fumigatus
4. Protozoa — Giardia intestinalis or similar
5. Virus — Poliovirus or similar.

(d) Each step of the efficacy testing must be thoroughly described in the application for approval. A detailed description of the treatment process, preparation of organisms, preparation of test loads, recovery of organisms, and raw data must be provided.

(e) To begin the efficacy testing, two challenge loads must be sterilized. These loads must be composed of materials commonly found in biomedical waste (tissues, sharps, plastics, glass, woven materials, blood and blood products, etc.), and must be of adequate quantity to equal the maximum capacity of the treatment system. The test load must be fully described (weight, moisture content, composition, etc.).

(f) The purity of all organisms and spores must be certified by a clinical or commercial laboratory. Each organism must be processed separately and placed in the test load in the most difficult location to treat. Before each test run, the total number of viable test organisms must be determined and documented. Treatment of the test load must take place within thirty minutes of inoculating the load with the test organism.

(g) The test load containing the test organism must be processed without the agent (e.g., chemical, microwaves, etc.) used to kill the test organisms. If this agent is a liquid, it must be replaced with an equal amount of sterile saline solution or tapwater. After the test load has completed one cycle in the treatment device, a minimum of three grab samples must be taken from the test load and the number of test organisms present determined. If the number of organisms recovered after the test run is less than Log 6, the number of organisms originally introduced into the device must be increased, and the run must be performed again, until at least Log 6 organisms are recovered. If the number of organisms recovered from the test run is Log 6 or greater, there is an adequate number of organisms being introduced into the device, and the inoculum size should be equal to this number.

(h) Using the inoculum size determined in the above procedure, the second sterilized test load must be inoculated separately.

During these test runs, the chemical or physical agent used to treat the waste must be used.

(i) After each test run is completed, the log kill for that particular organism or spore must be calculated. The number of organisms that were not recovered from the initial (non-treating) test run must be subtracted from the number of organisms that were introduced into the second (treatment) run. The number of organisms that survive the treatment process must be subtracted from the first calculation. The resulting figure is the log kill provided by the treatment process.

G) Approved alternative treatment processes, except single-use, shall meet the requirements of paragraph 64E-16.007(2)(e), F.A.C.

(5) Biomedical waste may be disposed into a sanitary sewer system, an onsite sewage treatment and disposal system, or other system approved to receive such waste by The Department of Environmental Protection or the department, if it is in a liquid or semisolid form and aerosol formation is minimal.

(6) Body tissues that have been histologically fixed are considered treated biomedical waste. Tissues prepared by frozen sectioning only are not considered treated.

(7) Acute care hospitals, licensed under Chapter 395, F.S., which utilize a certified onsite treatment process involving grinding and treatment, may dispose of such treated biomedical waste in the normal municipal solid waste stream upon notifying the local government responsible for solid waste collection and disposal under the following conditions:

(a) For the purposes of this chapter, certified shall mean that the treatment process is steam treatment, or has been approved as an alternative biomedical waste treatment process under subsection 64E-16.007(4), F.A.C.

(b) For the purposes of this chapter, grinding shall also mean shredding or hammermilling.

(c) If grinding takes place prior to treatment, procedures that minimize the chance of exposure to waste handlers must be developed and implemented should the grinder fail or become jammed.

(d) Individuals operating the treatment unit must be trained in all aspects of its operation, including contingency procedure s.

(e) Acute care hospitals must inform the department in writing of the installation of the unit at least 30 days prior to placing the unit into service.

(f) Inspection of the unit, including treatment and maintenance records, will occur during the annual inspection for the hospital's biomedical waste permit.

Rulemaking Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly ID-104.007.

64E-16.008 Biomedical Waste Transport.

(1) No registered transporter may knowingly accept biomedical waste for transport unless it has been properly segregated, packaged, and labeled.

(2) Each registered transporter shall provide the generator with a receipt ofpick-up.

(3) During transport, no registered transporter shall compact biomedical waste or allow it to leak into the environment.

(4) Transfer of biomedical waste from one transport vehicle to another is not allowed unless the transfer occurs at a permitted storage or treatment facility, except as provided in paragraph 64E-16.008(10)(a), F.A.C. Intermodal transfers of biomedical waste are allowed provided transport shipping seals remain intact.

(5) Any registered transporter who unknowingly fails to comply with subsections (3) or (4) of this section because such biomedical waste has not been properly segregated or separated from other solid wastes by the generating facility is not guilty of a violation under this rule.

(6) No registered transporter shall knowingly deliver biomedical waste for storage or treatment to a facility which does not have a valid permit issued by the department.

(7) All transport vehicles containing biomedical waste shall be visibly identified with the business name, registration number, a 24 hour telephone number, and placards showing the phrase and the international biological hazard symbol as described in paragraph 64E-16.004(2)(a),F.A.C. The symbol shall be at least six inches in diameter.

(8) All transport vehicles containing biomedical waste shall be fully enclosed and secured when unattended.

(9) Registered transporters shall notify the department within one working day by telephone and shall submit a follow-up report to the department within 10 days, in writing, if there is an accident that results in a spill of biomedical waste.

(10) In case of an emergency situation, including mechanical failure, the following is allowed:

(a) If the emergency occurs during transport, biomedical waste may be transferred to another transport vehicle, including a rental vehicle, without being at a storage or treatment facility.

(b) If a rental vehicle is used, the department shall be notified of its use on the first working day after the emergency. A copy of the written authorization from the rental agency stating awareness of the intended use of the vehicle shall be submitted to the department within seven days.

(c) Biomedical waste shall be removed and transported to a permitted storage or treatment facility within 24 hours of the emergency.

(d) Before return to the rental agency, the vehicle shall be decontaminated.

Rulemaking Authority 381.0098 FS. Law Implemented 381.0098 FS. History—New 6-3-97, Formerly IOD-104.0073.

64E-16.009 Registration of Biomedical Waste Transporters.

(I) Biomedical waste transporters shall be registered with the department. Biomedical waste generators transporting less than 25 pounds of their own biomedical waste, in their own transport vehicle, on any single occasion, are exempt from transporter registration, fee, and placarding requirements of this chapter.

(2) Each owner or operator of a transport vehicle shall submit to the department a completed application for registration on form DH 4106, herein incorporated by reference.

(3) Biomedical waste transporter registrations shall expire on September 30 each year. Renewal applications will not be considered complete without the submission of an annual report on form DH 4109, herein incorporated by reference. Biomedical waste transporters with valid registrations, on the effective date of this chapter, shall renew their registration by September 30 following the expiration date of their existing registration.

(4) Registered transporters shall notify the department in writing within 30 days of any changes made to their registration form currently on file with the department.

(5) Any registered biomedical waste transporter is subject to having their biomedical waste transporter registration denied, suspended, or revoked, pursuant to Section 381.0098, F.S., and in accordance with the procedural requirements of Section 120.60, F.S., upon a finding by the department that the transporter:

(a) Has submitted false or inaccurate information in the application or annual report;

(b) Has violated the provisions of any statute or rule which the department is authorized to enforce; (c) Has refused to allow inspection of records or equipment by department personnel.

