

Randolph Community College



**Medical Assisting Student
Practicum Handbook
Effective: August 2023**

REVISED: 9/2023

Table of Contents

Orientation and Introduction.....	4
Mission Statement/Accreditation Statement.....	5
Forms:	
Practicum Weekly Time Sheet.....	6
Practicum Evaluation of Student	7
HIPAA Release Form	12
Medical Assisting Clinical Practicum Policies and Procedures:	
Student Responsibilities.....	13
Clinical Practicum MED 260.....	13
Clinical Practicum Regulations.....	13
Personal Appearance – Dress Code	14
Conduct in the Practicum Area	15
Practicum Attendance	16
HIPAA Release Form	17
Drug/Alcohol Policy	17
Criminal Background Check and Drug Screen.....	18
Confidentiality Statement	19
Health Sciences/Accidental Injury/Liability Insurance	19
CPR/AED Certification	19
Required Practicum Tools.....	19
Verbal Orders.....	20
Practicum Documentation.....	20
Infectious Disease Policy.....	20
Exposure Control Plan	23
Post-Exposure Plan	26
Appendix A: Bloodborne Pathogen Exposure Control Plan General Information.....	39
Hepatitis B Vaccine Record Form	41
Hepatitis B Vaccine Declination Form.....	42
Appendix C: Bloodborne Pathogen Exposure Employee Incident Packet.....	43
Bloodborne Pathogen Incident Report.....	46
Bloodborne Pathogen Source Information and Consent Form	47
Bloodborne Pathogen Exposure Incident Form.....	49
Clinical Placement and Transportation Policy.....	50
Evaluation of Clinical Practicum Placement	50
Critical Incident	50
Clinical Practicum Probation	51
Practicum Policy Regarding Acceptance of Pay	51
Honesty	51
Student Code of Conduct and Grievance Procedures	52
College Calendar.....	58
Course Policies.....	58
College Policies	58
Telephone Calls	58
Moodle	58
Safety Announcement.....	59
Student Injury in Practicum Area	59
Social Media Policy	59

Medical Release	60
Inclement Weather Plan	60
Forms	
Regulations Agreement Statement.....	61
Contaminated Blood and Body Fluid Exposure	62
Drug/Alcohol Policy	63
Criteria for Online Journals	64
Uniform Code for Medical Assisting Students	66
Practicum Agreement Form.....	68
Hepatitis B Vaccine Information Form.....	69
Hepatitis B Vaccination Declination Form.....	70
Travel Policy	71
Confidentiality Statement	72
Release from Responsibility/Assurance of Confidentiality	73
Consent for Release of Information.....	74
Instructor's Report for Medical Assisting Clinical Practicum Weekly Site Visits.....	75
Follow-up Comments (Conference with Student)	77
Preceptor's Report for Medical Assisting Clinical Practicum Evaluation Tool	
Midterm Evaluation	80
Preceptor's Report for Medical Assisting Clinical Practicum Evaluation Tool	
Final Evaluation	81
End of Rotation Evaluation Conference	82
Clinical Practicum Probation Remediation Plan.....	83
Student Exposure Incident Report	84
Report: Critical Incident in the Clinical Setting	85
Medical Assisting Student Practicum Handbook Affidavit.....	86
Student Evaluation of Practicum Site	87
Student Survey of Program Resources	89
Graduate Survey.....	91
On-Campus Make-up Time Sheet	93
Practicum Make-up Time Sheet.....	94
Patient Sheet.....	95
Drug Sheet	97
Medical Physical Exam Form.....	99
Certificate of Insurance Accident	109
Certificate of Insurance Malpractice/Liability	128

Orientation and Introduction

Welcome to practicum!

The purpose of this handbook is to introduce you to the purpose, goals, and structure of practicum and outline the policies and requirements to help you excel in practicum training and facilitate a successful transition from classroom learning to real-world healthcare practice.

This practicum handbook serves as a vital resource to guide you through your practicum training experience. Within this handbook are detailed information, guidelines, and expectations for practicum to ensure that you will be well-prepared, informed, and capable of delivering safe and competent patient care in a clinical setting.

As you embark on your clinical practicum, I want to extend my heartfelt wishes for a successful and enriching experience. This is a significant step in your journey towards becoming a skilled and compassionate medical assistant. Your dedication, hard work, and commitment to patient care have brought you to this point, and I have no doubt that you will excel during this clinical phase.

Remember to approach each day with a positive attitude, an eagerness to learn, and a commitment to providing the best care possible to your patients. Embrace every opportunity to gain valuable knowledge, develop your skills, and build strong professional relationships. Your clinical practicum is a chance to put into practice everything you've learned, and it's an essential part of your education.

Always communicate effectively with your preceptors, colleagues, and patients, and don't hesitate to ask questions or seek guidance when needed. Every experience, whether smooth or challenging, is an opportunity to grow and refine your abilities.

Stay organized, be punctual, and maintain a high standard of professionalism in all your interactions. Your passion for healthcare and the well-being of others will shine through and make a positive impact.

I have every confidence in your abilities, and I look forward to hearing about your accomplishments during this practicum. Your dedication and determination will undoubtedly make a difference in the lives of the patients you serve.

Once again, best of luck, and may this clinical practicum be a rewarding and transformative experience on your path to becoming a successful medical assistant.

Kia Vang, CMA (AAMA), CPT (ASPT)
Department Head, Medical Assisting

MISSION STATEMENT / ACCREDITATION STATEMENT

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.”

Accreditation Statement

The Randolph Community College Medical Assisting program 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

727-210-2350

www.caahep.org

Medical Assisting Education Review Board (MAERB)

2020 North California Ave, #213 Suite 7

Chicago, IL 60647

312-392-0155

www.maerb.org



Randolph Community College

**629 Industrial Park Avenue Asheboro, NC 27205
(336) 629-4695**

PHONE (336) 633-0200 FAX

Practicum Weekly Time Sheet

Monday ____/____/____ & Wednesday ____/____/____

Monday: ____/____/____

Time: In _____
Out _____
In _____
Out _____
Hours: _____

Wednesday: ____/____/____

Time: In _____
Out _____
In _____
Out _____
Hours: _____

**Total
Weekly
Hours:** _____

Student

Date

Preceptor Signature & Credentials

Date

**Practicum Evaluation of Student
2022 MAERB Core Curriculum**

**Randolph Community College
Medial Assisting Program**

Name of Practicum Student Being Evaluated: _____ **Date:** _____

Course: _____

Instructions: Consider each item separately and rate each item independently of all others. Indicate in the appropriate box the student's level of competency, if applicable, or access to the specific task.

