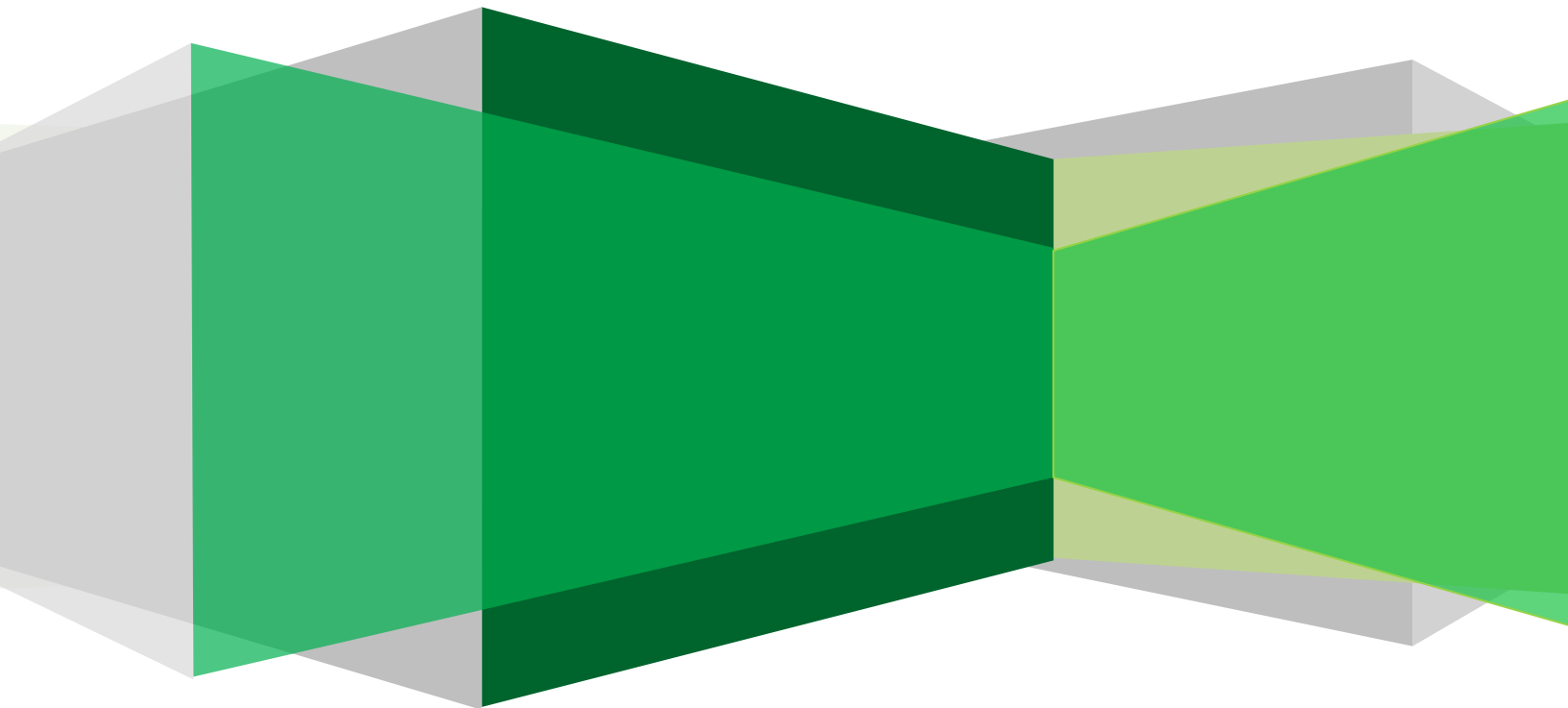




ALLIED HEALTH

STUDENT HANDBOOK

Allied Health Department



ALLIED HEALTH STUDENT HANDBOOK
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Glen Oaks

COMMUNITY COLLEGE

Dear Allied Health Student:

Allied Health professionals are a very important part of the health care team. They possess knowledge and skills to perform routine clinical and administrative duties in the office of a primary care physician or in other medical settings such as clinics, neighborhood health centers, laboratories, or hospitals.

Graduates of an allied health program, are trained to provide quality health care services with an understanding of the legal and ethical responsibilities related to their roles in the health care system.

As a student of this program, you will be expected to attend classes regularly, participate fully in the practicum experience, and respect the policies and procedures of Glen Oaks Community College (GOCC) Medical Assistant Program. The faculty will assist you by providing the necessary learning materials and an exciting learning environment.

This handbook is to be used in conjunction with the college catalog and will answer most of your questions concerning this institution and the allied health programs. If you need clarification on any college policy or this program, please contact the Director of Allied Health.

Sincerely,

Christina Steele, BS, RMA
Director of Allied Health
Glen Oaks College

MISSION STATEMENT

GOCC's allied health programs strive to provide a quality education through lecture, laboratory, and the practicum experience to produce competent entry level graduates who will perform his/her duties ethically and professionally within the guidelines of the profession.

PHILOSOPHY

It is the belief of Glen oaks Community College that the students in the allied health programs as with all students, will not be discriminated against regardless of race, creed, age, gender or ethnic origin; and that they have the right to a quality education, which challenges their intellect and curiosity and prepares them to become effective members of a health care team.

GOALS AND OBJECTIVES

The allied health programs are committed to preparing individuals for a productive careers as allied health professional. In order to ensure this, the program will:

- Maintain an instructional curriculum that meets the standards of accreditors, community healthcare providers, and industry requirements
- Provide opportunities which will encourage students to develop a commitment to lifelong learning and excellence in the practice of their profession
- Utilize input from students, graduates, employers, faculty, clinical instructors, and advisory committee members to assist in systematic program evaluation to assure a program reflective of current medical, technological, and patient care needs.
- Prepare competent entry-level allied health professionals
- Medical Assisting Program Goals and Learning Outcomes: Train medical assistants in the cognitive (knowledge), psychomotor (skills), and effective (behavior) learning domains.