Rulemaking Authority 381.0098 FS. Law Implemented 381.0098 FS. History—New 6-3-97, Formerly I OD-104.0074.

64E-16.010 Inspections.

(1) Department personnel shall inspect registered transport vehicles, permitted generators, storage, and treatment facilities at least once a year. Those facilities exempted from the registration and fee requirements under Section 381.0098(4), F.S., shall be inspected at least once every three years. Reinspections may be conducted when a facility is found to be in non-compliance with this chapter. Results of each inspection shall be recorded on a form provided by the department.

(2) To provide consistency of inspections throughout the state, all department personnel who inspect biomedical waste facilities shall attend training annually, which shall be approved by the Bureau of Environmental Health Programs.

Rulemaking Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098 FS. History-New 12-14-92, Amended 1-23-94, 8-20-95, 6-3-97, Formerly IOD-104.0075.

64E-16.011 Permits.

(1) All biomedical waste facilities, except those facilities operating under a Department of Environmental Protection permit, shall obtain a permit from the department annually. Application forms and annual report forms used by the public may be obtained from the environmental health section of the county health department in the county of their location or from the Department of Health, Bureau of Facility Programs, 4052 Bald Cypress Way, Bin #A08, Tallahassee, Florida 32399-1710. All forms listed in this section are incorporated by reference.

(a) A biomedical waste generator, who produces or treats less than 25 pounds of biomedical waste in each 30 day period, shall be exempt from all permit and fee requirements of this chapter.

(b) Application for an initial biomedical waste generator permit or exemption from permitting shall be submitted to the department on form DH 4089, Application for Biomedical Waste Generator Permit/Exemption, 8/98. Biomedical waste treatment facilities which were constructed prior to December 31, 1995, or for which an operation permit was submitted to the Department of Environmental Protection prior to December 31, 1995, shall meet the requirements of this chapter at the time of renewal of their existing permit.

(c) Application for an initial biomedical waste storage facility permit shall be submitted to the department on form DH 4107, Application for Biomedical Waste Storage Permit, 8/98.

(d) Application for an initial biomedical waste treatment facility permit shall be submitted to the department on form DH 411 1, Application for a Biomedical Waste Treatment Permit, 8/01. Renewals will not be considered complete without the submission of an annual report submitted on form DH 4110, Biomedical Waste Treatment Facility Annual Report, 8/01.

(e) Application for an initial biomedical waste sharps collection program permit shall be submitted to the department on form DH 4108, Application for Biomedical Waste Sharps Collection Program Permit, 8/98.

(f) Permits shall not be transferable from one person to another. In the event of an address or name change, an amended application for permit shall be submitted to the department. A permitted generator may work at a branch office for no more than six hours in any seven day period without applying for an additional permit. These generators must notify the local county health department biomedical waste coordinator ofthe existence and operating hours of the branch office.

I. In the event of a change of ownership of the facility or a newly constructed facility, an application for an initial permit shall be submitted to the department within 30 days of the commencement of business.

2. When a facility is leased by the owner to a second party for operation, the second party shall apply to the department for an initial permit within 30 days of the commencement of business. The second party shall be held responsible for the operation and maintenance of the facility.

(g) Permits shall expire on September 30 each year. The permit, or a copy thereof, shall be maintained within the facility and shall be made available for review by department personnel.

(2) Persons engaged in a sharps collection program with single or multiple facility locations may operate under a single permit provided:

(a) The sharps collection program is open to the general public;

(b) A list identifying the location of each facility is attached to the application; and (c) Each facility meets the applicable permit requirements.

Rulemaking Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098 FS. History—New 12-14-92, Amended 1-23-94, 6-3-97, Formerly IOD-104.0076, Amended 11-5-02.

64E-16.012 Fees.

(I) State-owned and operated biomedical waste facilities are exempt from the permit fee.

(2) Fee schedule.

Generator Permit:

(application received by October I)	$85.00
(application received after October 1)	$105.00

Treatment Permit:

(application received by October 1)	$85.00
(application received after	$105.00

October I) Storage Permit:

(application received by October 1)	$85.00
(application received after October	$105.00

1) Transporter Registration (one vehicle):

(application received by October 1)	$85.00
(application received after October 1)	$105.00
Additional Vehicle	$10.00

No fee or combination of fees shall exceed the maximum amount established by the statute.

(3) All fees collected pursuant to this section shall be placed in a specially designated account within the individual county health department trust fund to be used to meet the cost of administering the biomedical waste program described in this chapter.

Rulemaking Authority 381.006, 381.0098(4) FS Law Implemented 381.006, 381.0098 FS. History-New 12-14-92, Amended 1-23-94, 6-3-97, Formerly IOD-104.0078, Amended 1-12-09.

64E-16.013 Enforcement and Penalties.

Rulemaking Authority 381.006, 381.0098(5) FS. Law Implemented 381.0012, 381.002(13), 381.0025, 381.006, 381.0061, 381.0098, 395.1011, 775.082, 775.083 FS. History-New 6-19-89, Amended 12-14-92, 1-23-94, 6-3-97. Formerly ID-104.008, Amended 11-5-02, Repealed 12-2-15.

ADDENDUM 2 – FLORIDA DEPARTMENT OF HEALTH /PERMITS

**See addendum 2

STATE OF FLORIDA
DEPARTMENT OF HEALTH
EXEMPTION CERTIFICATE

For: **Biomedical Waste - State Laboratory/Clinic**

Issued To: **Gulf Coast State College**
5230 W Highway 98
Panama City, FL 32401

Mailed To: **Gulf Coast State College**
5230 W Highway 98
Panama City, FL 32401

Audit Control: 03-BID-7396043
Permit Number: **03-64-00837**
County: Bay
Issue Date: 10/05/2023

Issued By: **Bay County Health Department**
597 W 11th St
Panama City, FL 32401

ORIGINAL - CUSTOMER (Non-Transferable)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
EXEMPTION CERTIFICATE

For: **Biomedical Waste - State Laboratory/Clinic**

Issued To: **Gulf Coast State College**
5230 W Highway 98
Panama City, FL 32401

Mailed To: **Gulf Coast State College**
5230 W Highway 98
Panama City, FL 32401

Audit Control: 03-BID-7396043
Permit Number: **03-64-00837**
County: Bay
Issue Date: 10/05/2023

Issued By: **Bay County Health Department**
597 W 11th St
Panama City, FL 32401

Duplicate - CUSTOMER (Non-Transferable)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
EXEMPTION CERTIFICATE

For: **Biomedical Waste - State Laboratory/Clinic**

Issued To: **Gulf Coast State College**
5230 W Highway 98
Panama City, FL 32401

Mailed To: **Gulf Coast State College**
5230 W Highway 98
Panama City, FL 32401

Audit Control: 03-BID-7396043
Permit Number: **03-64-00837**
County: Bay
Issue Date: 10/05/2023

Issued By: **Bay County Health Department**
597 W 11th St
Panama City, FL 32401

FILE - COPY (Non-Transferable)

ADDENDUM 3 - CAMPUS DENTAL CLINIC INFECTION CONTROL POLICY

Scientific information, as well as public and professional concerns over the risks of blood borne disease transmission, has brought the topic of infection control in the dental environment to the forefront. An effective infection control policy will require the cooperation of students, faculty, and staff. This can only be achieved through education, demonstration, monitoring, and evaluation. Faculty has the primary responsibility for infection control in the clinic. Since students are the primary providers of care, their actions will determine whether or not infection control is effective.