Psychomotor & Affective Competencies					
	Competency	Competent	Needs Work	Student was able to observe	Not Available at this site
I. Anatomy, Physiology, and Pharmacology					
I.P.1	Accurately measure and record: a. blood pressure b. temperature c. pulse d. respirations e. height f. weight (adult and infant) g. length (infant) h. head circumference (infant) i. oxygen saturation				
I.P.2	Perform the following procedures: a. electrocardiography b. venipuncture c. capillary puncture d. pulmonary function testing				
I.P.3	Perform patient screening following established protocols				
I.P.4	Verify the rules of medication administration: a. right patient b. right medication c. right dose d. right route e. right time f. right documentation				
I.P.5	Select proper sites for administering parenteral medication				
I.P.6	Administer oral medications				

I.P.7	Administer parenteral (excluding IV) medications				
I.P.8	Instruct and prepare a patient for a procedure or treatment				
I.P.9	Assist provider with a patient exam				
I.P.10	Perform a quality control measure				
I.P.11	Collect specimens and perform: a. CLIA waived hematology test b. CLIA waived chemistry test c. CLIA waived urinalysis d. CLIA waived immunology test e. CLIA waived microbiology test				
I.P.12	Provide up-to-date documentation of provider/professional level CPR				
I.P.13	Perform first aid procedures for: a. bleeding b. diabetic coma or insulin shock c. stroke d. seizures e. environmental emergency f. syncope				
II. Applied Mathematics					
II.P.1	Calculate proper dosages of medication for administration				
II.P.2	Record laboratory test results into the patient's record				
II.P.3	Document on a growth chart				
II.P.4	Apply mathematical computations to solve equations				
II.P.5	Convert among measurement systems				
III. Infection Control					
III.P.1	Participate in bloodborne pathogen training				
III.P.2	Select appropriate barrier/personal protective equipment (PPE)				
III.P.3	Perform hand washing				
III.P.4	Prepare items for autoclaving				
III.P.5	Perform sterilization procedures				
III.P.6	Prepare a sterile field				
III.P.7	Perform within a sterile field				
III.P.8	Perform wound care				
III.P.9	Perform dressing change				
III.P.10	Demonstrate proper disposal of biohazardous material a. sharps b. regulated waste				

IV. Nutrition					
IV.P.1	Instruct a patient regarding a dietary change related to a patient's special dietary needs				
V. Concepts of Effective Communication					
V.P.1	Respond to nonverbal communication				
V.P.2	Correctly use and pronounce medical terminology in health care interactions				
V.P.3	Coach patients regarding: a. office policies b. medical encounters				
V.P.4	Demonstrate professional telephone techniques				
V.P.5	Document telephone messages accurately				
V.P.6	Using technology, compose clear and correct correspondence				
V.P.7	Use a list of community resources to facilitate referrals				
V.P.8	Participate in a telehealth interaction with a patient				
VI. Administrative Functions					
VI.P.1	Manage appointment schedule, using established priorities				
VI.P.2	Schedule a patient procedure				
VI.P.3	Input patient data using an electronic system				
VI.P.4	Perform an inventory of supplies				
VII. Basic Practice Finance					
VII.P.1	Perform accounts receivable procedures to patient accounts including posting: a. charges b. payments c. adjustments				
VII.P.2	Input accurate patient billing information in an electronic system				
VII.P.3	Inform a patient of financial obligations for services rendered				
VIII. Third-Party Reimbursement					
VIII.P.1	Interpret information on an insurance card				
VIII.P.2	Verify eligibility for services				
VIII.P.3	Obtain precertification or preauthorization with documentation				
VIII.P.4	Complete an insurance claim form				

VIII.P.5	Assist a patient in understanding an Explanation of Benefits (EOB)				
IX. Procedural and Diagnostic Coding					
IX.P.1	Perform procedural coding				
IX.P.2	Perform diagnostic coding				
IX.P.3	Utilize medical necessity guidelines				
X. Legal Implications					
X.P.1	Locate a state's legal scope of practice for medical assistants				
X.P.2	Apply HIPAA rules in regard to: a. privacy b. release of information				
X.P.3	Document patient care accurately in the medical record				
X.P.4	Complete compliance reporting based on public health statutes				
X.P.5	Report an illegal activity following the protocol established by the healthcare setting				
X.P.6	Complete an incident report related to an error in patient care				
XI. Ethical and Professional Considerations					
XI.P.1	Demonstrate professional response(s) to ethical issues				
XII. Protective Practices					
XII.P.1	Comply with safety practices				
XII.P.2	Demonstrate proper use of: a. eyewash b. fire extinguishers				
XII.P.3	Use proper body mechanics				
XII.P.4	Evaluate an environment to identify unsafe conditions				
Affective					
A.1	Demonstrate critical thinking skills				
A.2	Reassure patients				
A.3	Demonstrate empathy for patients' concerns				
A.4	Demonstrate active listening				
A.5	Respect diversity				
A.6	Recognize personal boundaries				
A.7	Demonstrate tactfulness				
A.8	Demonstrate self-awareness				

Additional Comments

What type of administrative duties did the student perform? What type of administrative duties did the student observe?

What type of clinical duties did the student perform? What type of clinical duties did the student observe?

What type of oversight did the Practicum Coordinator of the medical assisting program provide for the student and the site supervisor? Were you able to contact the Practicum Coordinator with any problems? Was there regular contact?

Signature of individual completing this evaluation _____

Credentials & Title _____ Date _____

RANDOLPH COMMUNITY COLLEGE

MEDICAL ASSISTING PROGRAM

HIPAA RELEASE FORM

MED 260

CLINICAL PRACTICUM

SPRING SEMESTER

Consent to Release Information: The Health Insurance Portability and Accountability Act (HIPAA) is a law passed by Congress that is a detailed set of regulations created and enforced by the Federal Department of Health and Human Services. HIPAA gives patients a series of rights for their health information. The student will consent to the release of a copy of their immunizations record, TB skin test results, and CPR card to the clinical affiliates when requested. Students will also allow for verification of their social security number for identification purposes and release of criminal record check and drug screening results to clinical affiliates when requested.

