# MCC
# Medical Assisting
# Handbook

*Excellence Without Exception*

# Welcome

I would personally like to welcome you to the Medical Assisting Curriculum at Montgomery Community College and the profession of medical assisting.

Medical Assisting is projected to be one of the fastest growing health care professions in the next ten years. The need for health care is universal and the health sciences have a direct, or indirect, influence on the life of every individual. The faculty and staff at MCC, as well as myself, are here to provide you with guidance and assistance as you educate and prepare yourself to work in the field. You will be caring for people of all ages, different personalities, different cultural backgrounds, and who are experiencing a variety of medical conditions. Professional Medical Assisting is a career, not just a job, and the Certified Medical Assistant is a valued member of various health teams formed to provide necessary health care.

I am sure that you will find a career in medical assisting as a CMA (AAMA) both challenging and rewarding. My door is always open to you and I value your comments and suggestions.

Again, welcome to the profession!

*Amanda*

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The Montgomery Community College Medical Assisting AAS Program, Troy, NC is accredited by The Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Medical Assisting Education Review Board (MAERB).

- Commission on Accreditation of Allied Health Education Programs (CAAHEP)
  9355-113th Street North, #7709
  Seminole, FL 33775
  (727)210-2250
  **www.caahep.org**

- Medical Assisting Education Review Board (MAERB)
  2339 N. California Avenue
  #47138
  Chicago, IL 60647
  (312)392-0155
  **www.maerb.org**

Graduates of CAAHEP accredited medical assisting programs may be eligible to sit for the American Association of Medical Assistants' Certification Examination to become Certified Medical Assistants.

American Association of Medical Assisting (AAMA)
20 N. Wacker Dr. Suite 3720
Chicago, IL 60606
(312) 899-1500
www.aama-ntl.org

## CONTENTS

## Medical Assisting Mission Statement

To prepare medical assistants who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

## The Medical Assisting Education Review Board

The Medical Assisting Education Review Board (MAERB) is a Committee on Accreditation (CoA) for the Commission on Accreditation for Allied Health Education Programs (CAAHEP). As a CoA of CAAHEP, MAERB performs the everyday work of accreditation for medical assisting education programs: setting up and conducting site visits, organizing, and reviewing annual reports for compliance with established outcome thresholds, providing workshops, resources, and training for programs and site surveyors; and submitting recommendations for CAAHEP Board Action.

MAERB works collaboratively with CAAHEP to develop the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*. To guide the medical assisting programs accredited by CAAHEP, MAERB has created the MAERB Policies and Procedures Manual that works in conjunction with CAAHEP's Policies and Procedures Manual.

## Criminal Records, Drug Testing and Health Screening

Applicants accepted for admission to health services programs at Montgomery Community College are required to complete a criminal background check, drug screening, and possibly a finger print check after notification of acceptance and prior to participation in onsite clinical practicum training which is unpaid. Based on the results of the checks, hospitals or clinical affiliates where the student will participate in on-site training, may deny access to their facility, resulting in the student's inability to complete the clinical portion of training. **Students unable to complete the clinical practicum of his or her training will be unable to progress in the program.** Students are responsible for paying all costs associated with this requirement. Clinical affiliates require all students that participate in clinical activities and patient care at their facility have a criminal record check prior to clinical rotations. This mandate is a recommendation from the Joint Commission on Accreditation of Healthcare Organizations.

To fulfill contractual agreements with clinical affiliates, all Medical Assisting students are required to submit an official criminal record check prior to participating in clinical rotations. The Medical Assisting Program Head/Director will collect and forward all reports to all clinical affiliates. Then in turn, each clinical affiliate will make their decision about granting student clinical privileges on an individual-by-individual basis. Any allegations or charges of a misdemeanor(s) or felony(s) that occur after the criminal record check has been originally submitted must be reported to the Medical Assisting Program Head/Director.

Each clinical affiliate has the right to deny student's access for clinical rotations based upon criminal record. This denial would result in the student's inability to complete the clinical course for the Medical Assisting program and subsequently, the student would not be able to progress in the Medical Assisting program.

**Note:**
As of January 2001, students who have been convicted of a felony are not eligible to sit for the AAMA Certification Examination. The Certifying Board may grant a waiver based on one or more of the mitigating circumstances listed in the AAMA Disciplinary Standards.

## Definition of a Certified Medical Assistant

Medical assistants are the only allied health professionals specifically trained to work in ambulatory settings (such as physicians' offices, clinics and group practices). The demand for CMAs is expanding rapidly. According to the United States Bureau of Labor Statistics, Medical assisting is projected to be one of the fastest growing professions for many years to come.

Certified Medical assistants are multiskilled health professionals specifically educated to work in ambulatory settings performing administrative and clinical duties. The practice of medical assisting directly influences the public's health and well-being, and requires a master of complex body of knowledge and specialized skills requiring both formal education and practical experience that serve as standards for entry into the profession. Duties vary from office to office, depending on office, location, size, and specialty. This versatility is especially valuable to physicians concerned with cost containment and effective use of human resources.

Clinical duties include but are not limited to:

1. Obtain medical histories.
2. Obtain and record vital signs.
3. Explain treatment procedures.
4. Prepare patients for examinations.
5. Assist physician with examination procedures.

6 Prepare patients for minor surgeries.
7 Collect and prepare laboratory specimens.
8 Perform basic laboratory tests.
9 Perform diagnostic testing.
10 Phlebotomy (draw blood).
11 EKGs, x-rays.
12 Administer medications.
13 Telephone prescriptions to a pharmacy.
14 Authorize drug refills as directed.
15 Instruct patients about medications and special diets.
16 Remove sutures, provide wound care.

Administrative duties include but are not limited to:

1 Update and file patient records.
2 Code insurance claims.
3 File insurance claims.
4 Schedule appointments.
5 Definition of a Certified Medical Assistant
6 Make necessary referrals as directed.
7 Handle billing and bookkeeping.
8 Handle correspondence.
9 Transcription.
10 Arrange for hospital admissions and laboratory services.
11 Handle inventory and ordering of facility supplies.

Medical Assistants deal with the public; therefore, they must be neat and well-groomed and have a courteous, pleasant manner. Medical Assistants must be able to put patients at ease and explain physicians' instructions. They must respect the confidential nature of medical information. Clinical duties require a reasonable level of manual dexterity and visual acuity

Most employers prefer to hire graduates of formal programs in medical assisting. Two agencies accredit programs in medical assisting: the Commission on Accreditation of Allied Health Programs (CAAHEP) and the Accrediting Bureau of Health Education Schools (ABHES). MCC is accredited by CAAHEP. Successful completion of the medical assisting curriculum at MCC awards an Associate in Applied Science Degree. In view of the preference of many health care employers, job prospects should be best for medical assistants with formal training and certification.

The American Association of Medical Assistants (AAMA) offers the Certified Medical Assistant (CMA) credential – the only medical assisting organization recognized by the American Medical Association. The National Board of Medical Examiners – responsible for many national examinations for physicians – serves as test consultant for the AAMA's Certification. As a result, the reliability and validity of the CMA credential is of the highest order.

Employment growth will be driven by the increase in the number of group practices, clinics, and other health care facilities that need a high proportion of support personnel, particularly the flexible medical assistant who can handle both administrative and clinical duties. The Medical Assisting program at MCC in affiliation with the American Association of Medical Assistants is providing a valuable service to the medical assisting profession, employers of medical assistants, and most importantly, our community. The Certified Medical Assistant is becoming the allied health professional of choice for this decade and the next century.