All personnel are responsible to monitor, practice, and enforce approved infection control procedures in order to assure that students are conforming to these guidelines. The information provided in this section is based on the current Morbidity and Mortality Weekly Report (MMWR)-*Guidelines for Infection Control in Dental Health-Care Settings*, Center for Disease Control (CDC) recommendations and current literature. More specific details, procedures and competency sheets will be introduced in DEH 1002/1002L, DES 1200L, and DES 0800L/DEA 0020C and practiced in all subsequent clinical and radiography courses.

PURPOSE:

The purpose of infection control policies and procedures is to minimize the risk of transmission of blood borne pathogens to patients and dental health care workers (DHCW) in the dental clinic setting.

This will be achieved by:

a. Hepatitis B immunization as well as vaccination for other appropriate diseases.
b. Education and training in infection control principles.
c. Use of current and appropriate barrier techniques.
d. Preventing exposure of patients and DHCW to blood and other potentially infectious material(s), including saliva.
e. Engineering and work practice controls.

This infection control policy will be strictly followed in regard to the following areas:

A. Standard Precautions:

1. Blood and other body fluids, including saliva, of ALL patients is to be regarded as potentially infectious for HBV, HIV, and other blood borne pathogens.
2. Infection control procedures will not be based on an individual's serological status or health history information.

B. Personal Hygiene:

The following applies to all clinic personnel (students, faculty, and staff) who may come into contact with blood, body fluids, and tissues.

1. Hair must be neat, pulled back, and away from the face.
2. Facial hair will be covered with a face mask or shield and should not interfere with proper PPE.
3. No head, neck or hand jewelry of any kind should be worn during treatment procedures.
4. Fingernails will be natural, clean, short, and unpolished

C. Hand Washing:

According to the US Centers for Disease Control (CDC), "handwashing is the single most important procedure for preventing the spread of infection." Hand washing is mandatory (1) before treatment, (2) between patients, (3) after glove removal, (4) during treatment if infection control policy is violated, and (5) before leaving the treatment area.

D. Personnel Protection Equipment (PPE):

Routine use of appropriate barrier devices will be used since blood, saliva, and gingival fluids from ALL dental patients must be considered infectious.

1. Gloves-
All individuals having patient contact will wear disposable gloves whenever there is contact with blood, saliva, or mucous membranes. Gloves must not be washed or otherwise reused. Gloves must be changed between patients. Gloves must be removed and hands washed before leaving the clinical area. Skin breaks should be covered with bandaids before donning gloves.

2. Masks and Eyewear -
Disposable masks and protective eyewear (face shields) will be worn. A new disposable mask is to be worn for each patient treatment session. Protective eyewear should be provided for the patient's use. Both sets of eyewear should be cleaned between uses, being certain not to handle them with unprotected hands until they have been decontaminated. Protective eyewear should NOT be worn (or stored) on top of the head, nor should masks be hanging from one ear or pushed down below the chin/neck area. No one wearing masks and/or protective eyewear will be permitted into the reception room/desk area (any area with carpet) or the break room (*Cuspid Café*).

3. Clinic Attire: Gowns -
All DHCW will routinely wear appropriate attire to prevent skin exposure and soiling of street clothes when contact with blood or saliva is anticipated. Clinical attire must

not be worn outside the clinic. Attire must be changed at least daily or when visible soiled. Non-disposable fluid resistant gowns will be laundered on site and are not to be removed from the premises. No one in clinic gowns will be permitted into the reception room/desk area (any area with carpet) or the break room (*Cuspid Café*).

Laundering Protocol: Workers should protect themselves from potential cross infection from soiled linen by wearing appropriate protective equipment (e.g. gloves and gowns or aprons) when handling soiled linen. Clean linen should be stored separately from soiled items/coats.

All bacteria can be eliminated even in the absence of detergent by higher temperatures (60°C/140°F) for 10 minutes. If lower temperature water is used for laundry cycles, chemicals suitable for low temperature washing, at the appropriate concentrations, should be used. Use complete wash and rinse cycles.

- Damp linens should not be left in the washer overnight.
- Blankets/Pillows should be laundered separate from soiled lab coats.
- Specific procedural steps are posted in the Dental Clinic Laundry Room (HS 149).

4. Needle Recapping and Sharps Disposal-
To prevent needle-stick injuries, needles are **NOT** to be recapped by moving the needle towards a body part, especially a hand. Needle recapping devices (located in each operatory) or the appropriate one handed "scoop" technique should be utilized when recapping needles. Used needles are to be disposed of in an appropriate puncture-resistant container and should not be purposefully bent or broken after use. Containers should be located as close as possible to an area of operation. Empty anesthetic cartridges can be disposed of in these same containers.

5. Utility Gloves/Nitrile Gloves-
Utility gloves should be worn for cleaning and disinfecting surfaces. Sturdy, unlined nitrile gloves should be worn for all cleaning and disinfection of instruments, dental units, and environmental surfaces. Nitrile gloves have an increased resistance to instrument punctures and will be disinfected or autoclaved.

D. Unit Preparation:

1. Wash hands and glove.

2. Flush all the waterlines, including the ultrasonic scaler, for at least two 20-30 seconds at the beginning of each clinic session to reduce any microorganisms that may remain from the previous patient.

3. Clean and disinfect the unit with an EPA-registered tuberculocidal disinfectant capable of killing both lipophilic and hydrophilic viruses at use dilution. Cleaning may also be accomplished by using soap and water prior to surface disinfection.

4. Biomedical wastes are to be disposed of in the biohazard waste container located in the sterilization area. Daily, this waste goes into the red box in the sterilization area.

E. Patient Preparation:

1. Wash hands and glove.

2. In between patients, all water lines, including ultrasonic scalers, should be flushed for 20-30 seconds.

3. The environment of the dental clinics must always be clean and neat. Cover surfaces that will be contaminated, but not cleaned and disinfected between patients, with approved barriers.

4. Any surface (horizontal or vertical) within three (3) feet of the patient's mouth must be considered contaminated after providing treatment that produces splatter. Therefore, cabinet doors and drawers must be closed during treatment.

5. Attach saliva ejector tip, sterile high-speed evacuation tip, sterilized handpiece, and sterilized three-way syringe tip.

F. Patient Treatment:

1. Handwashing –
Wash hands as previously outlined and don glove. Once gloved, touch only the patient and barrier covered areas or areas that have been properly cleaned and disinfected.

2. Charting -
Do not touch the record with contaminated gloves. If an entry has to be made in the record during treatment, it should be entered by an assistant who is not wearing contaminated gloves, OR the information is documented on a laminated copy of the patient evaluation form to be transferred to the permanent record following patient dismissal. The laminated copy is then cleaned and disinfected with an EPA-registered tuberculocidal disinfectant.