I hereby give my permission to Kia Vang, Program Director of the Medical Assisting Program at Randolph Community College, to release a copy of my shot/immunization record(s) and a copy of my CPR card to my clinical practicum sites. These sites may include family practice, pediatrics, OB/GYN, urgent care, or specialty clinics.

Student's Signature

Date

Student Responsibilities

All Medical Assisting students are subject to the same student responsibilities, regulations, and conduct as stated in the RCC catalog and the RCC Student Handbook.

Clinical Practicum: MED 260

Clinical Practicum is offered during the last semester of the Medical Assisting program and provides each student with a supervised clinical experience. Students are required to attend fifteen hours of practicum, per week for a **total of 210 practicum** hours. Clinical practicum will take place at an assigned clinical facility, under the supervision of an on-site preceptor. There shall be **no monetary** exchange between the parties for services rendered by RCC, or affiliates, or its participating students. The Medical Assisting faculty will conduct periodic practicum site visitation. The faculty is available by phone to the practicum site and to the student during all practicum hours.

The clinical practicum should be viewed as though it were the probationary period of new employment. Externship site managers are instructed and encouraged to notify the Medical Assisting Department Chair of any concerns with the student(s) assigned to their facility and to request a meeting with the appropriate parties to discuss these concerns. Unprofessional, unethical, or disrespectful behavior and/or disregard of Medical Assisting Program policies may result in dismissal from the Medical Assisting Program and subsequent failure of MED 260.

The student will be required to travel to the assigned practicum site and is responsible for maintaining a reliable form of transportation to and from clinical practicum.

Clinical Practicum: Clinical Practicum provides each student with a supervised clinical experience. Students are required to complete fifteen hours of practicum per week, totaling 210 contact practicum hours, at a minimum, for the semester. Clinical practicum will take place at an assigned clinical facility, under the supervision of an on-site preceptor. There shall be no monetary exchange between the parties for services rendered by RCC, or affiliates, or its participating students. The Medical Assisting faculty will conduct periodic unannounced practicum site visitation. The faculty will make unannounced practicum visits and are available by phone to the practicum site and to the student during all externship hours.

The clinical practicum should be viewed as though it were the probationary period of new employment. Externship site managers are instructed and encouraged to notify the Medical Assisting department head of any concerns with the student(s) assigned to their facility and to request a meeting with the appropriate parties to discuss these concerns. Unprofessional, unethical, or disrespectful behavior and/or disregard of Medical Assisting Program policies may result in dismissal from the Medical Assisting Program and subsequent failure of MED 260.

Practicum placement is not assigned according to the student's preference or location but rather where there is a best fit for learning or clinical success. The student will be required to travel to the assigned practicum site and is responsible for maintaining a reliable form of transportation to and from clinical practicum.

Clinical Practicum 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 for 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 always demonstrate professional conduct.

6. Based on the individual nature of the physician's office, students may be required to adjust their clinical schedule based on the needs of the office.
7. All students will be required to have on file a complete, current (no more than six months old), health assessment before entering the clinical practicum setting.
8. Students do not receive monetary compensation for clinical externship experiences.

AS STATED ABOVE AND PER MEDICAL ASSISTING DEPARTMENT POLICY REGULATIONS, MEDICAL ASSISTING STUDENTS MAY **NOT** RECEIVE REMUNERATION FOR ANY DUTIES PERFORMED AS A MEDICAL ASSISTING STUDENT IN MED 260-CLINICAL PRACTICUM.

Personal Appearance – Dress Code

Medical Assisting students are expected to be examples of healthy people. This includes being clean and well-groomed, particularly when assigned to the practicum area. Good personal hygiene must be practiced. It is required that all students wear the appropriate Medical Assisting Program uniform when reporting to their practicum assignment unless otherwise directed.

Clinical/lab attire will be addressed in each clinical course.

Uniform: Red scrubs with black or red scrub warm up jacket.

Each student is required to have the school's designated uniform on the first clinical day or as designated by the program coordinator. The uniform must be neat, clean, well-pressed/ironed and well fitted throughout the student's participation in the program. Uniforms and physical appearance must meet the guidelines developed by the program faculty and always worn properly while in uniform. Students must wear a lab coat or lab jacket with the uniform in the lab area. Students will not be allowed to deliver patient care if the uniform guidelines are not met and any missed time from clinical will count as attendance hours missed.

RCC's Student Code of Conduct always applies to all students when in uniform – whether on or off campus; and whether they are actively engaged in a college sponsored event.

While in uniform, whether in the lab setting or at practicum, the student will:

Hair: Have his/her hair clean and pulled back away from the face and styled in such a manner that will prevent hair from falling forward. Medium length hair must be pulled completely off the face with a plain hair ornament (a color that closely matches the student's natural hair color). Long hair must be worn up off the collar and pulled completely off the face with a plain hair ornament (a color that closely matches the student's natural hair color). Bangs must not fall into the face for both medium and long hair. Beards, mustaches, and sideburns are to be neatly trimmed and groomed. No extreme hair styles or hair color. Hair should be of natural color.

Shoes: Wear clean, polished white or black closed- toe and closed-back/heel leather tennis/nurse shoes. Shoes should be a solid color with no brightly colored writings or emblems. Clogs and loafers are NOT acceptable. Shoes must always be clean. This includes shoelaces, if wearing tennis shoes.

Socks/Support/compression hose: Wear white/black, above the ankle socks or support hose.

Jewelry: Limit jewelry to one pair of small studs or post earrings in ear lobes. Only small stud type or post earrings are allowed. No hoop earrings, large or small, No dangle earrings. No ear gauges. No other jewelry will be allowed. All other piercings including nose rings/studs, eyebrow piercings, or lip or tongue piercings must be removed when in practicum, while on campus, while in full uniform, and before entering class/lab/clinic.