CURRICULUM DESIGN

The curriculum is designed to provide each student with knowledge and skills of an entry level allied health professional working under the direct supervision of a physician. The curriculum is designed to be competency based and emphasis is placed on the performance of clearly defined objectives. This is accomplished through: lectures which provide a theoretical foundation upon which students can build their skills and techniques; laboratory experiences which provide observation and practice of skills and techniques; and clinical opportunities which allow students to apply skills and techniques in a professional setting. The students will also be exposed to professional issues, ethics, behavioral attitudes and communication skills in relation to working in health care.

ALLIED HEALTH ADVISORY BOARD

The Allied Health Advisory Board provides input and advice concerning curriculum, practicum, evaluation, and employment opportunities in the area. The Advisory Board is composed of individuals within the state and Northern Indiana who are involved in health care. The committee members include physicians, allied health professionals, medical office managers, graduates, a member of the public and current students of the program. A list of the Advisory Board members can be obtained from the Director of Allied Health.

POLICIES AND PROCEDURES FOR PROGRESSION IN THE ALLIED HEALTH PROGRAMS

In accordance with curriculum design, the student should complete any prerequisites before applying to an allied health program. All ALH program courses must be completed with a grade of 2.5 or better, with a GPA of 2.5 or better, for the student to remain in the program. Students are encouraged to maintain a GPA of 3.0 or better for placement at certain practicum sites.

ALLIED HEALTH PROGRAM STANDARDS OF CONDUCT

Student's Rights and Responsibilities: Upon enrollment in the allied health program, a student neither loses the rights nor escapes the obligations of a citizen. Enjoying the benefits of a community, state and federally supported academic institution, the student has a responsibility to all members of the academic community, to the laws of the land, and to the chosen institution.

The act of registering is considered an explicit agreement of a student's acceptance of institution regulations as outlined in the most current Glen Oaks Community College catalog and program policy and standards of conduct as stated in the Allied Health Student Handbook.

Attendance/Absence/Punctuality: Attendance is mandatory for optimal learning. If a student must be absent, he/she should notify the instructor at the college in advance. The student is responsible for obtaining class notes from another student. The final grade for the course may be lowered by absenteeism or student may be dropped from the course. Refer to the GOCC catalog and instructor syllabus for additional information about the attendance policy.

Punctuality is a demonstration of responsibility and respect for others in the class. Excessive late arrivals or early departures will also affect the final grade. Tardy time will be recorded and added to the total absence time which may lower student's grade. Instructors at this institution must keep a class attendance record. The total number of absences and late arrivals/early departures will be noted in the student's record. Glen Oaks Community College catalog policies will be followed.

Food/Drink/Smoking: Food and drink are restricted to certain areas and not permitted in the laboratories. Smoking is not permitted on campus.

Academic Honesty and Classroom Standards: The faculty of the Medical Assistant Program is committed to providing an environment conducive to learning. Each faculty member encourages the free pursuit of learning, and respects the student as an individual. The student has the primary responsibility for being academically honest. Academic dishonesty includes cheating and plagiarism. Cheating refers to **giving** or **receiving** of unauthorized copies of test or another deceit or fraud relating to the student's academic conduct. The definition of plagiarism, for the purpose of student misconduct, is to pass off as one's own the ideas or words of another or to present as one's own the ideas or words of another or to present as one's own an idea or product derived from an existing source.

Scholastic Probation: Allied health students whose grade point average falls below a 2.5 should seek counseling from the course instructor, and may be referred to Student Counseling Services for additional scholastic advisement.

FACILITIES AND SERVICES

Faculty members (full time), post a schedule of office hours. These office hours are reserved for advising, assisting and meeting with students. Students can schedule a more convenient appointment by contacting the instructor.

Each student's success in this program is based on effort, dedication, enthusiasm and interest. Every attempt will be made to assist the student if difficulties arise. Please follow the suggested procedures for each of the following situations:

1. Contact the course instructor for questions regarding course material.
2. Contact the site supervisor, and the GOCC Practicum Coordinator for problems during the practicum.
3. Contact the college's counseling staff regarding student standing in program, scheduling, registration, or changes in course work.
4. Contact a member of the college's counseling staff regarding personal problems, guidance, etc.

GRADUATION REQUIREMENTS:

Prior to registering for your last semester of your allied health program, apply for graduation to validate that the certificate/degree requirements have been met. Applications can be found in student services. Information on obtaining your grade point average, honor roll requirements, the Dean's List, graduation with honors, and other information can be found in the college catalog online at www.glenoaks.edu. Please read these sections carefully. **It is your responsibility to file an application for graduation.**

PROFESSIONAL ACTIVITIES

As future members of the allied health profession, professional and standard behaviors are stressed, therefore, students are encouraged to participate in a professional association such as the American Association of Medical Assistants (AAMA), American Medical Technologists (AMT), National Healthcareer Association (NHA), or National Center for Competency Testing (NCCT).

PRACTICUMS

Each student is required to complete a clinical practicum in the final semester of the program. Glen Oaks Community College has agreements with various clinical facilities for student experiences. These include, but are not limited to the following:

- Hospitals & physician practices
- Convenience care facilities
- Private practice clinics
- Private physician's offices in nearby communities

Assignments to clinical facilities are made by the Program Coordinator on the basis of an assessment of a student's strengths and needs. Students may have to drive up to one hour to their practicum site. This assessment will match the opportunities provided by various

facilities. Your assignment is made in accordance with the Medical Assistant Program philosophy of providing each student with varied experiences.

Each student will participate in administrative and clinical experiences for a total of 160 (100 for phlebotomy) hours. These experiences are unpaid and fully supervised by qualified personnel.