3. Radiographic Procedures –

Infection Control (Before Each Patient)

A. Put on glasses & mask. Wash hands and obtain heavy duty gloves to: Squirt disinfectant solution on clean gauze squares or use a pre-saturated disinfection wipe, cleaning the following:
   1. Radiographic Chair

a. Head/back support
b. Base
c. Seat
d. Controls (chair or foot pedal design)
e. Leg/Foot & Arm Rest(s)

2. Dental Light, Handles & Switch
3. Radiographic Tube, Head & Arm
4. Lead Apron and Thyroid Shield
5. Table/Cart or countertop for tray set up & tray with disposable items

B. Wash, dry and remove gloves. Store in appropriate container. (Plastic bin)
C. Wash Hands
D. COVER THE FOLLOWING ITEMS WITH DISPOSABLE BARRIERS:
   1. Radiographic Chair
      a. Head/back support (large plastic bag)
      b. Control switches (adhesive square) - if not a foot pedal design
   2. Control Panel (adhesive square)
   3. Dental Light Handles & Switch (sandwich bags/aluminum foil)
   4. Radiographic Tube & Head (large plastic bag)
   5. Radiographic Control Panel (adhesive square)
   6. Digital Equipment: Monitor, Keyboard, Mouse, Sensor, IOC (1/2 plastic bag, keyboard covers, mouse cover, sensor sheaths & IOC sheath)
   7. Countertop or bracket table or other contact surfaces that will be used during the procedure.
E. Set- up: Obtain paper tray cover (& tray if using CDR), film mount guide (if needed), infectious waste bag, XCP instruments, disposables (cotton rolls, elastics, barriers), and film/digital sensor and remote/ScanX plates with transfer box – PRIOR to seating patient

Conventional Film/ScanX plates

F. Place film mount under the plastic barrier on the counter work space
G. Place the film packets/plates with a sealed barrier envelope on the plastic barrier.

Digital Sensor

H. Assemble digital remote to computer and digital sensor to remote.
I. Place disposable sheath over the digital sensor NOTE: ensure you have the correct size sheath to match the digital sensor.

Infection Control (During Procedure)

Seat patient; ask patient to remove items that may interfere with imaging (glasses, partial(s), retainer, lip/nose jewelry, hat, hairpins & earrings if taking Pano., etc. and store accordingly)

A. Adjust chair and headrest
B. Store patient chart and paperwork in cabinet
C. Perform appropriate handwashing before placement of lead apron/thyroid shield
D. Obtain and put on clean examination gloves

E. If using sterile image holding devices correctly open package.
F. Assemble the image receptor into appropriate holding device
G. Expose appropriate image(s)
H. Remove image receptor from holding device.

Conventional Film

1. Dry film with paper towel AND/OR remove barrier (if applicable)
2. Drop film in disposable cup (DO NOT touch cup with gloved hands) NOTE: You may have two cups; one for the films that had barriers and one for the non- barrier films
3. Remove and dispose on examination gloves
4. Wash hands
5. Remove lead apron/thyroid shield from patient
6. Have patient remain in operatory or waiting room during film processing

Digital Sensor

1. Remove excess saliva if necessary with dry paper towel.
2. Place assembled image receptor on countertop for image review. If retakes are warranted, expose retakes, if not proceed to next step.

Take care in removing contaminated plastic barrier w/out damaging digital sensor cord or contaminating the remote. NOTE: remove sheath over countertop in case it falls.

3. When using the XCP - Keeping the sensor attached to the positioning tab and aiming bar, grasp the aiming bar where it joins the sensor.
4. Still grasping the bar underneath the sheath, with your thumb start pushing the distal tip of the sensor out of the sheath.
5. Continue pushing the sensor away from the closed, tight end of the sheath.
6. As the sensor is pushed into the wider area of the sheath, be careful to prevent the sensor from falling on the floor. Handle sensor and cable gently.
7. Dispose of contaminated sheath and biteblock.
8. Disinfect sensor with disinfectant recommended by manufacturer (Lysol wipes)
9. Wash Hands
10. Remove lead apron/thyroid shield from patient
11. Transport digital sensor and remote to the digital cabinet.

ScanX Phosphor Plate

1. Remove excess saliva if necessary with a paper towel.
2. Remove barriers from the plates and place plates into the transfer box with the label side up and close the lid.
3. Dispose of contaminated barriers.
4. Disinfect the transfer box.
5. Remove gloves.
6. Wash hands.

7. Remove thyroid/lead apron from the patient
8. Transport the transfer box AND the plastic bin next to ScanX scanner.
9. Have the patient wait in the operatory during processing.

Take care in removing contaminated plastic barrier w/out damaging ScanX plate(s).

Infection Control (During Processing)

Conventional Film

Transport the disposable cup(s) w/film to the darkroom

A. Gather darkroom supplies: paper towels and clean examination gloves
B. Place paper towel on the work surface near the processing machine
C. Place the disposable cup(s) next to the paper towel
D. Ensure safety lights are on before turning off the overhead lights
E. Put on clean examination gloves and safety glasses
F. Unwrap the film packets (NOTE: Unwrap the clean "barrier" packets first)
G. Open film packet tab and slide out lead foil and black paper
    1. Discard film packet wrapping
    2. Rotate lead foil away from black paper, remove & place lead foil in recycle container
    3. Without touching film, open the black paper wrapping
    4. Allow the film to drop onto the paper towel
    5. Do not touch films with gloved hands
    6. After all film packets have been opened, dispose of cups and remove gloves
H. Wash hands and DRY thoroughly
I. Count films to ensure all are accounted for and proceed with film processing
J. Turn on overhead lights when safe.
K. Obtain examination gloves.
L. Discard paper towels and disinfect working surface
M. Remove gloves.
N. Wash and dry hands.
O. Mount films

ScanX Phosphor Plate

A. Feed the plates one at a time in each of the slot. NOTE: make sure "a" is down with the label side towards you.
B. Don gloves/put on clean examination gloves.
C. Disinfect plates in needed.
D. Remove the plates from the scanner and place new barriers on the plates. The plates need to go in with the label side visible and the "a" toward the sealed edge.

Infection Control (After Patient Dismissal)

After hands are washed, obtain and put on heavy duty gloves.

A. Discard all disposable barriers in appropriate container
B. USE A PRE-SATURATED DISINFECTION WIPE OR SQUIRT DISINFECTANT ON CLEAN GAUZE SQUARES, CLEANING THE FOLLOWING:
C. Radiographic Chair
    1. Head/back support
        a. Base
        b. Seat
        c. Controls (chair or foot pedal design)
        d. Leg/Foot & Arm Rest(s)
        e. Dental Light, Handles & Switch
    2. Radiographic Tube, Head & Arm
    3. Lead Apron and Thyroid Shield
    4. Table/Cart or countertop and tray
D. Transport image receptor holders in plastic bin and package for sterilization.
E. Wash, dry and remove heavy duty gloves

4. Disinfection/Transfer of Alginate Impressions:

(a) After alginate impression is taken, gently rinse the alginate impression under cool tap water to remove any debris remaining in the impression.
(b) Gently shake off excess water.
(c) Spray the entire impression (top and bottom) with an OSHA approved disinfecting solution (i.e. ProCide, Cavicide, or Sodium Hypochlorite: 1:10)
(d) Place the impression in a resealable plastic bag.
(e) Disinfection is generally complete in 10 minutes depending of the manufacturer's recommendation.
(f) Rinse again with water, shake dry, and place in a clean plastic bag when transporting from clinic to HS 109
(g) Place sealed impression in a blue lab box located in sterilization bay (HS 153).
(h) Remove gloves, wash hands prior to transporting alginate impression to HS 109.
(i) After separation of impression, all alginate impression material should be removed from tray, and impression trays placed in ultrasonic cleaner.
(j) Disinfect lab box and return to dental clinic (HS 153).