# Academic Requirements

The majority of the Medical Assisting curriculum involves approximately six or more hours, per day, of classroom or clinical work and at least three or more hours per day of homework and study. Students are required to maintain a GPA of 2.0 or greater to remain in the program with a grade of "B" (80) or better in each MED course. Failure to remove academic probation during the following semester will result in termination from the Medical Assisting curriculum.

It is recommended that Medical Assisting students, if employed, work only part-time due to heavy class requirements. Please prepare your families for the increased time requirements.

### Medical Assisting Student
### Evaluation, Assessment, and Grading

Students are required to successfully complete all MED courses with a passing grade (as outlined on each individual course syllabi), meeting all prerequisites to progress in the program. Success in the program also depends upon the completion of all courses in the sequence identified in the Medical Assisting Program of Study. To qualify for Clinical Practicum, the medical assistant student must have completed all MED courses with a passing grade (as outlined in individual course syllabi) and demonstrate entry-level competency in all competencies identified.

**Grading Policy and Pass Score for Cognitive Domain Objectives**

All cognitive objectives are graded using percentages listed below. Cognitive objective assessments can be subject to automatic point deductions in the event of excessive absence.

**A 90-100**
**B 80-89**
**F 79-0**

The medical assisting grade scale takes precedence over the grade scale published in the MCC Student Handbook and MCC Catalog for students in the Medical Assisting Curriculum.

**Grading Policy and Pass Score for Psychomotor and Affect Objectives**

All psychomotor and affect domain competencies must be completed with a passing score in 100% of all Medical Assisting courses to progress. Evaluation sheets or competency rubrics, include the performance objective, anticipated outcome, conditions, and standards, and are reviewed with students prior to the graded evaluation. Students are given three opportunities to demonstrate satisfactory competency in ALL psychomotor and affective domains as listed in the Medical Assisting Education Review Board (MAERB) Educational Competencies for a Medical Assistant (ECMA). If the student fails to demonstrate competency, the course that contains the competency will not be considered passing (regardless of numerical average of the course work) and the student will receive an "F" for the course.

## Medical Assisting Course Prerequisites Required and/or Strongly Suggested

| MED Course | Prerequisites |
|---|---|
| MED 122 – Med Term II | MED 121 |
| MED 131 – AOP II | MED 130 |
| MED 140 – Exam Rm Proc | Current enrollment in MED 121, current enrollment in 166. |
| MED 240- Exam Room Proc II | MED 140 |
| MED – 272 – Drug Therapy | MED 240, enrollment or completion MAT 110 |
| MED 150 – Lab Proc | MED 240, BIO 166 |
| MED 260 – Med Clinical Extern | Completion of all MED Courses and current Enrollment in MED 264 |
| MED 264 – MA Overview | Completion of all MED Courses and current Enrollment in MED 260 |

# Medical History Report

Each Medical Assisting student accepted into the curriculum is required to submit a medical history report completed by their physician. The report must include TB and serology test results, as well as, the date that the student received their MMR/Rubella vaccination or titer, Varicella vaccination or titer, DTAP series and Tdap or Td vaccine, COVID vaccine, and Influenza along with the other specified information. The student must also provide a record indicating that they have received the Hepatitis B vaccine or sign a form declining the vaccination.

All students are required to submit a completed medical form (attached) before the end of the fall semester. Hepatitis B **must be completed, currently receiving vaccines, or a signed declination** before the start of Spring Semester of Clinical Practicum.

**Initial PPD (TB) testing requires a 2-step test**. An updated PPD (TB) testing is required every subsequent year. Students must provide documentation of freedom from tuberculin infection on the physical form prior to entry into the program and clinical experience. Students will also be required to present verification of current up-to-date immunization status. Failure to maintain immunizations may jeopardize the student's ability to participate in clinical activities. (Refer to Admission Health Form for questions about which vaccines/titers are required). **PPD (TB) testing must be updated prior to practicum.*

Students must submit a second completed physical during their second fall semester. Failure to submit the second medical history form in a timely manner will disqualify the student from MED 260 Medical Clinical Externship.

Should a student have changes in his/her medical condition from what is documented on the student medical history form, it is required that they notify the Director of the program within **48 hours** of the change. Changes in condition that must be communicated include, but are not limited to pregnancy, childbirth, fractures, all surgical procedures, etc. The student is to provide a release by the medical professional providing care in order to return to the classroom, lab, and/or clinical setting. All areas must be addressed on the medical release. During the active dates under the care of a medical professional through the release date, access will be denied to re-enter the classroom, lab, and/or clinical setting.

Immediate dismissal from the program will result if this policy is breached by the student. As determined by the Director of the Medical Assisting Program, when the student is unable to complete course requirements the student will be withdrawn from the course and subsequently unable to progress in the program or an incomplete grade will be issued to the student. If applicable, the student may reapply to the program using the readmission/advanced standing policy.

**Specific Admission Information:** In addition to the general admission requirements for the College, Medical Assisting students must have the physical ability to reach and stand for sustained periods and must have visual acuity to determine accuracy,

neatness, and thoroughness of work, as well as auditory competence and manual dexterity. Students must have documentation of passing a physical examination and Hepatitis B series before entering Clinical Practicum. Additionally, current CPR certification is required prior to the clinical externship.

**Note: Clinical practicums are supervised by an instructor and an on-site resource person.**

MCC and their contractual practicum facilities assume no liability financially or otherwise for illnesses and/or injuries incurred by students while performing required learning-centered, clinical practicum activities.

## Healthcare Program Technical Standards

The following guidelines are utilized in admitting qualified students. The activities identified below are examples of physical and emotional activities which a student in the Health Science Program must be able to perform for the successful completion of the program. If an applicant believes that he or she cannot meet one or more of the standards without accommodation or modification, the applicant should consult Counseling and Career Services.

A. Critical thinking: Health Science students shall possess critical thinking ability sufficient for clinical judgment.
   Example: Students must be able to identify cause and effect relationships in clinical situations, develop or participate in development of nursing care plans.
B. Ethical behavior: Health Science students will provide services with respect for human dignity and uniqueness of the client unrestricted by consideration of social or economic status, personal attribute, or the nature of health problems.
   Example: Students will care for clients assigned regardless of race, religion, or diagnosis.
C. Legal behavior: Health Science students will provide care within the scope of practice as stated in the NC NURSING PRACTICE ACT or guidelines for respiratory therapy, radiography and surgical technology.
   Example: Students in the nursing program will learn to assess the patient's physical and mental health.
D. Interpersonal skills: Health Science students shall possess interpersonal abilities sufficient to interact with individuals, families, groups, etc. from a variety of psycho-social cultural backgrounds.
   Example: Students shall establish rapport with clients and health care team members.
E. Communication skills: Health Science students shall possess communication abilities sufficient for verbal and nonverbal interaction with others.

Example: Students shall be able to explain treatment procedures to clients/family, document client responses, and report to other responses to nursing care.

F. Mobility: Health Science students shall possess physical abilities sufficient to move from room to room and maneuver in small spaces, stand and walk for extensive periods of time.
   Example: Students will be able to move around in client's room, move from room to room, move in small work areas, and administer CPR.
G. Motor skills: Health Science students shall possess gross and fine motor skills sufficient to provide safe and effective nursing care.
   Example: Students shall be able to calibrate equipment, position clients, administer injections, insert catheters.
H. Hearing skills: Health Science students shall possess auditory ability sufficient to monitor health needs and collect data.
   Example: Students shall be able to hear alarms, listen to heart and breath sounds, and hear a cry for help.
I. Visual skills: Health Science students shall possess visual ability sufficient for observation and data collection.
   Example: Students shall be able to observe the color of skin and read the scale on a syringe.
J. Tactile skills: Health Science students shall possess tactile ability sufficient for data collection.
   Example: Students shall be able to detect pulsation and feel skin temperature.
K. Weight-bearing: Health Science students shall possess the ability to lift and manipulate/move 40-50 pounds.
   Example: Students shall be able to move equipment, position patients.