Prerequisites:

Prior to entering the clinical practicum experience, each student must complete the program with a 2.5 in all ALH courses and a 2.5 GPA overall. Each student must have a physical examination which shows no medical reasons the student cannot enter the practicum. Additionally, students must have a current American Heart Association CPR for the health care provider card,

Insurance:

Students will be covered by liability insurance while working at the clinical facility. The insurance will be purchased from the college at the time the student registers for the practicum course. Students are not covered by Worker's Compensation during the practicum experience. Any injuries on the job must be covered by the student's personal insurance.

Attendance:

Students are expected to attend practicums as scheduled unless it is absolutely necessary to miss a session. The student should contact the practicum supervisor at the facility as soon as possible to notify them of an absence or tardiness. Students should also contact the office of the GOCC Practicum Coordinator when they will be absent from a practicum day. Missed days must be made up at the discretion of the practicum facility supervisor.

Students are expected to report to the practicum assignment ready to work at the designated time. Transportation to and from the facility is the responsibility of the student.

Any necessary personal appointments should be scheduled before or after practicum hours, or as late in the day as possible.

Students are not expected to go to the practicum assignment when GOCC is officially closed (holidays, breaks, etc.); however, students are responsible for notifying their Practicum Instructor in advance so arrangements to cover a student's absence can be made.

The Practicum Coordinator assists students as follows:

- Meets with student several weeks prior to registration to plan their practicum placement.
- Maintains an ongoing record for each individual student's academic progress.
- Ensures that required health forms and immunizations are documented.
- Provides student with background check forms and schedules drug screens.
- Coordinates with site supervisor for practicum placement and performance evaluation.
- Ensures that student has met all requirements for practicum placement.

APPEARANCE STANDARD

Glen Oaks Community College Allied Health students must maintain excellent personal health and hygiene habits and present a well-groomed, professional appearance at assigned agencies. All clothing worn at clinical sites will be appropriate in size for the students frame and will be clean, pressed and in good condition.

DRESS CODE

1. Wear burgundy scrubs and white lab coat (purchased from the bookstore) if you are in the Medical Assisting (MA) or Phlebotomy (PBT) program. Business attire should be worn for those in the Certified Coding Specialist (CCS-P) or Medical Administrative Specialist (MAS) programs. **Please avoid:** shorts, skorts, tee shirts, sweatshirts, jumpsuits, or excessively short skirts
2. Clean comfortable shoes must be worn—no sandals or shoes with open toes. MA or PBT program shoes should be white, but black or a color that matches the uniform are acceptable. CCS-P or MAS shoes must be dress shoes. Make certain the shoes are not sport shoes with colored markings. Clean knee-highs, panty hose or socks should be worn
3. Name tag from Glen Oaks Community College Student Services must be worn during all clinical experiences. Tag will be ordered the first day of class
4. Hair should be clean and out of the face. Hair should be pulled back into a pony tail if possible during labs and clinical experiences
5. Nails short—clear or no polish. Nails are not to extend beyond the fingertip. Artificial nails are discouraged as most health care facilities do not allow them
6. Earrings should be small and modest. Hoops and dangling earrings are discouraged because they can catch on hair and clothing, machinery, or be grabbed by a patient or child. Other visible body piercings (eyebrow, tongue, nose, lip or ear) should be kept small or removed if possible. Plain wedding band are best, and wearing more than one or two rings is discouraged. A watch with a second hand or digital timer if necessary
7. Visible tattoos/body art should be covered if possible. If body art contains offensive language or images then it must be covered
8. Gum chewing or smoking during practicum, inside or outside of the facility is discouraged. Avoid smoking in scrubs or business attire as the smell permeates clothing
9. No strong fragrances
10. Keep clothes neat, clean, and a wrinkle free as possible and make sure shoes are clean. Uniform must be washed after each clinical experience.

**GLEN OAKS COMMUNITY COLLEGE
DIVISION OF ALLIED HEALTH
PRACTICUM CHECKLIST/WORKSHEET**

Name _____ Phone # _____ E-mail _____

Practicum Discipline/Course Number _____ Required Hours _____

Semester Practicum Scheduled _____

KEEP THIS CHECKLIST HANDY AND USE IT TO KEEP ON TRACK OF PRACTICUM REQUIREMENTS

___ Practicum Application Form completed

___ Schedule an appointment with Christina Steele, Director of Allied Health, at csteele@glenoaks.edu, or with Anne Fries, Executive Assistant, at afries@glenoaks.edu

___ Submit copy of your resume to Anne Fries afries@glenoaks.edu for file

ITEMS BELOW SHOULD BE DONE AT LEAST 8 WEEKS PRIOR TO SCHEDULED PRACTICUM START DATE UNLESS OTHERWISE NOTED

___ ICHAT Criminal Record Background Check

___ Drug Screening (drug screen should not be done any earlier than 3 weeks prior to beginning practicum appointment set by Anne Fries in Allied Health Office)

___ Current CPR card (Medical Assistant students will complete CPR in MA-112)

___ Proof of Hepatitis B immunization or titer that shows immunity

___ Proof of MMR immunization or titer that shows immunity

___ Negative Tb test

___ Proof of Varicella immunization or titer that shows immunity

___ Tdap vaccination within the last 10 years

___ Influenza vaccination within past 12 months

___ Proof of Covid vaccination

___ Completed Physical Form Submit completed health form ***four weeks prior*** to start of your practicum course)

Note: Core Curriculum must be 100% completed in order to start first practicum (GPA 2.5 or better in all ALH courses with overall GPA of 2.5 to participate in practicum). See counseling office or Allied Health Program Director for help.

How to Complete the ICHAT Michigan Criminal Background Check

What is ICHAT?

The Internet Criminal History Access Tool (ICHAT) is a public, self-serve website managed by the Michigan State Police. Record searches will only display criminal records occurring in Michigan up to the date the report is requested.

Why is ICHAT Required?

The CHDV program requires that students successfully complete field experiences with a licensed child care provider. A provider's license may be jeopardized if the State of Michigan learns through the required criminal history background clearance that they or an adult age 18 and over who is employed by them or in practicum with them, has a pending criminal charge or has been convicted of certain various crimes.