5. High-speed Evacuation System -

High-speed evacuation should be used at all possible times when using the high-speed handpiece, water spray, ultrasonic scaler or air polishers or during a procedure that could cause splatter.

Rationale: appropriate use of high-speed evacuation systems has been shown to reduce splatter and droplets.

6. **Three-way Syringe -**
   The three-way syringe is hazardous because it produces splatter. Therefore, caution must be used when spraying teeth and the oral cavity. When used, a potential for splatter must always be considered and appropriate precautions taken (for example, use of personal protective equipment and patient safety glasses).

7. **Dropped Instruments -**
   An instrument that is dropped will not be picked up and reused. If the instrument is essential for the procedure, a sterilized replacement instrument must be obtained.

8. **Disposable Items -**
   Used disposable items must be discarded immediately to avoid contamination of other items.

H. Patient Dismissal:

Consider all waste saturated with saliva, blood, or body fluids generated during treatment to be biomedical waste (infectious). Any waste that is contaminated with blood must be disposed of in a RED Biomedical Waste bag which is located in the center cabinetry in each Dental Clinic operatory. After completion of treatment the RED Biomedical Waste bag should be transported to the sterilization galley for disposal in the main biomedical waste receptacle. Any surface that becomes visibly contaminated with blood and other body fluids must be cleaned immediately and disinfected using a liquid chemical germicide registered with the EPA as a tuberculocidal "hospital disinfectant." These products must be applied, thoroughly wiped clean with a disposable wipe, reapplied, and left moist for the recommended time interval.

Blood and saliva must be thoroughly and carefully cleaned from instruments and materials that have been used in the mouth. All items intended for sterilization are to be transported to the sterilization galley via plastic transport tubs secured with lids. Ultrasonic cleaners and/or the Hydrim thermal disinfection system in the sterilization galley will be utilized for disinfection of items in preparation for sterilization.

Protocol:

1. Remove gloves and wash hands immediately.
2. Complete entries on all forms and records relating to the treatment and dismiss the patient.
3. Put on Nitrile utility gloves prior to beginning the treatment room disinfection. Remove all disposables anddiscard appropriately.
4. Discard needles, such as anesthetic and suture needles, and any disposable sharp instruments, such as scalpel blades, broken instruments, used burs, or any item that could puncture skin, into an EPA approved sharps container at the location of use. Sharps containers are located within each operatory, the sterilization area, and in the dental materials laboratory.

5. Wearing utility gloves, remove contaminated instruments (including rotary type burs, disks, etc.) and transport to Sterilization Galley for processing.
6. Remove all contaminated barriers from the unit and discard in the trash receptacle located between each operatory.
7. Items contaminated with blood during treatment should be promptly placed in a RED Biohazard waste bag located in the center cabinetry in each operatory and transported to sterilization galley for disposal in main biohazard waste container.
8. Clean, disinfect, and prepare the unit for the next patient.
9. Rinse, clean and disinfect eyeglasses or face shield with detergent and water.

I. Instrument Sterilization:

All contaminated re-usable instruments, including handpieces must be sterilized in verifiable heat- sterilizing devices, must be thoroughly cleaned and heat sterilized before use in the treatment of another patient. The use of chemicals as a substitute for heat sterilization of these items is unacceptable. Biological monitoring is performed *at least weekly*.

All re-usable items that cannot be heat sterilized must be thoroughly cleaned and appropriately treated with ethylene oxide or an EPA-registered sterilant according to manufacturer's instructions specified for sporicidal activity. Any use of a chemical disinfectant agent for infection control purposes that is not EPA-registered as a dental instrument sterilant/disinfectant is unacceptable.

- Utility gloves must be worn when handling contaminated items.
- Any contaminated item used intra-orally will be pre-cleaned in the Ultrasonic clearner or the Hydrim Dental Thermal Disinfector system (per manufacturer's instructions), rinsed, dried, and packaged for sterilization
- Disinfect all plastic instrument trays with an EPA registered hospital grade disinfectant solution.
- Metal impression trays are scrubbed or ultrasonically cleaned, packaged, and sterilized in the autoclave.
- Appropriate sterilization pouches should be selected according to the size of the instrument.
- Internal indicators should be dated, initialed and placed on the inside of the pouch. The pouch should be sealed. On the outside of the pouch, write the date, contents, sterilizer number and student initials.
- When taping packages closed, the tape length should be 2.5 times the width of the bag to allow the tape to wrap around and seal upon itself.
- Cloth wraps require a double thickness of wrap and tape as recommended.
- All sterilization pouches should be visually inspected to ensure that instruments have been through the sterilization cycle. Internal indicators should also be inspected to verify steam penetration of internal area ofpouch.
- Pouches/packs suspected of being contaminated or stored beyond expiration date (30 days from date of packaging) must be re-cleaned, re-packaged and re-sterilized.
- If packaging appears to be compromised, (i.e. wet and/or torn/punctured), the

instruments should be re-cleaned, re-packaged and re-sterilized.
- Sterilized packs will be stored in a closed cabinet or drawer.
- Sterilizers will be monitored weekly with a biological spore indicator test. Results will be recorded.

J. Environmental Surface and Equipment Cleaning and Disinfection:

1. Many blood- and saliva-borne disease-causing microorganisms such as Hepatitis B virus, HIV virus, and Mycobacterium tuberculosis can remain viable for many hours--even days--when transferred from an infected person to environmental surfaces within dental operatories and other clinical areas. Since subsequent contact with these contaminated surfaces can expose others to such microbes and may result in disease transmission, adequate measures must be used in each clinical area to control possible transmission from contaminated surfaces.

2. A practical and effective method for routinely managing operatory surface contamination between patients is to use disposable blood/saliva impermeable barriers, such as plastic film and aluminum foil, to shield surfaces from direct and indirect exposure. Removal of blood, saliva, and microbes is accomplished by routinely changing surface covers between patients.

3. Thorough cleaning and proper disinfection between patients are necessary for those covered operatory surfaces that are routinely touched and become contaminated during patient treatment. An appropriate "Standard Operating Procedure" addressing cleaning and disinfection is part of the academic institution's guidelines.

4. Only those chemical disinfectants that are EPA-registered, hospital-level mycobactericidal agents capable of killing both lipophilic and hydrophilic virus at use dilution, are considered acceptable agents for environmental surface disinfection. Use of any chemical agent not so approved is unacceptable.