No long, large dangling necklaces are allowed. If one must be worn for religious or cultural purposes, it must be worn under the uniform or shirt and should not be visible or outside of the uniform or shirt. One watch and one smooth surface ring on either the left or right third finger are allowed. **NO OTHER JEWELRY IS ALLOWED.**

Cosmetics: Should be used sparingly. Perfume, cologne, or aftershave is not permitted as some odors are offensive to patients and some patients may be allergic to certain odors.

Nails: Have clean, short, manicured fingernails. Nails must be trimmed to just over fingertips (sport length) to ensure patient and student safety. Nails should not be visible past the pads of fingers. Only natural clear polish may be worn, if desired. Acrylics and artificial nails are prohibited.

RCC Student ID: Students must wear a photo identification badge issued by RCC. The ID badge must be worn on the left chest below the clavicle and above the left breast conspicuously with picture facing out so that it may be easily read. If warm up jacket is removed or is not worn, the ID badge must be relocated to the left chest below the clavicle and above the left breast of the scrub top.

Refrain from chewing gum.

Tattoos/piercings: Students must have no visible tattoos and/or body piercing jewelry (Exception: piercings in ear lobes). Tattoos/piercings are not acceptable in the professional environment; therefore, they should never be visible while at practicum, on campus, in the classroom setting or in the laboratory setting and when in uniform, with or without warm up jacket. Piercings must be removed, except those required for health/medical well-being. (i.e., cartilaginous ear piercing to prevent migraine headaches). If piercing is a health/medical requirement, the student is responsible for providing legitimate physician's documentation indicating the purpose of the piercing. Tattoos must always be covered while on the RCC campus, including in the classrooms, exam rooms, lab rooms and skill checkoffs.

All students are required to purchase a scrub warm up jacket, scrub top, and scrub pants from a source selected by the Medical Assisting program to ensure uniformity and consistency of scrub color and scrub styles.

The purchase of shoes and socks/support hose through this source is optional. Students may purchase these items from a vendor of their choice, if they meet the stated color, length, and other criteria.

The deadline to have the full uniform is one week from the date of receiving all articles from the source/vendor. No exceptions will be given after the deadline.

NOTE: Instructors are not required to wear scrubs or required to be in full uniforms whether on campus or during practicum site visits. Wearing scrubs and wearing full uniforms are at the discretion of the instructor.

Practicum: Students are always required to be in full uniform while at practicum. If the student is not in full uniform, and if a correction cannot be made while at practicum, the student will be asked to leave the practicum setting. The student will receive an absence for the day and violation point(s), and the student will NOT be eligible to make up the missed hours. Any student who does not complete the required 210 contact hours of practicum will be dismissed from the program.

Conduct In the Practicum Area

1. Knock before entering closed doors in offices. Wait for permission to enter before entering. Respect all patients' privacy and confidentiality.

2. Smoking will not be allowed in the offices except in designated areas and at specific times. Breaks will be taken according to office policy.
3. Information regarding patients, staff, faculty, and fellow students is strictly confidential and must not be discussed inside, outside the office, or in the presence of other patients/individuals. Any break of this rule of confidentiality may result in dismissal from the program and possible prosecution. You will be asked to sign a confidentiality statement prior to attending practicum.
4. Obscene or profane/offensive language will not be tolerated.
5. Do not use offensive body language toward others.

Practicum Attendance

The following guidelines will be followed:

1. Students must follow agency policies while in the role of a Medical Assisting student. Failure to do so could result in the student being removed from the clinical area; thus, preventing the completion of objectives. (This includes personal and professional behavior).
2. Students are expected to attend all practicum experiences. This includes all alternate learning experiences scheduled for clinical days in addition to all client care situations. Policies relative to clinical experiences are enforced for all alternate learning activities. Attendance and promptness are essential to satisfactory achievement of clinical objectives.
3. Faculty understands that illnesses and emergencies arise which may necessitate the student's absence from the clinical area. The only acceptable reasons for students leaving the clinical area early are personal sickness or an emergency. Students must obtain approval from their instructor to leave the clinical area prior to the scheduled departure time. A written medical excuse will be required for all clinical absences. (This must be given to the Program Director/Practicum Coordinator prior to returning to clinical practicum. **If a student is going to be absent from clinical practicum, she/he must notify Ms. Vang @ 336-328-1779 prior to the scheduled practicum time. It is the student's responsibility to call and talk with Ms. Vang in person as well as the office manager/preceptor. If the student is unable to reach an instructor immediately, a message should be left with a staff member at the practicum site as well as on the instructor's voicemail.** If a student leaves early from a clinical rotation, the student will only be counted for the hours they accumulated while in attendance during that clinical day. Any student who works 11-7, 12-8, or any other night shift prior to a clinical day, will be asked to leave the clinical area and will be given an absence for the clinical day involved. Sleep impairment on the part of the medical assistant is a detriment to patient safety. If a student is at any time found to be unprepared as specified under performance criteria, he or she will be told by the clinical preceptor to leave the practicum site. This will constitute a clinical absence.
4. A student missing more than two days (16 hours) of the practicum may seriously jeopardize the student's clinical status. If this occurs, the faculty will review the student's clinical performance, a written conference form (see Practicum Probation Form in the Practicum Handbook) will be submitted, and this will result in practicum probation, unsatisfactory grade for the practicum encounter, and may result in the student being dismissed from the program. If students arrive late or leave early (if you will only be attending ½ day of practicum then you will not be counted for practicum that day), students are required to make up all missed clinical practicum times and dates to ensure that they have met the required hours to graduate and sit for the certification exam.
5. The number of practicum absences will be documented on the student's mid-term and final practicum evaluation form(s) and may influence employment opportunities.
6. Tardiness will not be tolerated in the practicum area. (Tardy is more than 15 minutes late to class or clinical practicum). Repeated tardiness (more than 2) within a semester may constitute an unexcused absence and an unsatisfactory clinical performance evaluation.

7. Students shall not leave a practicum facility during which direct patient care is assigned. Such behavior may constitute abandonment and will not be tolerated by Medical Assisting faculty.
8. Students shall arrange approved lunch schedules, when applicable, with the program director/practicum coordinator or preceptor/supervisor. One's failure to return to the assigned practicum area without program director/practicum coordinator approval is subject to dismissal from the course and program.
9. Students are expected to submit written practicum assignments on time (through Moodle) and to the designated practicum coordinator/instructor. Late written practicum assignments will result in an unsatisfactory clinical practicum performance. Refer to the assignment policy in the Medical Assisting Student Handbook and/or on each course syllabus.