## Medical Assisting Transfer of Credits

Applicants wishing to transfer credit without an MED prefix from another institution must request official transcripts showing credit earned before any evaluation toward credit can be made. No grade lower than a "B" may be transferred. The Vice President of Student Services determines the final decision on non-MED transfer credit.

All courses beginning with the MED prefix submitted for transfer of credit **must** be from a CAAHEP accredited Medical Assisting Curriculum or a member college of the North Carolina Community College System. No grade lower than a "B" may be transferred. Both the Vice President of Student Services and the Director of Medical Assisting will determine the final decision of MED transfer credit. The college reserves the right to proficiency test the applicant requesting transfer credit on any theoretical or clinical course, or any course repeated with the original grade being lower than a "B".

In order to be eligible for the AAMA CMA Certification Examination based on academic credit transfer from a program not accredited by CAAHEP or ABHES, the following

criteria must be met:

1. The medical assisting academic credits received at such non-accredited programs must fall within the 36 month period prior to the date of graduation from the accredited program.
2. Fifty (50) percent of the required medical assisting academic credit from the accredited program must be acquired from the accredited program granting the diploma/certificate/degree.

The student must also pass two mock CMA certification exams given in MED 264 Medical Assisting Overview. If an applicant cannot pass these mock exams, the Director of Medical Assisting reserves the right to refuse the signing of the student's application for admission to the national AAMA CMA Certification Examination until these conditions are met.

**Transfer Credit, Advance Placement, Experiential Learning Credit and Distance Education:**

The Medical Assisting Program will not accept credit that is awarded for courses/classes taken at a non-accredited school and/or MA program. The Medical Assisting Program does not accept Advance Placement or experiential learning credit. The Medical Assisting Program does not accept or provide distance education.

## Montgomery Community College
## Medical Assisting Program
## Policies

### PROBATION

If at any time prior to the midpoint of any semester, the student's theory or clinical grades do not meet the academic requirements set forth as passing in the medical assisting program, which are outlined on pages seven - eight, the student will be placed on probation for the remainder of the semester and notified of such in writing. If, however, the student maintains a passing average until the end of the semester or examination period, but does not earn a passing grade, it is not required of the instructor to give written probation. Due to curriculum design and course content, probationary periods may continue into the next semester, which allows the student ample opportunity to improve their unsatisfactory GPA. If the student fails to achieve a satisfactory GPA in the next semester, the student may be suspended from the program. Students are allowed only two re-entries into the program due to academic reasons.

### SUSPENSION

Failure to earn the required minimum passing grades outlined on page seven for each major course at the end of any semester of failure to maintain a quality point average of 2.0 (after two semesters) will result in suspension from the medical assisting program.

## RE-INSTATEMENT

In order for a student who has been removed from the Medical Assisting Program, because of failing grades, to return to the Medical Assisting Program, the student must retake the courses he/she failed ( if prerequisites dictate), and earn the required scores.

A student who fails to complete the Medical Assisting Program in three years may be asked to retake and pass the entire program beginning with the first semester. This includes completing the application process.

## WITHDRAWAL

The medical assisting faculty reserves the right to counsel students and suggest withdrawal from the program of any student when scholastic standings, infraction of clinical rules and regulations, health, lack of interest and growth in the program, conduct or gross incompetence, lack of personal qualifications for the medical profession, or other reasonable causes make such action necessary.

All students will be given a midterm evaluation of grades and performance during each semester. If, at this time, the instructor feels that the student, due to reason of unsatisfactory theory grades, lack of interest, health, or any other reasonable cause, cannot successfully complete the program/class, the student may be requested to withdraw.

## Dismissal

Grounds for dismissal are as follows:

- Problems with physical or emotional health that do not respond to appropriate treatment and/or counseling within a reasonable period of time.

- Indulging in alcoholic beverages or using drugs such as marijuana or heroin or abuse of any other drug or medication that interferes with the ability to function.

- Failing grades in theory or clinical areas of major courses (the student must pass both in order to continue).

- Attitude or behavior not conductive to the learning process and/or inappropriate for the medical assisting profession:
  a. Class disruption that interferes with the learning process of other students.
  b. Indifference to or lack of interest in medical assisting.
  c. Inability to work with or get along with others.
  d. Inability to communicate appropriately with patients, instructors, or hospital personnel.
  e. Lack of cooperation with others.
  f. Incidence of unsafe practice.

g. Gross unprofessional conduct.

The members of the medical assisting faculty are legally responsible for the actions of each student, therefore, they reserve the right to refuse to take a student into the clinical area, or allow the continuation of the externship experience, if he or she feels that the student would be unsafe due to inability, attitude, or behavior.

The Medical Assisting Director /Senior Instructor will provide the student, in writing, documentation of the event or events, leading to the decision of program dismissal. A copy of this documentation will also be given to the Dean of Health and Human Services and the Vice President of Instruction and Student Services for their review and/or discussion.

**Cell Phones**

Cell phones are not to be used in any MED class or lab. This includes breaks and times between classes. Although you may bring phones into the classroom and labs, they must be set on "silent" and **never** answered in class. If you receive an emergency call you must leave the classroom to answer the call. Should you receive an emergency call while taking an exam or quiz, you must notify the instructor before leaving the classroom. Failure to abide by this rule will result in the dismissal from the class and receiving an absent for the day, or receiving a failing grade on an exam or quiz. Frequent emergency call will be scrutinized by the instructor.

## Student Attendance Policy

**Classroom Attendance**

**Theory Component**

It is the philosophy of the Medical Assisting faculty that students entering the workforce must demonstrate dependability and work ethic. Therefore, attendance in the Medical Assisting Program is viewed as an integral part of the student's overall education. Violations of the attendance policy are viewed as class disruptions and as an indifference to or lack of interest in medical assisting. Both of which are listed as grounds for program dismissal. Each student is encouraged to view attendance seriously and to adhere to the attendance policy.

Each instructor is to keep a daily record of student attendance on the class report form. Tardiness will also be recorded.

Students must attend at least 90% of the class meetings in order to pass a course. Exceptions to this policy may be allowed only in cases of extreme circumstances as determined by the Program Director, on an individual basis. Absences within a semester cannot exceed the number of class sessions per week. Also, being late 3 times in a semester will result in an absence. Any student arriving to class, lab, or

clinical more than 15 minutes late or leaving more than 10 minutes early will result in an absence for that day.

If a student is to be late or absent, he/she is to notify the instructor prior to the beginning of class. Failure to notify the instructor will constitute an unexcused absence. An absence will be determined excused or unexcused by the Program Director, or course instructor. If the student's absence requires a doctor's visit, a note from the doctor is to be given to the instructor on the first day of returning to class.
If the Medical Assisting Director and/or faculty believes that a student's physical or mental health is interfering with the student's academic and/or clinical performance, the faculty may require the student to submit a written statement from an appropriate health care provider (i.e. physician, psychiatrist, psychologist) indicating that the student is physically and/or mentally capable of continued participation in the classroom and/or clinical settings. Upon consultation with the Dean of Health and Human Services, and review of the written statement from the health care providers, the VP of Instruction and Student Services will determine if the student may continue in the Medical Assisting program. The VP of Instruction and Student Services will notify the student, in writing, of the decision.

A student who violates the attendance policy may be given an "F" for the course. Also, the student may not be allowed to continue in the Medical Assisting program.