5. The surface disinfectant solution is to be applied twice – once for "cleaning" and again for "disinfecting".

    a. Use a pre-saturated wipe or saturate a 4X4 with an EPA-registered, hospital-level mycobactericidal disinfectant.
    b. Wipe clean the surface.
    c. Use another pre-saturated wipe or re-saturate additional 4X4 gauze squares and wipe surfaces a second time; allow solution to remain for the recommended time interval.

K. Biomedical/Infectious Waste Disposal:

Biomedical waste is and solid or liquid waste which may present a threat of infection to humans. Biomedical waste is further defined in subsection 64E – 16.002(2), F.A.C.

1. All disposable item(s) saturated with saliva, blood, or body fluids shall be considered biomedical waste. Biomedical waste items must be placed in a designated red biomedical waste bag, placed into an instrument tub for transport, and taken to the sterilizing area to be disposed of immediately into the biomedical waste container.

2. Contaminated needles and other contaminated sharps shall not be recapped, bent, or removed by hand. Recapping devices or a scoop technique may be used to cover the exposed needle in order to return instruments to sterilization area.

3. All sharps should be disposed of as soon as possible from the time of use and at the point origin. Sharps containers are located in each operatory and in the sterilization galley.

4. ALL biomedical materials are picked up and disposed of by Brooks Environmental at regularly scheduled intervals.

L. Dental Laboratory Infection Control:

1. Clean linen should be stored separately from soiled items/gowns. Soiled/contaminated gowns should be placed inside the solid red can lined with red infectious waste bag. When directed by the Course Coordinator, the filled laundry container shall be transferred to the Dental Clinic laundry room for appropriate laundering. Specific procedural instructions are posted on the laundry container in HS 109.

2. Used masks should be disposed of in waste receptacle.

3. Safety glasses should be washed after each session with a mild detergent soap and replaced in appropriate location.

4. Impressions should be thoroughly cleaned (i.e. blood and bioburden removed), disinfected with an EPA-registered hospital disinfectant with a tuberculocidal claim, and thoroughly rinsed before being handled in the in-office laboratory.

5. Alginate and polyether impressions should be kept wet during the required disinfecting time.

6. Laboratory items used on contaminated or potentially contaminated appliances, prostheses, or other material should be heat-sterilized, disinfected between patients, or discarded.

7. Contaminated items that cannot withstand heat-sterilization should be cleaned and disinfected between patients and according to manufacturer's instructions.

Physical Therapist Assistant Program

Confidentiality Statement

We are required by applicable federal and state laws to maintain the privacy of all health information of all patients seen during clinical observations and clinical rotations. This means that all information in the patient's record is personal and confidential. Discussion of confidential information, including patients' name, should only take place during clinical hours, at work stations, with those persons directly involved and having a defined need or legal right to know. Computerized medical records are governed by this policy the same as information in written medical records. You may NOT remove records from the clinic area or discuss any patient with your friends and family. Health information should NOT be shared with family members of the patient unless the patient has authorized you to do so in writing. The exception to this would be a minor child (under 18 years of age). In this case permission for treatment must be obtained from parent or legal guardian prior to the start of the treatment.

I, _____, have received a copy of this confidentiality statement for the Gulf Coast State College PTA program and agree to abide by the rules and regulations stated herein.

Student's Name (print) _____

Student's Signature _____

Today's Date _____

This document will be placed in your program file for reference in the event of any Confidentially violation.

HEALTH SCIENCES DIVISION

Authorization for Release of Personal Information, including the last four digits of Social Security Number

This form allows GCSC Health Sciences to release to clinical affiliates (as requested) confirmation of an acceptable Level II background screening, 10-panel drug screening, physical examination, immunization compliance and satisfactory TB results.

The student should read the statements below concerning release of the last four digits of Social Security Number, then initial his/her statement of choice and complete the student information at the bottom portion of the page.

_____ **I authorize** Gulf Coast State College and the Health Sciences Division to release the last four digits of my social security number and any other personally identifiable information required to enter any Health Sciences program, participate in educational or clinical training experiences, graduate or complete my application for licensure or certification. This release includes, but is not limited to, the following agencies: any affiliate utilized for clinical training, Florida Department of Health, state licensing agencies and the Florida Community College Risk Management Consortium. Revocation of this release may be requested in writing to the Health Sciences Division.

OR

_____**I refuse** the release of the last four digits of my social security number. I understand that without the release of the last four numbers of my social security number, I will not be able to apply for authorization into required clinical training areas, nor will I be able to apply for licensure or certification as a graduate of the Health Sciences Program.

_____	A# _____
Printed Name of Student	GCSC Student Identification Number
_____	_____
Student Signature	Date
_____	_____
Coordinator/Faculty Signature	Health Sciences Program

CC: Original to Enrollment Services/student's permanent record
Copy to Health Sciences program/student's record

Rev. 8.13.2021

Leave of Absence Request During Clinical Rotation

If a student requires a "day off" during a clinical rotation due to unavoidable illness or absence, it is the student's responsibility to notify the CI and DCE by 8:30 am on the day of the absence and seek approval. Make-up days are to be scheduled at the discretion of the CI according to their availability.

According to the PTA Clinical Education Handbook, students will be excused from clinical responsibilities if the clinical facility recognizes a holiday. Holidays recognized on the college calendar are not applicable for clinical education unless the clinical facility is closed. The student must notify the DCE and fill out this form if the clinic observes the holiday and is closed.

In the event of inclement weather, if the college closes, students are not permitted to go to the clinical facility. The DCE will inform students if this occurs

Leave of Absence Request

Student Name:_____

Clinical Rotation #:_____

Clinical Facility name:_____

Name of CI:_____

Date(s) requesting off: _____

Reason for
Request:_____
_____
_____
_____
_____

Approve by CI: Yes No Date:_____

CI Signature:_____

Student Signature:_____ Date:_____

==========**To Be Filled out by the DCE**==========

Student will make up lost time? Yes No

Make up dates schedule:_____

Approved by DCE? YES NO Date:_____

The DCE will inform the student of any time that must be made up

GULF COAST STATE COLLEGE
HEALTH SCIENCES PROGRAMS

Responsible Use of Social Media

Introduction

Social media tools, which facilitate both one-to-many communications and presumably private communications, have grown to become a significant part of how people interact via Internet. Because social media are widely used as promotional tools, personal postings on public media sites can sometimes blur the line between the individual and the institutional voice. Gulf Coast State College Health Sciences Programs offers guidance for students, staff, and faculty to protect both their personal reputations and the public image of the GCSC Health Sciences Programs. These guidelines are not intended to regulate how individuals conduct themselves in their personal social media actions and interactions.

There are substantial differences between individuals representing themselves on public social media sites, individuals representing the GCSC Health Sciences Programs on public social media sites, and individuals using College-hosted social media. It is clear that even a single instance of improper or ill-considered use can do long-term damage to one's reputation, have potential consequences for a successful Health Sciences career, and could jeopardize public trust in the Health Sciences profession.