In order for the Program to be in compliance with Michigan Licensing Rules for Child Care Centers, Public Act 116 of 1973, a Criminal Background investigation is required of all students completing field experience(s) at Early Learning Children's Center (EarlyLCC).

Admission to the Program may be denied for felony and certain misdemeanor convictions. For more information on the State of

Michigan Licensing Rules for Child Care Centers:

http://www.michigan.gov/documents/lara/BCAL_PUB_8_3_16_523_999_7.pdf

How to Complete the ICHAT

1. The ICHAT is done online. There is a **\$10.00 fee** paid online with a credit or debit card
2. Complete the registration to create an account
3. Login to enter ICHAT
4. Enter your information for the Background Search
5. Checkout to submit payment
6. View Responses
7. Print your Michigan criminal history report
8. Submit a copy of your ICHAT report to a Lab Instructor on or before the first day in lab

Detailed Directions

1. Go to <https://apps.michigan.gov> to access the ICHAT website.

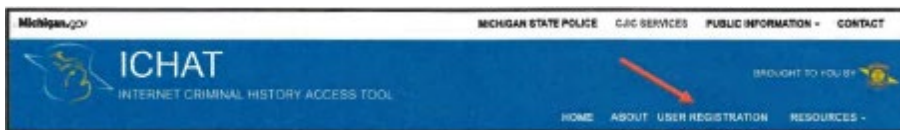


How to Register as a User in the new ICHAT system

- All users who want to be part of an agency or company account and/or all users who want their search and payment history stored will need to register in the new ICHAT system, regardless of registration in a previous version of the ICHAT system.
- Go to the website and click “Get Started” from the top menu.



- On the Log In page, click “User Registration” from the top menu.



- On the “User Registration” page provide the requested information. The following fields are required:
 - First and Last Name
 - Email and Confirm Email
 - Phone Number
 - User ID, Password, and Confirm Password
 - Answers to Security Questions
- Click “Submit”

What is the name of your Favorite football team?



- **An email will be sent with a link to activate the account. Click on the link to be returned to the ICHAT system.**

From: MSP-CIID-ICHATHelp@mlchigan.gov [mailto:MSP-CRD-ICHATHelp@mlchigan.gov]
sent: Wednesday, November 01, 2017 3:34 PM
To: Frleda-Friendly@email.com
Subject: Email Verification
Hi Frieda Friendly, You successfully registered into ICHAT system. Please activate your account by clicking on the link below:
[https://ichat.state.mi.us/HomeNalidateEmail?
AuthenticationVerification""IIGFfc.l/rl68bhFloGflp,RbeAIEX3zsXwbm0a4/RINGWttAL5XBCCc179YNmg
2NYcYOSfh05ELIH6GEvOrlDyX'WA=&Person ID""263](https://ichat.state.mi.us/HomeNalidateEmail?AuthenticationVerification=)
ICHAT Team
Michigan State Police

- **Once the user account is activated, click “home” from the top menu, and click “Log In.”**
- **On the Log In Page, enter the chosen Username/Email and correlating password.**
- **Read the “terms and Conditions” before clicking “I accept the Terms and Conditions of using ICHAT as a Registered User”, then click “Log In.”**

If you have questions or need additional assistance:

ICHAT Coordinator 517-241-0713

Help Desk 517-241-0606

MSP-CRD-ICHATHELP@michigan.gov

How to Run a background search in the new ICHAT system

- To begin, select the reason for a search from the drop down list. Your search reasons and fee will vary depending on your type of user and agency account.

| |
|-----------------------------|
| I - Select Search Reason -- |
| Employment |
| Housing |
| Licensing |
| Other |

- Next, enter the required fields: First Name, Last Name, Date of Birth, Race, and Gender.
- If you click “Additional Names”, you can enter maiden or alias names.
- If you know a person’s State Identification (SID) criminal record number, you can enter that instead of the other fields.
- In the Miscellaneous Number field, you may also make a comment on the search that will carry through to the search results.

Reason for Search*

First Name

Middle Name

Last Name*

Suffix

Date of Birth*

Race*

Gender

SID

Additional Names>>

Miscellaneous Number (Maximum number of characters left: 13)

Information populated in the Miscellaneous Field will be printed on the individual record response, and may be used as an identifier specific to an individual for use by an agency. Example: State issued personal ID number, or U.S. Passport number, etc. A Social security number should not be used in this field.



- Make sure the information you enter is valid and accurate. If you complete a search with invalid information, you will not get the correct search results.
- When you have finished entering your search data, click “Submit”.
- The completed search will appear in your Order Review cart. You can either run another search or Check Out.
- The shopping cart can be viewed by clicking on the cart icon either next to the submit button or on the right side of the screen.
- The number listed on the cart indicates the number of searches in the cart, not the “hits” on the name provided.
- To remove or delete a search from the shopping cart, click the red “X” on the right.
- The cart will display the detail information on each search, the amount for individual searches, as well as the total amount due for all searches in the cart.
- Government agencies and non-profit charitable organizations may waive fees for employees and volunteers, but must pay for other searches.
- The user can “Select All” to check out all the searches. The user can also check out searches individually. The shopping cart will retain the search criteria for three days before deleting the searches, so it is important to check out within three days of running the searches.
- If all of the searches are fee-waived or invoiced, the user will be able to see the results on the check out.
- If any of the searches are being paid with a debit/credit card at the time of search, the user will be directed to the third party vendor to make the payment before viewing the search results. Once the full payment for the amount due is received, the user will be able to view the search results.

Order Review ? Subtotal:

\$10.00

There are pending searches waiting to be processed in your Shopping Cart. Click the box to the right of each record for all searches you would like to process, or Select All at the bottom. To remove an individual record from the Shopping Cart, click the red "X" to the right of each record, or Click on Remove All items at the bottom to clear your Shopping Cart.