**Clinical Component**

Students are required to be in attendance and punctual. Absences from clinical experiences are allowed only in case of extreme circumstances as determined by the Program Director, on an individual basis. Also, tardiness beyond ten minutes constitutes an absence.

If a student is to be late or absent, he/she is to notify the instructor **AND** the clinical site preceptor/coordinator, prior to the beginning of a clinical experience. **DO NOT** leave messages. Failure to notify both the instructor and clinical site preceptor will constitute an unexcused absence. An absence will be determined excused or unexcused by the Program Director. If the student's absence requires a doctor's visit, a note from the doctor is to be given to the instructor on the first day of returning to the clinical area.

A student who violates the attendance policy will be given an "F" for the clinical evaluation. Also, the student will not be allowed to continue in the Medical Assisting Program.

If a student has one "No Show" (constitutes no communication to MA Program Director and/or clinical site manager/preceptor the day of absence,) the program director reserves the right to dismiss the student from the program entirely (including MED 260 and MED 264) without a probationary period. Not communicating with your program director or site manager/preceptor is absolutely unacceptable and will not be tolerated.

In the event that a student is given an unsatisfactory clinical evaluation during any part of their externship, they may be removed from the clinical site, and their evaluation reviewed. If these unsatisfactory scores are given in areas (designated on your syllabus) in which unsatisfactory performance is deemed a critical infraction and/or legal liability to the school or physician's office, the student will not be allowed to continue in the program. Once a student has been removed from their assigned clinical site and it is deemed necessary to remove them from the program, they will need to apply for entry into the MED Clinical Externship the following year. Students will be required to take basic courses over, before reinstatement, which will provide needed review of course content or skill that was judged unsatisfactory while in clinical. Time limitations on course repetition and program repetition, addressed in this handbook, will also apply.

## Dress Code

Students are required to comply with the dress code of the assigned institution and the Medical Assisting program. Any student not complying with the dress code will be dismissed from class, lab, and/or clinical for the day and will be given an absence.

## MCC Medical Assisting Student Uniform Guidelines

- Uniforms must be the color and style determined by the Director of the Medical Assisting Program.
- Uniforms should be clean, without wrinkles, lint, stains, or odors, including fabric softening perfumes.
- Pant legs should not touch the ground at any time.
- Supplied name tags should be worn at all times and should not be altered in any way.
- Hair styling should be simple, neat and moderate. It must be kept clean and out of the face.
- Hair must be off the collar in the front. Long hair must be worn up or neatly pulled back and fastened securely or braided. No ponytails. No "bed head" styles. Unprofessional hairstyles will result in poor professionalism evaluations.
- Headbands or ribbons are not to be worn. Hair clasps that are inconspicuous may be used to pull long hair back. (Clasps and hair pins should be the same color as your hair. No brightly colored hair clasps.) Large, multi-layered bows are not allowed. Hair ornaments are to be avoided.
- Teeth must be in good state of repair to avoid bad breath and promote good health.

- Breath freshness should be considered a must. Remember that certain foods and smoking can create mouth odor. You need to feel comfortable in your close contact with the client.

- Gum chewing while in uniform is not allowed. If you need to chew gum after a meal to freshen your breath, do so, and dispose of the gum before returning to class or clinical.

- Cosmetics should be skillfully applied and natural looking.

- Heavy eye shadow and false eyelashes are not permitted. No dark or sparkle shades. Keep eyes looking natural.

- The length of the nails should be fairly short and well rounded. Long nails must be cut or the professionalism evaluation will be poor. No airbrushed, artificial, or polished nails are allowed.

- White/black shoes (dictated by uniform color) which afford good foot support are needed. Either lace or slips on styles are appropriate. No open toes or heels.

- The shoes must be kept clean, well-polished and shined and laces are to be kept clean.

- Shoes with run-down heels contribute to foot, leg, and back fatigue. Avoid run down heels.

- White/black support hose or tights are to be worn with the appropriate uniforms.

- Leggings, textured or patterned hose or socks are **not** to be worn.

- A watch with a good second hand (sweep) is needed for patient care.

- Wedding rings and engagement rings are permissible. No other rings are allowed: i.e., no pinkie rings, etc.

- Silver, gold or pearl stud ear jewelry may be worn. NO DANGLING EARRINGS OR LOOPS ARE PERMITTED. NO DOUBLE EARRINGS ARE PERMITTED. Small, flat, gold or silver earrings, which do not hang off the ear are permissible. Only one earring in each ear is allowed.

- A simple gold or silver 15' - 20' necklace may be worn around the neck, if left inside the uniform neck. **The necklace should not be exposed on the outside of the uniform.** Preferably, a necklace will not be worn. They only lend themselves to being easily broken.

- Bracelets or anklets are **not allowed.**

- No visible body piercing. (Eyebrows, tongue, lips, etc.)

- No visible tattoos allowed.

- The approved lab jacket selected for the program may be worn with the uniform when the student would otherwise wear a sweater.

- The lab jacket must be kept clean.

- When representing the program (out of uniform) the student should wear the lab jacket.

**PLEASE NOTE**: OSHA regulations may dictate whether or not a lab jacket is allowed in the clinical area. Please follow the office policy.

## Classroom Regulations

1. All classes begin as scheduled unless otherwise specified. Students are expected to report on time.

2. All tests and examinations are to be completed in **black ink** unless otherwise specified and on regular 8 ½" x 11" paper, or on forms provided by the instructor.

3. All tests and examinations (except online classes) are to be completed in the classroom in the presence of the instructor or proctor.

4. Students are to have their textbooks, supplies, and notebooks with them at all classes. Students cannot begin a class without having the appropriate book.

5. Students should be neatly and properly dressed attending class. Extreme clothing (i.e. too tight, graphic language/pictures, etc.) is not appropriate.

6. Students are to participate in keeping all classrooms and laboratories neat, clean, and in order.

7. **ABSOLUTELY NO CHILDREN** are allowed in the classroom or lab setting.

## MCC Medical Assisting Infection Control for Students

### *Exposure/Post-Exposure Control Plan (ECP)*

**Purpose.** The purpose of an Exposure Control Plan (ECP) is to significantly reduce, minimize and/or eliminate employee/student bloodborne pathogens exposures through emphasizing the control of exposures and the use of engineering controls to make a safer workplace. This Plan is prepared from the official Occupational Safety & Health Administration (OSHA) working model Exposure Control Plan published by OSHA and revised 2003 and is maintained by all faculty in the Health Science Division.

**Exposure Control Plan Policy.** Stanly Community College Health Science Division is committed to providing a safe and healthful learning environment for our faculty and students. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to minimize occupational exposure to bloodborne pathogens (BBP) in accordance with OSHA standard 29 CFR 1910.1030 known as the Occupational Exposure to Bloodborne Pathogen (OSHA 3186-06R, 2003).

### Program Administration (Classroom and Lab/Simulated Areas)

The faculty is responsible for the implementation of the ECP. The faculty maintains, reviews, and updates the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. The contact location is the address and phone number of this facility. Those faculty and students who are determined to have

occupational exposure to blood or other potentially infectious material(s) (OPIM) must comply with the procedures and practices outlined in this Plan.

The Program Director will provide all the necessary personal protective equipment (PPE) and engineering controls, labels, and red bags as required by the standard. The faculty will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Each Program Director will be responsible for ensuring that all medical actions required are performed and that appropriate OSHA health records are maintained.

The faculty is responsible for training, documenting of training, and making the written ECP available to employees, students, OSHA, and NIOSH representatives.