Regular practicum attendance plays a critical role in your success in the Medical Assisting Program and is a requirement. Satisfactory progress is difficult without regular attendance. If absenteeism is necessary and warranted, it must be accompanied by a written physician's note and proper notification must be made to the instructor AND practicum preceptor, prior to the date of absence and/or as soon as feasible.

Excused absences must be made up through making arrangements with the practicum coordinator. Unexcused absences, such as voluntary absence for personal reasons, and/or lack of a written physician's note, exempts the student from making up clinical hours. (Student must complete 210 practicum hours to graduate). Excessive absences, tardiness and/or early leave, non-related to inclement weather closing of either the college and/or practicum site, may result in dismissal from the program. The medical assisting department reserves the right to dismiss a student who is chronically late more than 5 minutes to practicum or who has excessive absences. Tardiness and absenteeism will NOT be tolerated.

HIPAA Release Form

The Health Insurance Portability and Accountability Act (HIPAA) is a law passed by Congress that is a detailed set of regulations created and enforced by the Federal Department of Health and Human Services. HIPAA gives patients a series of rights of their health information. The student will consent to the release of a copy of their immunization record and TB skin test results, as well as a copy of their CPR card to the clinical practicum affiliates when requested. These sites will include Eagle Physicians, Randolph Health, Bethany Medical and any medical offices associated with these facilities.

Students, employees, and volunteers working in clinical agencies are required to maintain confidentiality of Protected Health Information (PHI) in accordance with HIPAA. Failure to do so could result in loss of employment or student privileges, fines, and/or imprisonment. PHI includes oral, written, printed, and/or electronic information on records that include patient names and/or other identifying information.

Students will be asked to sign an affidavit of agreement to maintain confidentiality according to HIPAA regulations. Failure to comply with this requirement will result in not being permitted to attend practicum, and consequently dismissal from the program.

Drug/Alcohol Policy

In compliance with the Federal Drug Free Workplace and Drug Free Schools and Campuses Regulations, Randolph Community College prohibits the unlawful use, possession, distribution, manufacture, or dispensation of any controlled substance or alcohol while on campus, facilities leased by the College, or at college-supported functions. Anyone violating this policy will be subject to disciplinary action under the Randolph Community College Code of Conduct and the laws of the state of North Carolina.

Any student whose behavior or appearance provides reasonable suspicion that the student is under the influence of alcohol or controlled substances may be required to submit to drug screening (at their expense) by any Randolph Community College Medical Assisting faculty member in consultation with the Associate Dean, Vice President for Administrative Services, or the President of the College.

Clinical practicum affiliates that provide clinical practicum experience reserve the right to require testing in compliance with drug and alcohol policies of the institution. A positive result determines that the student may not be able to participate in clinical activities of the program, and subsequently dismissal from the program. Failure to comply with requests for drug screening will result in dismissal from the program. Again, drug testing shall be at the student's expense.

Criminal Background Check and Drug Screen

Medical assisting students must complete an unpaid supervised practicum of at least 210 contact hours as part of the program requirements.

Students admitted to the program will be required to submit to a criminal background check and drug screen prior to clinical practicum placement. Health facilities that serve as student rotation sites have enacted requirements that ensure that students and faculty who enter their facilities meet the same qualifications as any potential hires. The process will be carried out by a source selected by the college. Students must be aware that progress toward graduation may be limited by any inability to meet the agency requirements for student placement.

Results are sent directly to the clinical facility for review. The clinical facility will notify the department head of students with any findings that would preclude their clinical placement. The department head will confirm the manner of the review with the facility to ensure no error was made. The department head will at no time be privy to the actual results.

If a criminal charge or conviction occurs while a student is enrolled and assigned to a clinical agency the student will be removed immediately from the placement until a review is conducted. Each clinical affiliate has the right to deny the student access to clinical practicum based upon criminal record; therefore, the final decision will rest with the clinical agency as to any possibility of reinstatement at the site.

Each clinical affiliate has the right to deny a student's access for clinical practicum based upon criminal record. Should a student be barred from completing clinical assignments with clinical affiliates, Randolph Community College will not be able to ensure the completion of program requirements and graduation competencies. If a student is asked to be removed from clinical practicum by the affiliate or by the department head due to the results of the criminal background check, unsafe and/or illegal practices, disregard for affiliate and/or Medical Assisting program policies, or demonstrates a lack of interest, the student will be withdrawn from practicum and all concurrent MED classes. The inability of a student to complete program requirements and graduation competencies will result in suspension from the Medical Assisting program.

Randolph Community College does not guarantee the admission of any student to any practicum facility or practicum site. A student's acceptance, participation, and continuation at any practicum site are subject at all times to the approval and consent of the practicum site. Students must be able to attend and progress in the assigned practicum site. Alternate assignments will not be made because of inability to progress in an assigned practicum clinical setting.

For these reasons, all Medical Assisting students must understand that it is critical that they comply with all policies and procedures of practicum sites and must satisfactorily perform and conduct themselves at practicum. Students are responsible for providing practicum facility supplemental information concerning background

checks, criminal histories or convictions, or any other background information, when requested by the practicum site. Failure to promptly provide updated or corrected information may be cause for removal from a practicum facility or practicum site and/or from the Medical Assisting program.

NOTE: Beginning in January 2001, students who have been convicted of a felony are NOT eligible to sit for the AAMA Certification Examination. Students may request the opportunity to submit written evidence to and/or request a hearing before the certifying board of the AAMA in order to obtain a waiver.

Confidentiality Statement

The student must maintain confidentiality regarding patients, medical records, and care provided during any clinical experience. The student is required to sign a confidentiality statement stating that he/she understands and will abide by the policy. Any break of this policy may result in dismissal from the program and possible prosecution. Confidentiality is a component of accountability and must be observed at all times. Discussions, written information, and medical record pictures concerning patients/clients must be limited to pre- and post-conferences and Medical Assisting theory classes. At no time shall a patient be discussed while at break, on the elevator, in the dining area, on campus, at home, or any other similar setting. Confidentiality cannot be overemphasized. Noncompliance is cause for dismissal from the program.