JOHN DOE

\$10.00

DOB: 11115/1993

Race: W

Gender: M

Created Date: 1/512018 2:52:50 PM

Reason: Employment

Search type: Free

JANE DOE

\$10.00

DOB: 8i2/1987

Race: U

Gender: F

Created Date: 1/5/2018 2:46:56 PM

Michigan State Police ICHAT Payment Request

Welcome to the CEPAS Credit Card Processing Payment Module for the Michigan State Police ICHAT. This process is being used as a secure means of processing credit card authorizations. Payment may be made with a valid Discover, MasterCard, or Visa.

To begin the payment process, click on "NEXT" in the box below.

Glen Oaks Community College cannot guarantee that the State of Michigan will issue you a certification for nurse aide or that an employer will hire you, if you have felonies or misdemeanors on your record that fall under the category which exempts an individual from working in the health care field, **even if they are several years in the past.**

Full disclosure of any convictions is **REQUIRED**, and the Consent Form enclosed requires you to state your complete understanding of this issue. Please see the attached sheet titled "STUDENTS WITH CRIMINAL CONVICTIONS SHOULD CONSIDER ANOTHER PROFESSION", and Glen Oaks policy #3.21E also attached.

You need to return the Criminal Record Check Consent Form and a copy of your completed ICHAT check to the Allied Health office to register for the class.

Further questions on

ICHAT can be

directed to:

Phone (517) 241-0606

FAX (517) 241-0866

E-Mail: mssp-crd-ichathelp@michigan.gov

NURSING & ALLIED HEALTH POLICY
CRIMINAL BACKGROUND CHECK POLICY

Changes are taking place within the healthcare facilities at the national and state levels in order to maintain the safety of clients within their agencies who are receiving care.

In September 2004 the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), **now known as The Joint Commission (TJC)**, which accredits healthcare facilities across the nation, enforced background screening and has set requirements mandating that students in a healthcare field must now complete the same background check as hospital employees.

February 2006, Governor Jennifer Granholm signed legislation to strengthen criminal background checks in long term care facilities stating, "This legislation is to protect our state's most vulnerable citizens". Long term care will include skilled nursing facilities, long-term care hospitals, hospitals with swing beds, intermediate care facilities for persons with mental retardation, home health agencies, residential care and assisted living facilities and hospices. This law is in effect as of April 1, 2006.

To be in compliance with TJC requirements, the above law and the Michigan Compiled Laws Section 333.20173a, students in nursing and allied health programs must complete background investigations to be able to use clinical sites. The student will incur the cost of the background investigation either directly or through course fees. Make sure that you are following directions from your programs prospective department before starting any background investigation.

Admission or readmission to any healthcare program will be denied for the following:

Certain felony convictions or attempt/conspiracy to commit a felony within 15 years preceding the date of admission; such as criminal sexual conduct, abuse or neglect, health care fraud involving a firearm, prescription drugs or similar felonies. For a full list of **felonies**, see MCL 333.20173a at <http://www.legislature.mi.gov>. **OR** any misdemeanor within 10 years prior to application that involved or is similar to the following:

1. Abuse, neglect, assault, battery
2. Criminal sexual conduct
3. Fraud or theft against a vulnerable adult (as defined by the Michigan penal code or similar misdemeanor in state or federal law), but not limited to such crimes against a vulnerable adult.
4. Criminal activity involving controlled substances such as sale, possession, distribution or transfer of various narcotics or controlled substances.

For a full list of **misdemeanors**, see MCL 333.20173a at <http://www.legislature.mi.gov>.

Once admitted to an Allied Health/Nursing program or nurse aide course, students subsequently convicted of crimes listed above will be dismissed from the Allied Health/Nursing Program or Nurse Aide Course. It is the student's responsibility to report changes in the status of his/her criminal background to the Director of Allied Health or Nursing no later than 3 days after the occurrence.

Adopted 4/12/06, revised 2/10, 2/13, 2/16

NURSING AND ALLIED HEALTH SUBSTANCE ABUSE POLICY

Many federal and state laws are now in effect to protect the safety of patients. Healthcare agencies are now charged with certain actions to protect the safety of the public from employees who are working under the influence of drugs/and or alcohol or who have criminal backgrounds. Students in nursing and healthcare occupations must be in compliance with these agency stipulations in order to participate in clinical experiences/externships.

To comply with our agency contracts, drug plus alcohol screening is incorporated into the health status evaluation required prior to entrance to each Nursing and Allied Health Program.

Positive test results will result in denial of admission/readmission.

The student will incur the cost of drug plus alcohol screening. The nursing and allied health department contracts with an outside agency to conduct these services.

January 2004 Governor Granholm signed a law that says “it is now a misdemeanor punishable by up to 180 days in jail and /or a maximum fine of up to \$1,000.00 to be a drunk health care provider who conducts any part of his or her practice with a blood alcohol level of 0.05 or higher”. Therefore, GOCC reserves the right to drug plus alcohol screen nursing and allied health students when behavior or conduct makes staff/faculty suspect substance abuse. The student will incur the cost of any drug plus alcohol screening.

***Note: Some health care agencies used for clinical experiences/externships are initiating random drug plus alcohol screening for staff and students assigned to their agency.**

Refusal to allow mandatory or requested drug plus alcohol screens in the clinical agency will result in immediate program dismissal and potential college disciplinary actions. Please refer to Glen Oaks Community College Catalog for the Student Code of Conduct which describes behaviors that will result in disciplinary action.

Adopted 4/12/06, reviewed 9/17/14

IMMUNIZATION POLICY

Immunization policy records are maintained by the allied health department to meet requirements of contracts we must maintain with practicum sites that participate in the education of our students, and must be adhered to by all students. Entry into the program will be denied to anyone not willing to follow the policy since we would not be able to place you in a practicum, therefore making it impossible to complete the program.