**Definitions**

Bloodborne Pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

Contaminated: the presence, or reasonably-anticipated presence, of blood or other potentially-infectious materials on an item or surface.

Contaminated Sharps: any contaminated object(s) that can penetrate the skin.

Engineering Controls: controls (e.g., sharps disposal containers) that isolate or remove the bloodborne pathogen hazard from the workplace.

Needleless Systems: a device that does not use needles for

(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;

(2) the administration of medication or fluids; or

(3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure: any reasonably-anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially-infectious materials that may result from the performance of an employee's duties.

Sharps with Engineered Sharps Injury Protections: a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Other Potentially Infectious Materials:

(1) The following fluids: semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, anybody fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

(2) An unfixed organ or tissue (other than intact skin) from a human.

(3) HIV-containing cells or tissue cultures, organ cultures, and HIV- or HIV-containing culture medium or other solutions, blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Personal Protective Equipment (PPE): specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, blouses) are not considered to be personal protective equipment.

Regulated Waste: contaminated items that would release blood or other potentially-infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially-infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially-infectious materials.

Universal Precautions: an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens.

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

**Faculty/Student Exposure Determination**

a. Programs with Occupational Exposure:
b. The programs where faculty/students may have occupational exposure to infectious materials include all Health Science Programs.
c. Location of Procedures:
    a. Most Health Science Programs perform invasive procedures and injections in
d. Clinical facilities. Everyone is responsible for handling medical wastes and contaminated laundry in the medical area.
e. Exposure Identification:
        i. The Health Sciences Division must provide training once a year on bloodborne
        ii. pathogen standard topics, request HBV immunizations at student cost, and require PPE
        iii. in the facility labs to protect faculty and students from potential exposures.

**Categories of Workers at Risk:**

**Examples are:**

**High Exposure** Health Science faculty and students and all persons potentially exposed to pathogens regularly.

**Low Exposure** Dean, Instructional Assistant and other clerical staff with no usual contact with exposed blood products**.**

## Methods of Implementation and Control

This facility practices Standard Precautions in its regular daily activities. The concept presumes that the blood and body fluids of all patients are potentially infected with HIV, HBV, HCV, and other bloodborne pathogens and utilization begins in the classroom. All faculty/students potentially exposed to infectious materials utilize Standard Precautions.

Blood and body fluids, which are potential carriers of pathogens, include cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic, and vaginal and semen fluids, as well as feces, nasal secretions, sputum, sweat, tears, urine, saliva, breast milk, or wound drainage even when visible blood is not present.

A reasonable likelihood of occupational exposure may exist where these procedures are performed:

- Injections and immunizations
- Handling contaminated sharps
- Performing lab tests on infectious body fluids
- Invasive procedures
- Vaginal exams and procedures
- Starting IV's, spinal taps, phlebotomy
- Major and minor surgical procedures
- Cleaning up body fluid spills
- Dressing changes and wound care
- Handling contaminated laundry
- Direct care of clients with open sores or wounds
- Handling boxes or bags of infectious wastes

## Engineering Controls and Work Practices

In areas where there is a risk of potential bloodborne exposure, efforts are made to prevent or minimize exposure to bloodborne pathogens. For example, this facility uses available safety syringes to reduce potential needle stick accidents and no glass capillary tubes are used in the clinical laboratory to reduce cuts.
Other engineering controls include storage of hazardous chemicals away from the learning areas if not immediately needed and/or substitution of these hazardous chemicals with less-hazardous chemicals and materials.
Sharps disposal containers are inspected and maintained by faculty weekly and sealed and discarded when they fill up to the mark indicating 75 percent full.
Faculty addresses and corrects unsafe conditions. Faculty evaluate new procedures and new products for the safety of the faculty/students. If they are unsafe, we seek ways to maintain safety.

To make the work environment safer, the faculty discuss how accidents, near-accidents and potential accidents could happen in their area and make changes toward higher safety levels. Faculty/students are invited to suggest new ways of making the learning environment safer and to participate in the correction.

## Personal Protective Equipment (PPE)

PPE is provided. Each department provides training in the use of the appropriate PPE for specific tasks or procedures.
The types of PPE available to faculty/students include, but not limited to, handwashing, gloves, eye protection, gowns, needles, spills, contaminated laundry, and sharps containers.PPE is located in learning areas and may be obtained through the faculty/preceptors and/or supervisors.

All faculty/students using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in dirty linen hampers or isolation trash cans.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

## Housekeeping and Infectious Waste Disposal

a. Biohazard Waste:

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling. All those who dispose of regulated waste in a facility shall follow facility policy for disposal of biohazard waste.

b. Sharps:

Contaminated sharps are discarded immediately or as soon as possible in containers that are closeable, puncture resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps containers are located in areas where invasive procedures are performed.

c. Contaminated Instruments/Equipment:

Bins and pails, such as wash or emesis basins, are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware, which may be contaminated, is only picked up using mechanical means, such as a brush and dustpan.

d. Laundry:

Laundering in the clinical facility is performed by facility policy.
The following laundry requirements must be met inside the facility:

- Handle contaminated laundry as little as possible with minimum agitation.
- Place wet contaminated laundry in a leak-proof, labeled, or color-coded container before transport.
- Wear the following PPE when handling and/or sorting contaminated laundry: protective gloves, protective apron, gown or similar protective garment, and safety goggles if it is necessary.

**Labels for Warning and Information**

Red bags or biohazard labels are to be affixed in the required places, including refrigerators containing blood or OPIM, equipment contaminated by blood or OPIM, and regulated waste containers. Students are to notify the faculty if they discover regulated waste containers, refrigerators containing blood or OPIM, or contaminated equipment without proper labels.

**Post-Exposure Evaluation and Follow-Up (at the employee/student expense)**

Should an exposure incident occur, contact the Program Director/ Practicum Coordinator/ Instructor immediately. The Program Director/ Practicum Coordinator /Instructor will complete the Exposure Identification
Form (EIF) and refer the student for confidential medical and follow-up evaluations immediately as appropriate.

Following the initial first aid (clean the wound, flush eyes or other mucous membranes,

etc.), the following activities will be performed.

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual unless the employer can establish that identification is infeasible or prohibited by state or local law.
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV

Infectivity; document that the source individual's test results were conveyed to the student's health care provider.

- If the source individual is already known to be HIV, HCV and or HBV positive, new testing need not be performed.
- Assure that the exposed student is provided with the source individual's test results and with results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual, such as laws protecting confidentiality.
- After obtaining consent, collect the exposed student's blood as soon as feasible after the exposure incident, and test blood for HBV, HCV, and HIV serological status.

The EIF identifies related injuries and illnesses and is used to classify work-related injuries and illnesses and to note the extent and severity of each case.

Record those work-related injuries and illnesses that result in:

- death,
- loss of consciousness,
- days away from work,
- restricted work activity or job transfer, or
- medical treatment beyond first aid.

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum.

**You must record the following conditions when they are work-related:**

- Any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
- Any case requiring a faculty/student to be medically removed under

the requirements of an OSHA health standard;
- Tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other license health care professional after exposure to a known case of active tuberculosis.

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum.

**You must record the following conditions when they are work-related:**

- Any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
- Any case requiring a faculty/student to be medically removed under the requirements of an OSHA health standard;
- Tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other license health care professional after exposure to a known case of active tuberculosis.

**The Program Chair/ Practicum Coordinator/ Instructor will review the circumstances of all exposure incidents to determine:**

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used including type and brand
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (O.R., E.R., patient room, etc.)
- Procedure being performed when the incident occurred
- Employee's/Student's training

## Employee/Student Training

All students and employees in the Medical Assisting Program who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by designated Medical Assisting Program Director and Clinical Instructional Faculty. These individuals who are familiar and are trained in Laboratory Safety, OSHA Standards as it relates to Health Care Facilities and associated with the Bloodborne pathogens standards.