Furthermore, although not intended, never forget as student, staff, or faculty, you may always be perceived as a representative of the GCSC Health Sciences Programs. It is therefore in the best interest of the Health Sciences Programs, and all the members of the GSCS community, to provide its employees and students with a roadmap for safe, responsible use of social media.

While this document will provide more specific guidelines to help navigate particular interactions, all these spring from a set of basic principles:

1. Be respectful.
2. Assume anything you post is public, regardless of privacy settings.
3. Assume anything you post is permanent.

INSTRUCTIONAL USE OF SOCIAL MEDIA

A social media site can be used for instructional purposes that foster a sense of community and motivation for students. Instruction, however, should be relegated to the college supported course management system (currently CANVAS). Private instructional pages that are utilized by invitation only are preferred in order to provide a greater measure of protection for the student.

Faculty should not use their own personal social networking pages for instructional use, nor shall faculty link to their personal social networking pages from their private instructional pages.

Student content created and/or posted to fulfill course assignment using social media does not violate students' privacy rights. Posting materials submitted directly to the faculty member may be a violation of FERPA policy. It is important to exercise extreme attention to student information and err on the side of caution in these situations.

Intellectual Property

Intellectual property rights must be respected when utilizing social media networks for either personal or professional purposes. Some social networking applications stipulate that content posted on their sites becomes their property. When posting materials owned by others, an individual bears the responsibility of compliance with licensing and copyright requirements. When in doubt, one should request permission from the publisher, content creator, or owner of the materials. These same considerations should be applied to institutional materials and your colleagues' materials.

FERPA/HIPAA

All legal privacy laws and policies regarding student and patient records must be followed without exception.

The Family Educational Rights and Privacy Act (FERPA) ensures the privacy of "Educational records" of students. At no time should information that is considered part of the student's educational record be submitted, posted, or referenced through a social media network.

The following information should NEVER be communicated via a social networking tool:

Grades or test scores	Social security or school ID number	Disability status	Marital status
GPA	E-mail address	Academic standing	Birth date
Disciplinary actions	Attendance record/habits	Telephone number	Financial aid status
Time/day/location/course names of student's current classes	PIN number	Financial obligations owed	

The Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.l. 104-191, 110 Stat. 1936, enacted August 21, 1996) that is intended to provide the portability of health records, must be adhered to at all times. This contains a Privacy Rule which establishes a provision for the use and disclosure of Protected Health Information (PHI). Under no circumstances should patient privacy be violated though the use of social media.

GULF COAST STATE COLLEGE
HEALTH SCIENCES PROGRAMS

Responsible Use of Social Media - Guidelines

Gulf Coast State College Health Sciences Program's students, staff and faculty are personally responsible for any content they post on Social Media platforms.

Be aware of liability You are legally responsible for what you post. Take care not to infringe on copyright, defame or libel others, or otherwise violate the law when posting.	**Appropriate use of College logos and branding** College logos and branding should only be used on pages maintained by GCSC.
Respect copyright The GCSC Health Sciences Programs supports and respects the intellectual property rights of copyright holders. Content posted on the internet must conform to copyright law. Contact the GCSC Library for help posting copyright-compliant content.	**Be respectful of others** Keep a cool head when discussing and debating online. Be passionate on matters about which you are passionate, but always be constructive, exercise discretion, and be respectful to those with whom you disagree.
Respect confidentiality Any number of laws and policies (such as HIPAA and FERPA) may affect the confidentiality of information. Be aware of and conform to these laws, as well as broader institutional policies regarding confidentially of information and good ethical judgment, when posting to social media sites.	**No stalking, flaming, or bullying** Abusive language, behavior, and content is not appropriate in any context. Do not insult, attack, threaten, or otherwise harass others. Remember that how a message is intended is less important than how it is perceived. If another individual indicates they find behavior threatening, cease this behavior immediately.
Respect privacy Do not discuss situations involving named or identifiable individuals without their consent. Do not post images, audio, or video of individuals without their consent.	**Think before posting** Privacy settings are not absolute. Anything put online can easily be shared and re-shared, and archiving systems preserve even content that has been deleted. As a result, content posted privately now may appear in search results for many years to come. Post only content you are comfortable sharing with the general public, including current and future employers.
Do no harm Postings, both in content and in substance, must not harm either the college network or the social networks themselves. Do not overload these networks with content that is repetitive, promotional, or will otherwise devalue the service for the rest of the community.	**Identify Management** When a site or page provides space for the community to interact, usually through comments or other feedback systems, it is important to keep these spaces free of spam and abusive content. Postings in these spaces should be edited to ensure there are no liability issues (i.e. removing links to content that violates copyright or breaks confidentiality rules), but should not be edited because their content is disagreeable.
Be transparent GCSC Health Sciences Program's students and employees should feel free to identify themselves as such when posting to social media sites. The association of a college email address with a social media account does not imply College endorsement of content. An individual must make it clear when they are expressing the opinions of the institution. Add a disclaimer if comments may appear to be coming from the College. Employees should be in coordination with their supervisor prior to initiating a social media account on behalf of their origination (department/college).	**Be a valued member of the community** When participating in an online community, content of postings should benefit the community as a whole. Consider the nature of the community and the expectations of its members when contributing. Do not use membership purely as a means of promoting yourself or your organization. Do not use the name of the GCSC Health Sciences Programs to endorse products, causes, political parties, or candidates.

Representing the GSCS Health Sciences Programs

When acting as a GCSC Health Sciences Programs representative on social media networks, conduct yourself in a professional manner and follow the general guidelines outlined in this document. Use data and information that is accurate and not misleading. This is a responsibility that should not be taken lightly.

To maintain appropriate professional boundaries, one should consider separating personal and professional content online. Should there be student-faculty-patient interaction via social media platforms, appropriate boundaries and professional ethical guidelines should be maintained as they would in any other context. Should colleagues (student, faculty and/or staff) see posted content that appears unprofessional, they are responsible for bringing it to the attention of their colleague, so that he or she may take appropriate action regarding identity management.

Violations, Concerns, and Dispute Resolution

Student, staff, or faculty actions which violate responsible use of social media as outlined by the GCSC Health Sciences Programs are subject to complaints, program counseling, and/or grievance processes. Failure to follow Health Sciences Programs policies and the terms of service of social media platforms could expose you to personal legal liability and/or legal action from third parties.

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STANDARDS OF CONDUCT IN THE USE OF SOCIAL MEDIA HOD P06-12-17-16 [Position]

Whereas, social media creates opportunities to communicate in a public forum;

Whereas, Physical therapists (PT), physical therapist assistants (PTA) and physical therapy students (students) must be knowledgeable and respectful of the principles of patient/client privacy and confidentiality in safeguarding identifiable patient/client information as it relates to social media;

Whereas, PTs, PTAs, and students who use social media should represent their own views and be professional and accurate in their communications;

Whereas, errors and omissions in communication, harassing statements, and unprofessional language presented via social media may have a long-lasting and possibly negative impact on the individual or the physical therapy profession;

Whereas, PTs, PTAs, and students shall consider when and how to separate their personal and professional lives on social media; and,

Whereas, PTs, PTAs, and students should be knowledgeable about employers', educational institutions', or clinical training sites' published policies on social media;

Resolved, Physical therapists (PT), physical therapist assistants (PTA) and physical therapy students (students) shall consider whether to interact with patients on social media or create separate personal and professional social media profiles;

Resolved, PTs, PTAs, and students shall not misrepresent when they are speaking for themselves or the American Physical Therapy Association (APTA), other organizations, educational institutions, clinical sites, or employers; and

Resolved, if an individual identifies content posted to social media by a colleague that appears unprofessional, s/he has a responsibility to bring that to the attention of the individual that has posted the content so that s/he can remove it or take other appropriate action;

Resolved, PTs, PTAs, and students engaging in social media activities shall demonstrate appropriate conduct in accordance with the Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant.