Students entering Glen Oak's Allied Health program are required to submit evidence of immunizations or immunity as follows:

- Measles, Mumps and Rubella (MMR)
- Hepatitis B (or declination)
- Chicken Pox (Varicella)
- Tuberculin (Tb) testing
- TDaP
- Influenza (flu)
- Covid vaccination

GLEN OAKS COMMUNITY COLLEGE ALLIED HEALTH PROGRAM PHYSICAL FORM

STUDENT:

When you see your Health Care Provider, it is important that **YOU** request all information on the Health Examination form to be completed before the form is returned to the Allied Health Department at Glen Oaks Community College. Your final admission to the program could be delayed if it becomes necessary for us to return the form for information not reported completely.

This information is required to meet qualifications to participate in the Allied Health program. This requirement is necessary for patient, student, and faculty safety and liability protection, as well as to fulfill contractual agreements with various health care organizations that share their facilities as teaching sites for GOCC's students.

Ask your Health Care Provider to complete ALL information and SIGN the form. You should especially review the following:

1. A response must be provided by the Health Care Provider for all areas of Part III - Medical Examination.
2. All vaccinations must be documented by the provider's office or immunization record.

Please return the Health Examination Form in person, or ask your physician's office to scan/e-mail to afries936@glenoaks.edu.

Dates for completion of Health Form:

Submit completed health form ***eight weeks prior*** to start of semester in which your practicum is to take place.

The physician's statement in Part III of the completed physical exam form must indicate that there are **NO** medical reasons that will keep you from participating in the Allied Health program.

GLEN OAKS COMMUNITY COLLEGE ALLIED HEALTH PROGRAM PHYSICAL FORM

MEDICAL HISTORY

PART I AND PART II ARE TO BE FILLED OUT BY ALL APPLICANTS TO ALLIED HEALTH PROGRAMS.

Return form no **earlier** than 6 to 8 weeks before start of your first semester in your chosen program.

INSTRUCTIONS: Completion of this form is necessary for your program requirements. **Complete Part I and II before going to your Health Care Provider.**

This information will be treated confidentially.

_____ Birthdate____/____/____
Last Name First Middle Month Day Year

Home Address_____ Telephone #_____
Street City State Zip

PART I PERSONAL HISTORY

1. Check if you ever had or now have any of the following conditions: Hypertension___ Heart Disease___
Tuberculosis___ Diabetes___ Obesity___ Epilepsy___ Hernia___ Asthma___ Neurologic Disorder___
Hepatitis___ Kidney Disease___ Convulsions___ Nervous Tendencies___ Recurrent Headaches___
Sleep Apnea___ Eye Trouble___ Back Injury___ Cancer___ Psych History___ Drug Use___ Allergies___
LMP___ HIV___ AIDS___ MRSA___ VRE___ Other_____

Explain any conditions you have checked_____

2. Have you ever been hospitalized? _____ If yes, give reasons_____

3. Do you have any physical impairment such as paralysis, loss of limbs, loss of vision, impaired hearing, impaired speech, back problems, severe heart disease? If yes, explain

4. Are you now under medical care? _____ If yes, explain _____

5. Do you take any medications regularly? _____ If so, what _____

In submitting this health record, I certify that I have given accurate information to the best of my knowledge.

STUDENT'S SIGNATURE_____ DATE_____

PART II EMERGENCY INFORMATION

In case of emergency, the following person(s) may be contacted.

_____ Relationship to you_____
Name Phone # 1

PART III CLINICAL EVALUATION

Please indicate normal/abnormal by check mark. DESCRIBE ABNORMAL FINDINGS IN SPACE BELOW.

| | Norm. | Abn. | | Norm. | Abn. |
|---------|-------|------|-----------------------|-------|------|
| BMI | | | Lungs and Chest | | |
| Skin | | | Spine | | |
| Head | | | Pelvic (if indicated) | | |
| Eyes | | | Abdomen | | |
| Ears | | | Varicose Veins | | |
| Nose | | | Musculoskeletal | | |
| Throat | | | Inguinal Hernia | | |
| Thyroid | | | Neuro | | |
| Heart | | | Menses | | |

Describe abnormal findings (use separate letter if comprehensive report is necessary):

Is there any mental, emotional or physical condition for which the student should remain under observation?

THIS STATEMENT MUST BE ANSWERED: In your opinion, is the student able to participate in an Allied Health program that includes a practicum?

Yes _____ No _____

If no, please explain:

Signature of provider: _____

Please print name and Credential: _____

Office Address: _____

Office Phone: _____

LATEX ALLERGY POLICY

Allergic responses to latex can be life threatening. Please be advised, you are responsible for informing the College if you suspect you have a latex allergy. Testing to identify the allergy must be completed prior to admission or once it is manifested. **Students with a known latex allergy must** obtain a physician release for clinical rotations and sign a letter of understanding releasing the College and Clinical agencies from responsibility, including medical liability, should a reaction occur.

The College will provide latex and powder free gloves for lab and clinical experiences. Should the clinical agency/practicum site to which you are assigned **NOT** provide latex free gloves, you will be responsible for providing your own gloves.

If the allergy is severe, you will be required to have an EpiPen on your person at all times.

STANDARD PRECAUTIONS

The Centers for Disease Control (CDC) recommend the following practices for the prevention of blood-borne pathogens. Training on these guidelines is mandated annually for all individuals who are identified as at-risk to occupational exposure for blood-borne pathogens.

Hand Care:

1. Wash hands with soap and water frequently.
2. Wash hands before and after all patient care. Wash hands immediately after exposure to blood and/or body fluids and after removing disposable gloves.
3. Avoid chapped and cracked hands if possible. Use a water-based hand lotion frequently (Petroleum-based products and Vaseline break down latex).