All students who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers at a minimum, material documented in the Bloodborne Pathogens Policy.

- A copy and explanation of the standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information of its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine is available at student cost
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow, if an exposure incident occurs, including the method of reporting the incident and the medical follow up
- Information on the post-exposure evaluation and follow-up that the student is required to provide to the College following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard
- An opportunity for interactive questions and answers with the person conducting the training session

**Record Keeping**

1. Training Records
   a. Training records are completed for each student upon completion of training.
   b. These documents will be kept for at least three years by the Program Director.

The training records must include:

- The dates of the training sessions
- The contents or summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Student training records are provided upon request to the student or the student's authorized representative within 15 working days. Such requests should be addressed to the Medical Assisting Program Director. Medical Records. Medical records are maintained for each student with occupational exposure. These confidential records are kept in the student's medical file.

***OSHA Record-keeping***
The Dean/Program Director who evaluates and records the exposure incident maintains exposure record keeping for OSHA. To maintain employee confidentiality, these records are kept separate from the employees'/students' personal files in a locked area.

**Standard Precautions Guidelines (Subject to Change)**
Standard Precautions apply to all clients receiving care in health care agencies, regardless of their diagnosis or presumed infection status.

**Standard Precautions apply to anticipated contact with:**

- Blood
- All body fluids, secretions, excretions (except sweat)
- Non-intact skin
- Mucous membranes
- Contaminated instruments

**Standard Precautions include all of the following:**

A. HANDWASHING

1) Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items. Wash hands immediately after gloves are removed, between client contacts, and when otherwise indicated to avoid transfer of microorganisms to other clients or environments. It may be necessary to wash hands between tasks and procedures on the same client to prevent cross-contamination of different sites.
2) Use a plain (no antimicrobial) soap for routine handwashing.
3) Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (e.g. control of outbreaks), as defined by the agency's infection control program.

B. GLOVES

Wear clean, nonsterile gloves when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same client to prevent cross-contamination of different sites. Remove gloves promptly after use, before touching non contaminated items and before going to another client, and wash hands immediately. Never wash gloves.

C. MASK EYE PROTECTION, FACE SHIELD

Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and client care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

D. GOWN

Wear a clean, moisture-proof (impervious) nonsterile gown to protect skin and to prevent soiling of clothing during procedures and client-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible, and wash hands.

E. PATIENT-CARE EQUIPMENT

Handle client-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other clients and environments. Ensure that reusable equipment is not used for the care of another client until it has been cleansed and reprocessed appropriately. Ensure that single-use items are discarded properly.

F. ENVIRONMENTAL CONTROL

1) Follow agency's policy for cleaning, disinfection of environmental surfaces (e.g. bedside equipment)
2) Handle and transport specimens of blood and body fluids according to agency policy.
3) Clean spills of blood & body fluids appropriately.
    i. Clean visible soil first.
    ii. Use an appropriate disinfectant.
    iii. Use appropriate personal protective equipment (PPE).

G. LINEN

Handle, transport, and process used linen soiled with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing, and that avoids transfer of microorganisms to other clients and environments.

a. Hold linen away from uniform
b. Do not shake or fan linen
c. Transport linen contaminated with blood or body fluids in leakage resistant bags with one gloved hand.

H. OCCUPATIONAL HEALTH AND BLOODBORNE PATHOGENS

1. Prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles, or otherwise manipulate then using both hands, and use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique of a mechanical device that holds the needle sheath. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, located close to the area in which the

items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area.

2. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

3. Do not care for clients if you have open or draining lesions.

**Standard Precautions**

- Designed for the care of all patients, regardless of a known infection status.
- Use for contact with blood/body substances, non-intact skin, mucous membranes, contaminated items.
- Use for contact with blood/body substances, non-intact skin, mucous membranes, contaminated items.
- Use in all healthcare settings.
- Use for known and unknown infection sources.

**Standard Precautions Include:**

- Treat all blood and body fluids (not patients) as potentially infectious.
- Use proper hand hygiene procedure after contact with blood or body substances.
- Wearing appropriate personal protective equipment (PPE).
- Handle sharps carefully and dispose in sharps containers appropriately.
- Do not recap needles.
- Use approved safety sharp devices and always activate the safety mechanism.
- Eating, drinking, applying cosmetics, smoking, or handling contact lenses are prohibited in work areas where blood exposure could occur.
- Perform procedures to minimize splashing or spraying.
- Do not store food or drink in areas where blood or body substances are present.
- Follow procedures for routine cleaning and disinfection of the environment.
- Handle soiled equipment to protect yourself, patients, and the environment from the spread of germs.
- Clean, disinfect, or sterilize reusable equipment between patients.
- Place specimens in appropriate containers during collecting, handling, processing, storing, transporting, or shipping. Use biohazard labeling.
- Remove broken glass by mechanical means such as tongs, forceps, or dustpan and brush.
- Do not reach into a container with bare hands.
- All soiled linens are considered contaminated.
- Gloves are an adjunct to, not a substitute for hand hygiene!

## Bloodborne Pathogens

- Bloodborne pathogens are disease-causing germs carried by blood and other body fluids.
- Human immunodeficiency virus (HIV), hepatitis B virus, and hepatitis C virus are the most common bloodborne pathogens.

**Bloodborne Pathogens Are Spread By:**

- Puncture wounds/needle sticks
- Splash to mucous membranes or open areas of skin
- Sexual contact
- Mother to baby

**HIV**

- The virus that causes AIDS.
- The average risk for health care workers after exposure to HIV is about 1 in 300.
- Symptoms include flu-like symptoms, fatigue, fever, swollen lymph nodes, diarrhea, and night sweats.

**Hepatitis B Virus**

- Referred to as the greatest risk to healthcare workers after exposure.
- May cause severe illness, liver damage, and death.
- Symptoms include fatigue, nausea, jaundice, abdominal pain, abnormal liver tests, and loss of appetite.
- Hepatitis B virus can live up to 7 days at room temperature on an environmental surface in dried blood.
- After exposure, it can take 2-6 months for Hepatitis B to develop.
- Vaccinations begun immediately after exposure to the virus can often prevent infection.

**Hepatitis C Virus**

- Previously known as non-A, non-B hepatitis.
- Symptoms include anorexia, vomiting, vague abdominal discomfort, jaundice, and nausea.

**The following information deals with the Medical Assisting program policy for handling infectious disease:**

A. Immunosuppressed students or students who have active infections will not be allowed in clinical areas. The student may be required to make up missed clinical time according to attendance policies and available time.

B. Exposure to blood or other body fluids.
   1. Exposure includes percutaneous injury with a contaminated sharp object (needle, lancet, broken slide, etc.) and exposure of mucous membranes or open skin lesions to blood or body fluid of client.

Immediately wash affected area with soap and water (or as directed)

2. It will be the **student's responsibility** to advise his/her instructor and office preceptor **immediately** when an incident has occurred. The instructor will notify the Associate Dean of Health and Public Services who will notify the Vice-President of Students and follow the policies of the clinical agency and/or the school.
3. A Student Exposure Incident Report must be completed and filed.
4. Student will report to appropriate (specified by site) area to start recommended treatment when indicated.
5. It is advised that all students carry health insurance, which will cover health care expenses incurred in the confidential medical evaluation/treatment measures following exposure to infectious diseases.