Health Services/Accidental Injury/Liability Insurance

Randolph Community College has no facilities or staff for medical treatment other than for minor first aid and assumes no responsibility for injuries or sickness of students. All medical emergencies need to call 911, and then call the RCC switchboard at 336-633-0200 to inform the College of the emergency. Students should report all accidents to their instructor and complete a medical incident report which then should be forwarded to the director of safety and emergency preparedness even if the accident is perceived to be minor.

Student accident insurance is provided for curriculum students and is paid for through the student activity fees. Claim forms are available through the Business Office. Continuing Education students can purchase student accident insurance at the time of registration. Check with your instructor for current cost. The College reserves the right to change fees as needed. Students are not allowed to participate in clinical practicum until the clinical activities fee is paid in full to the business office.

Each student is highly recommended to have Liability (Malpractice) insurance.

CPR/AED Certification

All students must be CPR Healthcare Provider and AED certified through the American Heart Association and maintain this certification throughout the program. Failure to maintain certification may jeopardize the student's ability to participate in clinical practicum activities. CPR and AED certification will be at the student's expense.

Required Practicum Tools

- Stethoscope
- Ink pens – black ink
- Watch with second hand
- RCC Photo ID Badge
- Red and/or black scrubs

Verbal Orders

Medical Assisting students will not independently accept or carry out verbal orders from providers while in the practicum setting. A practicum preceptor/supervisor **MUST** be present to take, confirm, and process verbal orders.

Practicum Documentation

All required practicum documentation and assignments must be completed each semester. Documentation of practicum assignments and practicum notebooks (including practicum hours) will be kept on file (electronically) for accreditation requirements for a two-year period.

Infectious Disease Policy

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 parenteral 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, any body fluid that is visibly contaminated with blood, all the 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 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.

Because of the nature of the healthcare profession, students participating in lab practice and required clinical education experiences will find themselves at risk for exposure to infectious diseases. The risk cannot completely be eliminated; however, it can be minimized by education and the implementation of “Universal/Standard Precautions” on all occasions.

Gloves and safety glasses, gowns, hand washing, and masks will always be used when appropriate. Due to the nature of the student/client relationship, the client must also be protected from a student caregiver who may transmit infectious diseases.

1. 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 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 sharps devices, always activate the safety mechanisms.
- Eating, drinking, and 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.

2. 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 infant.

HIV

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

Hepatitis B Virus (HBV)

- 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.
- HBV 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 HBV to develop.
- Vaccinations begun immediately after exposure to the virus can often prevent infection.

Hepatitis C Virus (HCV)

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

3. 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 practicum time according to attendance policies and available time.
- B. Exposure to blood or other body fluids.
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 warm water (as directed).

4. Hepatitis B Vaccine Policy

Faculty will provide students with education regarding risk of exposure to HBV during clinical practicum experience. Students are strongly encouraged to begin and complete this series prior to clinical practicum.

At the discretion of the student's physician, and at the student's own cost, students should be evaluated for: (one of two choices is required).

1. HBV antibody titer confirming immunity.
2. Receive the 3 recommended doses of HBV.

HBV:

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

Exposure Control Plan

Purpose: The purpose of an Exposure Control Plan (ECP) is to significantly reduce, minimize, and/or eliminate employee/student bloodborne pathogens 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, revised 2018, and is maintained by all faculty in the Health Science Division.

Exposure Control Plan:

Randolph 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).

A student in the Medical Assisting program, as well as other healthcare providers, are at an increased risk for exposure to a variety of diseases, among them Hepatitis B, HIV/AIDS, and TB. Due to these risks, students are expected to follow all infection control/exposure control guidelines and regulations that have been established by the CDC, OSHA, NC Department of Environment, Health, and Natural Resources, RCC and the health sciences programs, the medical department, clinical affiliations, and all other appropriate agencies.

Specific exposure control procedures and policies are strictly enforced in Medical Assisting laboratories and practicum facilities. It is the responsibility of the student to familiarize him/herself with the protocols and to adhere to and abide by all requirements/regulations. Failure to comply with the regulations will result in course grades being adversely affected and/or dismissal from the Medical Assisting program.

If Medical Assisting students find themselves in a situation where there is a suspected infection exposure, they must immediately report to their supervisor/practicum instructor for implementation of the Exposure Incident Evaluation and Follow-up.

Program Administration (Classroom and Lab/Simulation 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, documentation of training, and making the written ECP available to employees, students, OSHA, and NIOSH representatives.

Faculty/Student Exposure Determination:

a. Programs with Occupational Exposure

The programs where faculty/students may have occupational exposure to infectious materials include all Health Science Programs.

b. Location of Procedures

Most Health Science Programs perform invasive procedures and injections in clinical practicum facilities. Everyone is responsible for handling medical wastes and contaminated laundry in the medical area.

c. Exposure Identification

The Health Sciences Division must provide training once a year on bloodborne pathogen standard topics, request HBV immunizations at student cost, and require PPE in the facility labs to protect faculty and students from potential exposures.

Categories of Workers at Risk:

High Exposure

Low Exposure

Examples are:

Health Science faculty, students, and all persons potentially exposed to pathogens regularly.

Dean, Instructional Assistant, and other clerical staff with no usual contact with exposed blood products/infectious materials.

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, 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 appropriate PPE for specific tasks or procedures. The types of PPE available to faculty/students include, but are 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 eyes, 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 closeable, 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 or tongs.
- 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 and 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 for 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 Plan

November 2022

I. PURPOSE

The purpose of the Exposure Control Plan is to significantly reduce the risk of infection for employees with the potential to be exposed to blood or body fluids. The targeted diseases include Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

This plan and noted procedures are intended to comply with 29 CFR 1910.1030, U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) standard, pertaining to employees who may be subject to occupational exposure to bloodborne pathogens.

This plan identifies the job classifications that may incur occupational exposure to blood and other potentially infectious materials (OPIM) at Randolph Community College. This plan also describes the methods of compliance with applicable requirements of the Standard and a procedure for evaluating exposure incidents.

In addition, the Standard requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories are expected to incur exposure to blood or OPIM, tasks or procedures that would cause these employees to have occupational exposure are listed to better understand clearly which employees in these categories are considered to have occupational exposure.