Explanation of Reference Numbers:
BOD P**00**-**00**-**00**-**00** stands for Board of Directors/**month**/**year**/**page**/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Division of Health Sciences
Alcohol / Drug Policy

Gulf Coast State College is a drug-free and alcohol-free institution. There will be a **ZERO TOLERANCE** policy regarding students reporting to class, lab, or clinic under the influence of alcohol or drugs. Students under the supervision of medical care and taking prescribed drugs must immediately identify themselves to the faculty supervising the class, lab, or clinical assignments. Prescribed medications must not induce an unsafe mental or physical state, or impair the student's ability to meet the course requirements, act with safety, perform competently, or demonstrate appropriate conduct when in class, lab, or clinical settings.

The student shall not knowingly possess, use, transmit, or be under the influence of any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, any other controlled or counterfeit substance defined in FS 893.03, or substitute for such, alcoholic beverage, inhalant or intoxicant, on the campus either before, during or after school hours or off the college grounds at a College activity, function or event. Also, a student shall not possess, have under his/her control, sell or deliver any device, or contrivance, instrument or paraphernalia containing the substance or substances described in this paragraph or any residue of such substance or devices intended for use or used in injecting, inhaling/inhalant/huffing, smoking, administering, or using any of the foregoing prescribed drugs, narcotics, or stimulants. Use of a drug authorized by a medical prescription from a registered physician for a specific student shall not be considered a violation of this rule. (GCSC Student Handbook, 2025-2026).

Medical Marijuana remains an illegal drug under Federal law. It is not protected under the American Disabilities Act (ADA) and is not exempt even if the student presents with a medical marijuana registry card. Positive drug screening results for marijuana may prevent the student from participating in external clinical rotations and other program requirements thus resulting in dismissal from a Health Sciences program.

Situations that could indicate that the student is under the influence include, but are not limited to: odor of ethanol, slurred speech, disturbed gait, problems with balance, and questionable or inappropriate behavior (see Reasonable Suspicion/Drug testing Form). If suspected of being under the influence, the faculty member responsible for the class, lab, or clinical session will evaluate the circumstances and take appropriate action.

In the event that a student is suspected or found to be under the influence of drugs or alcohol, the student will be immediately dismissed from the class, lab, or clinical assignment pending further review. The student will be required to seek an alternative method of transportation to leave the setting. A Reasonable Suspicion/Testing Form should be completed and submitted to the Program Coordinator for review.

If the faculty member suspects and determines that a drug test is indicated, the **student must arrange alternative transportation** and report to the College's designated site (with completed Request Memorandum) to undergo a drug test within 2 hours of the dismissal.

Division of Health Sciences
Alcohol / Drug Policy

The student must agree to release the results of the test to the Chair of Health Sciences and the Program Coordinator. Failure to agree to an immediate drug test within 2 hours, failure to obtain the test within the 2 hours, or refusal to release test results will result in immediate dismissal from the Health Science Program.

The college assumes no responsibility for assisting the student in leaving the above sites or returning home. Security will be called if necessary.

In the event that the test **results are negative**, the student must meet with the college faculty member and/or the program coordinator to assess the need for remediation or counseling. The decision to return the student to clinical will be based upon the recommendation of the clinical faculty member. Any missed days will be unexcused and subject to the make-up policies of the individual course or program. Failure to attend counseling sessions or to meet the remediation plan objectives within the time designated will result in immediate dismissal from the program.

If a student's drug screen **result is reported as "dilute" or "diluted,"** the student must repeat the test at their own expense. Admission or continued enrollment in the program is contingent upon receiving a valid, negative result. Failure to provide a negative result before the date designated by the program in which the student is enrolled will result in being ineligible for admission or progression in the program.

In the event that the test **results are positive**, the student will be immediately dismissed from the program with a failing grade.

Gulf Coast State College
Physical Therapist Assistant Program

Clinical Hours & Correspondence Form

This is a sample form. This should be completed online by you and your CI

GULF COAST
STATE COLLEGE
SINCE 1957

Physical Therapist Assistant Program

Clinical Hours and Correspondence Form

Student Information

1. Please type your name below:

2. Please provide the name of your clinical site.

Site Coordinator of Clinical Education (SCCE) Contact Information

This section is to ensure that all SCCE contact information is up to date.

3. What is the name of your supervising Physical Therapist?

4. Is the supervising Physical Therapist the SCCE?

- ◯ Yes
- ◯ No

5. Please provide the name of the SCCE below.

6. Has the SCCE's contact information changed since the last GCSC PTA student who attended clinical at the facility/clinic?

- ◯ Yes. The SCCE has changed or updated their contact info.
- ◯ No. Contact info is unchanged since previous student.
- ◯ I am the first PTA student from GCSC to have a clinical here and will need to provide my SCCE contact info.

7. What is the best phone number and email for me (the DCE) to contact the SCCE?

Clinical Instructor (CI) Contact Information

This section is ensure that all CI contact information is up to date.

8. Is your CI the same person as the SCCE?

- ◯ Yes. My CI is also the SCCE.
- ◯ No. My CI is not the SCCE.

9. What is the name of your CI (please include PT or PTA)?

Example: Adam Padgett, PTA

10. Has your CI's contact information changed since their last PTA student?

- ◯ Yes. My CI has changed/updated their contact information since their previous GCSC PTA student.
- ◯ No. My CI contact information has not changed since their previous student.
- ◯ I am my CI's first PTA student from GCSC and I will need to provide their contact information.

11. Please list the best phone number and email for me (the DCE) to contact your CI.

Confirmation of Clinical Hours

This section is to ensure that you are scheduled to work "full time" clinical hours. For each day, list the hours that you are expected to work.

12. Monday:
    Example: 8 am - 5 pm (if you are not expected to work this day, write "off")

13. Tuesday:
    Example: 8 am - 5 pm (if you are not expected to work this day, write "off")

14. Wednesday:
    Example: 8 am - 5 pm (if you are not expected to work this day, write "off")

15. Thursday:
    Example: 8 am - 5 pm (if you are not expected to work this day, write "off")

16. Friday:
    Example: 8 am - 5 pm (if you are not expected to work this day, write "off")

17. Saturday:
    Example: 8 am - 5 pm (if you are not expected to work this day, write "off")

18. Sunday:
    Example: 8 am - 5 pm (if you are not expected to work this day, write "off")