Protective Barriers: (should be worn at all times when working with blood and blood products or body fluids or waste that may contain blood)

1. Protective eyewear should be worn whenever there is a risk of eye splash.
2. Gowns should be worn when risk of contamination to clothes, feet or face.
3. You must wear gloves for all procedures that involve exposure to blood, other body fluids, or broken skin. There are several kinds of gloves for different situations.
 - Examination gloves are worn during procedures that do not require a sterile environment.
 - Sterile gloves are used for sterile procedures such as minor surgery or urinary catheterization.
 - Utility gloves (used when cleaning up) are stronger than disposable gloves and may be decontaminated and reused if they show no signs of deterioration (including discoloration) after use.

Individuals with open or draining lesions should not work directly with other people (health care students, food servers) while lesion is open or draining.

Do NOT recap, shear, or break needles at any time.

Discard needles and sharp objects in protective containers immediately.

Sterilize or disinfect reusable equipment that is to be used for more than one person. Do NOT share equipment between roommates or friends.

Place items that contain a lot of blood in a red biohazard plastic bag in a Sharps container.

Do NOT pick up broken glass with bare hands. Wear utility gloves or sweep it up. Dispose of broken glass in biohazard container that does not allow others to be cut.

Mouthpieces or resuscitator bags should be used whenever resuscitation is carried out.

GLEN OAKS COMMUNITY COLLEGE

Allied Health Signature Page

Division of Allied Health

Student Confidentiality Statement

I, _____ understand that in the performance of my duties as an Allied Health student, I am required to have access to and am involved in the processing of client care data. I understand that I am obliged to maintain the confidentiality of this data at all times, both at work and off duty. I understand that a violation of these confidentiality considerations may result in disciplinary action, including dismissal from the program. I understand that I could be subject to legal action and/or fines. I certify by my signature that this matter of maintaining confidentiality has been discussed with me in all areas concerning the privacy of client information.

Signature

Date

Receipt of Handbook

This handbook was developed to assist students throughout the Allied Health programs. Students are expected to be familiar with the information provided in this handbook and the Glen Oaks Community College catalog. For clarification of information provided in this handbook, please contact the Program Director.

I have received a copy of the Medical Assistant Student Handbook, which describes the information with which I am to be familiar.

Student Signature

Date

Standard Precautions

I, _____ have been instructed in the Standard Precautions including blood borne pathogens, use of personal protective equipment, aseptic techniques, and the handling of bio-hazardous waste and sharps.

Student Signature

Date

Latex Allergy Release Form

I, _____, release Glen Oaks Community College and Clinical Agencies from any responsibility, including medical liability, should a latex allergy reaction occur. If my allergy is severe, I will carry an EpiPen at all times.

Student Signature

Date

Human Subject Consent Form
Medical Assistant/Phlebotomy Programs

Instructor: _____ Program: _____

You are being asked to perform and serve as a subject for one or more of the following invasive procedures: venipuncture, subcutaneous injection, intradermal injection, intramuscular injection, capillary stick. Standard procedures will be used. Risks, which are believed to be minimal, include bleeding under the skin, allergic reactions and/or infection.

You have the right to refuse to perform the procedure/s and/or participate as a subject without any penalty other than losing the educational opportunity. Simulator equipment will be provided as an alternative to a human subject.

In these exercises you may be asked to draw blood from others and to handle blood samples. You will be shown the safest methods for doing this and will be under instructor supervision. However, there are diseases which can be transmitted in blood should you inadvertently stick yourself with a needle, ingest a part of the sample or allow the blood to come in contact with an open wound. Hepatitis is the most common infection to be transmitted in this way. In theory, HIV can be transmitted in this way, but chances of this occurring are remote.

In the event that your participation in this exercise results in an exposure, injury or illness to you, we will assist in referring you for appropriate care at your own expense, and no other compensation will be available. Also, should any complication occur, I will not hold Glen Oaks Community College, nor the professors, ALH instructors, or other students responsible for my injuries.

If someone should have exposure involving my body fluid or blood, or if I am exposed to another's fluids, I agree to have a blood test to determine my HIV (Human Immunodeficiency Virus) status with a week of the incident and again three and six months later. I further agree to allow the results of these blood tests to be shared with the person who has come in contact with my blood.

I further understand that there is a potential risk for Hepatitis C transmission through contaminated blood. If I choose to be tested for Hepatitis C antibodies, I would be personally responsible for the costs.

AUTHORIZATION: I have read the above and understand the discomforts, inconvenience and risks of this learning experience. I, _____, agree to participate in the experience by performing the procedure and/or being a subject for the procedure. I understand that I may later refuse to participate or that I may withdraw from the experience at any time. I know that a copy of this consent form is in my student file and I may review or copy it on request.

Student Signature

Date

Glen Oaks Community College
Release of Liability, Indemnification, and Assumption of Risk
Nursing and Allied Health Programs

As consideration for permitting me to participate in the Nursing/Allied Health Program (hereafter the "Program") offered by Glen Oaks Community College ("College"), I agree as follows: To comply with and follow all protocols, guidelines, or other safety procedures; follow all safety rules of the program, instructor and College; and inform the instructor or College of conduct or condition that might endanger self or others.

RISK FACTORS. I understand that work in a clinical setting involves inherent risks including, but not limited to, risks of bodily injury, and exposure to communicable and infectious diseases, including, for example, HIV, hepatitis, and COVID-19, which can lead to illness or death. I am participating in this program by my own free will and choice. No one is forcing me to participate or to accept these risks, and I am doing so to further my personal educational goals. I am accepting the risks of disease and injury with full knowledge and understanding of those risks.

ASSUMPTION OF THE RISK. I expressly and voluntarily consent and agree to assume full responsibility for all damages or injury that may arise out of or result from my participation in the Program.