All full and part-time employees of Randolph Community College whose job classifications put them at risk for exposure to bloodborne pathogens are required to comply with this plan and with the requirements of the Standard. Any failure to comply may be cause for disciplinary action.

Departments or programs utilizing on-campus sites for instruction in which there is a high risk of exposure to bloodborne pathogens will ensure that all employees affected are trained in the Standard, Universal Precautions, and this Exposure Control Plan.

College employees involved in the instruction of students at off-campus clinical sites will comply with the plan established by that facility as well as this Exposure Control Plan.

A. RESPONSIBILITY

The Program Coordinator identified in Appendix A, Section A is responsible for implementing the Exposure Control Plan. The Program Coordinator working with Randolph Community College Safety Committee will ensure compliance with the Plan and the Standard. The plan will be reviewed annually and revised, as necessary.

B. ACCESSIBILITY OF THE EXPOSURE CONTROL PLAN

The Bloodborne Pathogen Exposure Control Plan may be examined by employees during Randolph Community College's normal operating hours. Copies of this Plan are available for examination as indicated in Appendix A, Section B.

C. 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 (OPIM) 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.

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

Other Potentially Infectious Materials (OPIM):

1. The following fluids: semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body 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.

II. EXPOSURE DETERMINATION

The Program Coordinator and those listed in Appendix A and section E are responsible for classifying tasks performed in their areas of responsibility that have a potential of exposure to blood or other infectious body fluids. Whenever possible, additional procedures are established to eliminate or reduce task-associated risks and program lead instructors are responsible for their supervisors, division chairs and employees' adherence to this policy including part-time employees.

Occupational exposure determination is made without regard to the use of personal protective equipment (i.e., the presence of personal protective equipment does not alter the presumption of potential exposure).

The supervisors, division chairs and program lead instructors shall ensure that all position descriptions, including administrative and support personnel, whether paid or volunteer, have been evaluated by the appropriate department or program and that any risk of exposure has been identified.

For jobs with a potential exposure, a list of tasks or procedures which present a potential occupational exposure to those employees will be prepared. Employees who are reassigned to a different job or the same job in a different environment will have their job responsibilities reviewed to ensure appropriate training is provided. This must be reviewed by the department or program involved on an annual basis.

Supervisors, division chairs and program lead instructors are responsible for monitoring employees' job performance and for ensuring job descriptions match with the tasks that are being performed by employees. Any change in task which will present a change in exposure status while on any of Randolph Community College's campuses or their clinical sites will be noted, and appropriate training will be provided.

Supervisory personnel are also responsible for monitoring employees' training status and their compliance with universal precautions and other risk-reducing policies; being particularly attentive to recognize, act on, and prevent unsafe actions by anyone in their presence. They will ensure that whenever a new position description is prepared, it is reviewed for exposure risks.

All employees share responsibility with and for their co-workers to ensure compliance with the letter, spirit, and intent of Randolph Community College's policies for the prevention of transmission of disease among employees, students, and visitors of Randolph Community College. Therefore, each employee must know how to recognize potential occupational exposure and must communicate changes in their exposure classification to their supervisor if asked to perform tasks or procedures which involve an increased risk of exposure.

EXPOSURE CLASSIFICATIONS are listed in Appendix A, Section F for jobs and tasks presenting a potential risk of exposure. Section G provides a listing of jobs and tasks that normally would not have an exposure risk unless certain unplanned tasks have to be performed, such as administering first aid as part of Randolph Community College system or having to do a clean-up.

III. RECORDKEEPING

Randolph Community College will maintain a record for each employee who is determined to be at risk for occupational exposure to bloodborne pathogens.

Each employee's record should contain the following:

- a. Employee's name and Social Security Number,
- b. A copy of the employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations or a signed declination form, and
- c. If an exposure occurs, the Program Coordinator and Human Resources will maintain copies of the incident report, the post-exposure follow-up procedures performed, documentation of the route(s) of exposure, the results of the source individual's blood testing, if available, and a copy of the healthcare professional's written opinion.

A. RECORD MAINTENANCE

An employee's records will be kept confidential and not be disclosed or reported without the individual employee's written consent, except as required by federal, state, or local laws.

An employee's records will be maintained by Randolph Community College for not less than thirty (30) years after the employee's termination.

B. TRAINING RECORDS

Employee training records will include the following information related to specific education about bloodborne pathogens:

1. The dates of the training sessions,

2. The contents or a summary of the training session,
3. The name(s) and qualifications of the person(s) conducting the employee training,
4. The names and titles of all persons attending the training sessions,
5. The training records must be kept for three (3) years.

Training records will be maintained at the location designated on Appendix A, Section C and will be kept current by the Program Coordinator and or Director of Safety & Emergency Preparedness.

Randolph Community College will ensure that all records required to be maintained by the OSHA Standard shall be made available upon request to federal and state officials for examination and copying. Employee training records required by the OSHA Standard will be provided upon request for examination and copying to employees, to employee representatives, and to federal, state, and local officials in accordance with 29 CFR 1910.20.

Randolph Community College shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h). If Randolph Community College ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, Randolph Community College shall notify the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, at least three (3) months prior to their disposal. Randolph Community College shall also transmit these records to the Director, if the Director requires them to do so, within that three (3) month period.

IV. METHODS OF COMPLIANCE

Randolph Community College will practice and enforce Universal Precautions to prevent contact with blood or other potentially infectious materials (OPIM) (i.e., semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and in situations where it is difficult or impossible to differentiate between body fluids).

1. Blood and body fluid precautions will be used consistently in a setting where the risk of blood exposure is present.
2. All identified employees will use barrier precautions to prevent exposure to the skin and mucous membranes (eyes, nose, mouth) when contact with blood or other potentially infectious materials is anticipated.
3. Disposable gloves (single use) will always be replaced as soon as practical when visibly contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Disposable gloves will not be washed or decontaminated for reuse.
4. Masks and protective eyewear combination (goggles or glasses with solid side shields), or face-shields which protect all mucous membranes will be worn when performing procedures that are likely to generate splashes, spray, spatter, or droplets of blood or other potentially infectious materials.
5. Gowns, aprons, or other protective body clothing will be worn when performing procedures likely to generate splashes or splatters of blood or body fluids and in all occupational exposure situations.
6. The Hepatitis B vaccine will be offered and provided free of charge at a convenient time and place to all employees in the jobs determined to have a potential exposure to blood or other infectious body fluids.