**PPD (TB) testing is required every year**. Students must provide documentation of freedom from tuberculin infection on the physical form prior to entry into the program and clinical experience. Students will also be required to present verification of current up-to-date immunization status. Failure to maintain immunizations may jeopardize the student's ability to participate in clinical activities. (Refer to Admission Health Form for questions about which vaccines/titers are required). **PPD (TB) testing must be updated prior to practicum.*

**Hepatitis B Vaccine Policy**

Faculty will provide allied health students education at orientation (beginning of Fall Semester) regarding risk of exposure to Hepatitis B during clinical experiences in allied health programs. Students are encouraged to begin and complete this series prior to practicum. At the discretion of the student's physician, and at the student's own cost, students should be evaluated for: (one of three choices is required)

1. Hepatitis B antibody titer showing immunity
2. Receive the 3 recommended doses of Hepatitis B vaccine
3. Sign a release/waiver form.

**Hepatitis B Vaccine**

- After **completing the series of three immunizations**, the Hepatitis B vaccine provides protection by building up a sufficient level of antibodies.
- **The vaccine is specific to hepatitis B and is not effective against other types of hepatitis nor does it protect against the HIV or AIDS virus.**
- **You may want to consult your physician before taking the vaccine.**
- **You should not take the vaccine**:
  - If you have an allergy to yeast.
  - If you are pregnant or nursing.
  - If you are planning to become pregnant within the next six months.
  - If you have had a fever, gastric symptoms, respiratory symptoms, or other signs of illness in the last 48 hours.

**Use of Human Subjects:**

The purpose of the Montgomery Community College (MCC) Use of Human Subjects Policy is to protect the rights and welfare of human subjects through the review of educational practices and potential research projects. MCC encourages and supports the scholarly endeavors of its students, faculty, and staff. When such scholarly work involves the use of human subjects for training and/or data collection and analysis, the proposed educational practices and research projects will be reviewed to ensure that:

- The rights and welfare of human subjects are protected
- Risks have been considered and minimized
- Potential for benefit has been identified and maximized
- All human subjects only volunteer to participate in research and/or training after being provided with legally effective informed consent
- Any research and educational practice is conducted in an ethical manner and in compliance with established standards, including handling all private information with confidentiality.

## Clinical Regulations

1. Students are expected to report to all clinical assignments on time and in appropriate attire, according to the assigned dress code.

2. Students are expected to be prepared to provide appropriate care to all clients.

3. Students are to deliver safe, competent care.

4. Students are expected to cooperate with staff, physicians, instructors, and classmates.

5. Students are to demonstrate professional conduct at all times.

6. Based on the individual nature of the physician's office, students may be required to adjust their clinical schedules based on the needs of the office.

7. All students will be required to have on file, a complete, current (not over six months old), health assessment before entering the clinical setting.

8. Students do not receive monetary compensation for clinical externship experiences.

## Goals of the Clinical Practicum

The goal of the clinical practicum is to prepare students for practice as a CMA (AAMA). The clinical practicum will allow students to:

- Expand their exposure to clinical situations, strategies, and treatment modalities.
- Apply theory to clinical practice.
- Work with and learn from experienced clinicians/preceptors.
- Develop and expand their clinical expertise
- Expand their knowledge of health care systems.
- Collaborate with professionals in other disciplines in the provisions of health care services.
- Develop competencies to function as a CMA (AAMA).

## Student Responsibility

- Meet with clinical faculty preceptor to discuss clinical practicum.
- Complete pre-clinical requirements: CPR BLS certification, completed student physical, completed criminal background check, and completed drug screening.
- Students should never contact any clinical practicum site or preceptor until the clinical placement is confirmed.
- Contact your clinical preceptor or lead practitioner at each site as instructed by the Practicum Coordinator. It is the student's responsibility to monitor and record the number of clinical hours on their time sheet.
- Demonstrate ability to manage progressively complex patient care situations in accordance with his/her academic progression.
- Follow policies and procedures established in the clinical facility and keep the preceptor informed about all learning activities.
- Maintain accurate records of clinical time and experiences by using time sheets, clinical logs and journals.
- Complete the specified time sheets, patient sheets, drug sheets, and daily journals and submit them at designated intervals to the Practicum Coordinator.
- Complete a student evaluation of the clinical site.

## Practicum Coordinator Responsibility

- Responsible for identifying and arranging clinical sites for appropriateness of learning experiences for students.
- Contact clinical site managers regarding preclinical requirement for the site.
- A contract is required between Montgomery Community College and each clinical site. The clinical faculty will see to it that the contract is completed. No student may attend clinical until the contract is signed.
- Provide preceptor with learning objectives for the clinical practicum and student evaluation forms.

- Monitor progress of the student and communicate on an ongoing basis with clinical preceptor regarding student progress or lack thereof.
- Review and give feedback on students' clinical logs and carry ultimate responsibility for the evaluation and grading of the student.

## Preceptor Responsibility

- Bridges the gap between theory and actual practice.
- Orients student to practice setting, organizational policies, and key personnel.
- Assist student in planning clinical assignments based on course objectives.
- Function as a role model and provide clinical teaching and supervision for the student.
- Provide feedback to the student regarding clinical performance, speak to the student's strengths as well as the areas in which he/she needs to improve.
- Maintains an open line of communication with student's Practicum Coordinator. Inform faculty member immediately if/when student is not progressing at an acceptable pace.
- Provide input regarding clinical evaluation of the student and complete the clinical evaluation form at the end of the semester for the student(s) he/she is precepting. Return the form directly to the Practicum Coordinator.

## Teaching Strategies for Clinical Preceptors

### Introduction

The faculty recognizes that role of preceptor is an ongoing developmental process. The preceptor's role in the education of our students is invaluable. Below are a few suggestions for precepting students at the beginning of their clinical experience and then as they become more advanced in their clinical practice:

### Precepting Beginning Students

Initially close supervision, observation, and frequent feedback will be necessary. This will assist you in accessing the student's knowledge, skills, and learner styles. Role modeling is extremely important at this level. Directed/guided questioning and use of charting are opportunities to teach. Strategies to instill confidence in performance of the CMA role include: patience, gradually increased expectations, an accepting environment, and assurance that all questions are welcome. The goal of these strategies is to assist beginning students to sharpen assessment and critical thinking skills.

After assessing the student's knowledge, skills, and learning style, the preceptor will determine the level of independence appropriate for this student.

### Clinical Placement and Transportation Policy:

The Medical Assisting Program Director will determine clinical assignments. Clinical placement is designed to expose the student to a variety of client age groups and disease processes. Students are given an opportunity to provide input before

assignments are finalized and the students' prior experience, interests, and skill levels are also given consideration. Transportation to and from all classes and clinical practicum is the responsibility of each individual student. Faculty do realize the importance of carpooling with friends, but it is not always possible for clinical rotations.

**Evaluation of Clinical Placement:**
The student will be closely supervised at all times in the clinical setting by a preceptor and/or office manager. The practicum is a major component of the Medical Assisting program. In the final semester, students will be required to complete a total of 240 hours in the clinical setting. This will require students to spend approximately 20-25 hours, per week, in the clinical area. Students will be evaluated by their preceptor, office manager, and instructor. During this time, the student will maintain a log to meet objectives established for this experience. Evaluation of clinicals will include assessing the student's log. Students will also be required to keep a daily journal of activities performed and observed while at clinical practicum.

The preceptor and office manager will evaluate the student on an "MCC Performance Evaluation Sheet". The instructor will make weekly visits to the clinical area to meet with the preceptors, conference students, and evaluate their progress.

**Students with a grade below satisfactory (below 80 – overall grade) will not be allowed to pass clinical.**

The student will also have an opportunity to evaluate the externship site upon completing their rotation.