RELEASE OF LIABILITY AND INDEMNIFICATION. I, on behalf of myself, my heirs, executors, agents, administrators, assigns and all other persons claiming through me, voluntarily agree to and hereby knowingly, fully and completely waive and release College, its officers, directors, employees, affiliates, subsidiaries or agents from any and all claims, demands, causes of action that might hereafter be asserted, arising out of, or in any way connected with, my participation in the Program. This waiver and release includes, but shall not be limited to, waiver of the right to initiate, proceed with, or participate in any state or federal lawsuit, any administrative complaints, statutory or common law claims, or civil rights charges, that may arise against the College, its officers, directors, employees, parents, affiliates, subsidiaries or agents out of or in connection with my participation. I also agree to defend, protect, indemnify and hold harmless College, its officers, directors, employees, parents, affiliates, subsidiaries or agents from any and all claims, demands, causes of action that might hereafter be asserted, arising out of, or in any way connected with, my participation.

INSURANCE. I understand College does not carry participant insurance, and that I will be solely responsible for any medical, health or personal injury costs relating to my participation in the Program.

SEVERABILITY. This Release represents the complete understanding between the parties regarding these issues addressed herein and no oral representations, statements, or inducements have been made apart from this Release with respect to the issues herein. If any provision of this Release is held to be unlawful, void, voidable, or for any reason unenforceable, then that provision shall be deemed severable from this Release and shall not affect the validity and enforceability of any remaining provisions.

Student Name: _____ Date of Birth: _____

PARTICIPANTS AGED 18+

AUTHORITY TO EXECUTE. Student warrants that he/she is of legal age and authorized to enter into this Release, that Student has read this Release carefully, understands its terms and conditions, acknowledge that Student is giving up substantial legal rights by signing it (including student’s rights and the rights of student’s heirs and next of kin and any legal and personal representative, executors, administrators, successors and assigns), acknowledge that Student has signed this Release without any inducement, assurance or guarantee, and intends for Student’s signature to serve as confirmation of Student’s complete and unconditional acceptance of the terms, conditions, and provisions of this Release.

Signature: _____ Date: _____

PARTICIPANTS UNDER AGE 18

This is to certify that I, as parent/guardian with legal responsibility for _____ (student name), do consent and agree to all of the provisions of the above AGREEMENT, and for myself, my heirs, assigns, and next of kin, I release and agree to defend, indemnify and hold harmless the College, and its Board Members, Officers, Employees, Volunteers and Students from any and all liabilities related to my minor child’s participation in the program, related events and activities, even if arising from the acts and/or omissions of the College, and its Board Members, Officers, Employees, Volunteers and Students.

I further acknowledge, that this Agreement, includes, but shall not be limited to, waiver of the right to initiate, proceed with, or participate in any state or federal lawsuit, any administrative complaints, statutory or common law claims, or civil rights charges, that may arise against the College, its officers, directors, employees, volunteers and students arising out of or in connection with my minor’s participation in the program.

By my signature, I signify that I have read and understand the Agreement and agree to its terms, that by that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature

Emergency Phone Number

**GLEN OAKS COMMUNITY COLLEGE
ALLIED HEALTH DEPARTMENT
PRACTICUM APPLICATION INSTRUCTIONS**

A Practicum is an unpaid learning experience.

The following must be completed no later than 1 week after ALH program start date:

1. Schedule an appointment with the Program Director to discuss your practicum
2. Complete the Practicum Application Form and begin working on requirements on Practicum Checklist Worksheet
3. Prepare and submit a professional looking resume that includes your Glen Oaks education
4. Submit all forms to the Allied Health Department office, via email to afries936@glenoaks.edu.

Please Use the Practicum Checklist Worksheet to keep track of required documentation and due dates!!!

The practicum will be delayed if the above requirements are not met and/or not completed before the start of the semester the practicum is to begin.

**PRACTICUM APPLICATION FORM
FOR ALLIED HEALTH PROGRAMS**

Name (First, Last, MI): Click or tap here to enter text.

Student ID#: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

PRACTICUM SITE PLACEMENT

1. Are you willing to accept a practicum that has hours beyond the normal work day?
Yes No
Does that include weekends? Yes No
2. Since you are required to provide your own transportation to and from the practicum site, do you anticipate any problems or limitations? Yes No
If yes, please explain: Click or tap here to enter text.
3. Please note any additional factors that should be taken into consideration in making your practicum assignment, such as physical handicap and/or any special need(s), personal circumstances, relationships, etc. Click or tap here to enter text.
4. Do you plan to work the semester you are in the practicum? Yes No
If yes, how many hours per week will you work? Click or tap here to enter text.
5. Do you have any preferences in terms of location or specific sites? **(This does not guarantee that you will be placed there.)** Click or tap here to enter text.
6. State any other factors that you believe should be considered in assigning you to a practicum site. Click or tap here to enter text.

Practicums cannot be done at your current employment site

GOCC Library DATABASES

Alt HealthWatch

<https://gocc.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?authtype=ip,uid&profile=ehost&defaultdb=awh&groupid=main>

CINAHL - Cumulative Index to Nursing and Allied Health

<http://gocc.idm.oclc.org/login?url=http://search.ebscohost.com/login.aspx?authtype=ip,uid&ustid=s8995469&profile=ehost&defaultdb=c8h&groupid=main>

Consumer Health Complete

<https://gocc.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?authtype=ip,uid&profile=ehost&groupid=main&defaultdb=c9h>

Consumer Health Information - Arabic

<https://gocc.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?authtype=ip,uid&profile=chinara&groupid=main>

CREDO Reference (Nursing and AH books only)

<https://gocc.idm.oclc.org/login?url=http://www.credoreference.com/credomap.do>

Greater Midwest Region National Network of Libraries of Medicine

<https://nmlm.gov/gmr>

Health Source - Consumer Edition

<https://gocc.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?authtype=ip,uid&profile=ehost&defaultdb=hxh&groupid=main>

Health Source: Nursing/Academic Edition

<https://gocc.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?authtype=ip,uid&profile=ehost&defaultdb=hch&groupid=main>

MedlinePlus

<https://medlineplus.gov/>

PubMed

<https://www.ncbi.nlm.nih.gov/pubmed>