**Critical Incident:** A critical **"incident"** is the occurrence of a situation in the clinical setting in which the behavior of a student did endanger or potentially endanger the patient's or student's welfare.

Such an incident is one that could have been avoided by application of learning objectives previously covered. After the first Critical Incident, and at the discretion of the instructor, the student may be placed on Clinical Probation. A Remediation Plan will be developed jointly by the student and instructor. A second critical incident occurring during the student's plan of study may result in immediate dismissal from the program.

**Clinical Probation:**
A student may be placed on clinical probation for reasons which include, but are not limited to, the following:

a. less than satisfactory clinical performance
b. breech of confidentiality
c. medications errors
d. performing any procedure or giving any medication without securing appropriate supervision
e. breech of Attendance Policies.

The student will be removed from clinical probation when he/she exhibits satisfactory clinical performance as evaluated by the instructor.

**Professional Dress and Behavior**

- Students represent the Montgomery Community College Medical Assisting Program and must present themselves as ambassadors of the program.
- Reports of unprofessional behavior will result in the student being counseled subject to review by the program director.
- Students should be professionally dressed (clinical site-specific attire) and wear an approved student ID badge.

**HIPAA Requirement**

Students enrolled in the Montgomery Community College Medical Assisting Program recognize the importance of protection of confidential information about patients and their families and of the operations of clinical site where students are placed for clinical experiences. It is the obligation of every student to protect and maintain this confidentiality. All patient information stored via paper or by electronic medical record system is considered confidential. It is the ethical and legal responsibility of all students to maintain and comply with all confidentiality requirements of the clinical sites.

Stating the name of a clinical site in connection with a description of a patient – even without patient name, address, phone number, or social security number – is considered Private Health Information and is a violation of HIPAA.

- Never photocopy, or allow a student to photocopy, parts of a patient chart that include clinic or patient name, clinic or patient address, clinic or patient phone number, or patient social security number.
- Never write, or allow a student to write, patient name, address, phone number, or social security number anywhere but in the official record.
- Never allow the name of the clinical site to be included in students' written work in association with a patient description, write-up, or log.

**HIPPA and Students**

The questions of whether or not the HIPPA privacy rule prohibits students from accessing patient medical information as a part of their education (practicum) has been raised by many programs.

The answer is that it does not prohibit this access. A medical assisting student's access to patient medical information, as a part of the practicum experience, would be permitted as use or disclosure of protected health information (PHI) for health care operations. Section 164.501 of the rule, defines "health care operations" in a manner that includes training of health care providers and professionals.

The covered entity, physician's office or clinic, must take reasonable steps to limit the PHI used or disclosed to the minimum amount required to accomplish the purpose of the disclosure, and, the covered entity must have in place safeguards to protect the privacy of the information.

Students are part of the covered entity's workforce for HIPAA compliance purposes. Sections 160.103 and 164.530(b) state that students must receive training about the organization's policies and procedures related to PHI. Further such training must be provided within a reasonable period of time after the student begins the externship. The covered entity must document the training and maintain this documentation for six years.

**Social Media Policy:**

The Medical Assisting Program recognizes the use of social media in personal/non-school or non-work contexts. As a medical assisting student, you will encounter confidential information within the college or within the clinical environment.
It is your responsibility to refrain from the following:

- Using any patient identifier (name, initials, age, diagnoses, lab results, photos, and **ANY** personal health information) in any way that may possibly identify a patient.
- Disclosing confidential information about the college, its employees, or its students.
- Stating personal opinions as being endorsed by the college.
- Using information and conducting activities that may violate SCC academic policies, violate local, state, or federal laws and regulations.
- Posting of embarrassing, threatening, or harassing statements on either a personal page or site, Facebook, blogs, Twitter, Blackboard, etc.

Any of the above behaviors will be grounds for disciplinary action and possible dismissal from the medical assisting program. The MCC Medical Assisting Program does not tolerate content from students that is defamatory, libelous, or inhospitable to an academic/clinical environment. Violation of any part of this policy may result in a course failure and dismissal from the medical assisting program. Personal social networking sites are not to be used as an MCC communication tool between employees and students.

Students are **not** to contact instructors or practicum personnel through any social media network. Students should direct all communication outside of class through the correct Blackboard course or through the instructor's Montgomery Community College email. Instructors will not email students or address any issues regarding any academic or professional issues through any social media outlet or through their personal email.

# American Association of Medical Assistants Creed

I believe in the principles and purposes of the profession of medical assisting.

I endeavor to be more effective.

I aspire to render greater service.

I protect the confidence entrusted to me.

I am dedicated to the care and well-being of all patients.

I am loyal to my physician-employer.

I am true to the ethics of my profession.

I am strengthened by compassion, courage and faith.

# American Association of Medical Assistants Code of Ethics

Members of the AAMA dedicated to the conscientious pursuit of their profession, and thus desiring to merit the high regard of the entire medical profession and the respect of the general public which they serve, do pledge themselves to strive always to:

*A.* Render service with full respect for the dignity of humanity;

*B.* Respect confidential information obtained through employment unless legally authorized or required by responsible performance of duty to divulge such information;

*C.* Uphold the honor and high principles of the profession and accept its disciplines;

*D.* Seek to continually improve the knowledge and skills of medical assistants for the benefit of patients and professional colleagues;

*E.* Participate in additional service activities aimed toward improving the health and well-being of the community.

Hepatitis B Vaccine Information Form

Name:_____

Student ID No.:_____

I have been informed that it is requirement of the Medical Assisting Program that I submit to a Hepatitis B Vaccine. I understand that this involves a series of three injections and that I am responsible for the cost of this vaccination as well as a general physical examination. I also understand that if I choose not to take the Hepatitis B vaccine, I must submit documented, medical rationale for this decision or proof that I have received the series before and still have immunity.

_____
Signature

_____
Date

# Hepatitis B Vaccine Declination

Name:_____

Student ID No.:_____

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been instructed of the need to have this vaccination. However, due to documented medical reasons or current immunity secondary to previous vaccination, I decline Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

_____
Signature

_____
Date

_____

Student ID No.

I have been informed by the Medical Assisting Department of the need to purchase accident insurance and/or carry personal health insurance.

_____
Student Signature

_____
Date

_____

Student ID No.

I _____, certify by signing this statement, that I have read, and do agree to abide by the rules and regulations set forth in the Medical Assisting Handbook.

_____
Student Signature

_____
Date

_____
Student ID No.

## Verification of Receipt

Your signature below indicates that you have read and understand the contents of this Medical Assisting Handbook. A copy of this signature page will be placed in your Academic Advising file. Should you fail to understand any of the handbook content, please ask prior to signing this page.

_____
Student Signature

_____
Date

**Use of Human Subjects:**

The purpose of the Montgomery Community College (MCC) Use of Human Subjects Policy is to protect the rights and welfare of human subjects through the review of educational practices and potential research projects. MCC encourages and supports the scholarly endeavors of its students, faculty, and staff. When such scholarly work involves the use of human subjects for training and/or data collection and analysis, the proposed educational practices and research projects will be reviewed to ensure that:

- The rights and welfare of human subjects are protected
- Risks have been considered and maximized
- All human subjects only volunteer to participate in research and/or training after being provided with legally effective informed consent.
- Any research and educational practice will be conducted in an ethical manner and in compliance with established standards, including handling all private information with confidentiality.

I certify that I have read and understand the above "Use of Human Subjects" policy.

_____ _____

Student Signature Date

_____ _____

Student Printed Name Date


MEDICAL ASSISTANTS
at the heart of health care