7. Surgical caps or hoods and/or shoe covers will be worn in instances when gross contamination can reasonably be anticipated.
8. Hands or other skin surfaces will be washed immediately using a five-minute scrub if contaminated with blood or other body fluids. Hands will also be washed after removing protective gloves.
9. Safety precautions will be followed to prevent injuries caused by needles, scalpel blades, and other sharp instruments.
10. All sharps (e.g., needles, scalpels,) will be placed in properly labeled containers with the international biological hazard symbol and the wording "Biohazard."
11. Identified employees with exudative lesions or weeping dermatitis will refrain from all direct patient contact during student activities and from handling patient-care equipment until the condition resolves.
12. Pregnant identified employees will be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

A. WORK PRACTICES

Randolph Community College recognizes that those employees involved in direct patient care are the best possible sources for information about effective engineering and work practice controls to reduce the risk of exposure. Therefore, Randolph Community College solicits input from those employees who are so involved on a regular basis. Those employees are asked to help with the evaluation of this program and to supply input with respect to the most recent advancements in controls to reduce potential for exposure.

1. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
2. Food or beverages will be consumed only in a safe designated area. Food and drinks will not be kept on the countertops or benchtops where blood or other potentially infectious materials are present.
3. Employees will wash hands, immediately, or as soon as feasible, after removal of gloves or other personal protective equipment. Antiseptic hand cleansers or towelettes, in conjunction with paper towels, will be used if hand-washing facilities are not available.
4. Employees will wash their hands or any other skin for at least 20 seconds; or flush the mucous membranes with water immediately, (if contamination is in the eyes, flush for 10-15 minutes) or as soon as possible, following contact with blood or other potentially infectious materials. Smoking is not permitted in any campus building or property of Randolph Community College. The college is a smoke-free campus.
5. The mucous membranes (eyes, nose, and mouth) will be protected when there is a likelihood of splatter or splashes from blood or body fluids. All procedures involving blood or other potentially infectious materials will be performed in a manner which minimizes splashing, spraying, splattering, and the generation of droplets of these substances.
6. Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.
7. Contaminated needles or other contaminated sharps will not be bent, recapped, sheared, broken, or removed (a mechanical device or a one-handed technique may be used to recap or remove needles). Immediately, or as soon as possible after use, contaminated sharps will be placed in containers which are puncture-resistant, leak-resistant, and properly labeled or color-coded. All glass and hard plastics (intact or broken), which are to be discarded, will be treated as sharps.
8. Specimens of blood or other potentially infectious materials will be placed in a designated regulated waste container.
9. Any blood or body fluid related accident (i.e. needle stick, blood or body fluid splatter or splash to the mucous membranes) will be reported immediately to the supervisor.

10. Equipment which has been contaminated with blood or other potentially infectious materials will be decontaminated before being serviced or shipped unless it can be shown that decontamination of the equipment is not feasible. Equipment, or portions thereof, which is not decontaminated requires that a warning label be affixed.

B. PERSONAL PROTECTIVE EQUIPMENT

All employees should have access to, become familiar with, and follow personal protective equipment policies established by each of Randolph Community College's departments on Randolph Community College campus and those off-campus clinical sites in which they are participating in clinical experiences for students. Personal protective equipment will be provided, at no cost to the employee, when there is potential for an occupational exposure. A list of protective equipment is included in Appendix A, Section I. An example of personal protective equipment could include the following: Gloves, gowns, laboratory coats, face masks, face-shields or safety glasses, mouthpieces, resuscitation bags, pocket masks, or other ventilation equipment.

Personal protective equipment will be used for all occupational exposure situations; however, the employee may temporarily or briefly decline the use of equipment in the following scenario:

"Under rare and extraordinary circumstances, the employee uses his/her professional judgment that, in a specific instance, its use would have prevented delivery of healthcare or public safety services or would have posed an increased hazard to the safety of the employee."

Situations in which personal protective equipment was temporarily or briefly declined will be investigated and documented to determine if changes can be instituted to prevent future occurrences.

1. Appropriate personal protective equipment in appropriate sizes will be readily accessible in each work area. In most instances, personal protective equipment will be provided at off-campus clinical sites by the participating facility for college employees involved in patient care activities which may involve exposure. Types of equipment and its location will be determined by the facilities Exposure Control Plan.
2. Gloves will be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.
3. Cleaning, laundering, repair, replacement, or disposal of personal protective equipment will be provided at no cost to employee. The Program Coordinator should be contacted.
4. Personal protective equipment will be utilized when working with patients and potentially infectious materials; disposable protective gloves will be used during direct patient care and handling of contaminated disposable waste items.
5. If a garment(s) is penetrated by blood or other potentially infectious material, the garment must be removed immediately or as soon as feasible.
6. Personal protective equipment will be removed prior to leaving the work area where there is reasonable likelihood of occupational exposure.
7. Utility gloves will be decontaminated for reuse if the integrity of the glove is not compromised. They must be cleaned in a 1:10 solution of bleach and examined carefully before reusing. They must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration.
8. Personal protective equipment for on-campus sites will be located in specific places as designated by individual departmental policies/procedures.

C. SHARPS

Sharps are defined as needles, scalpels, or other instruments, or pieces of needles, scalpels or other instruments including hard plastic and glass that is capable of penetrating the skin.

1. Only disposable needles will be used at Randolph Community College and whenever applicable, safety needle devices will be purchased.
2. Contaminated sharps will be discarded immediately or as soon as possible in containers which are closable, puncture-resistant, leak-proof on the sides and bottom, and (1) labeled with the international biological hazard symbol and the wording "Biohazard" or (2) red containers.
3. The sharps containers will be easily accessible to personnel and located as close as possible to the areas where sharps are used.
4. The sharps containers will be maintained upright throughout use, replaced routinely and not be allowed to overfill.
5. During replacement or removal from the work area, the sharps containers will be closed to prevent the spillage or protrusion of contents during handling, storage, transport, or shipping. The sharps containers will be placed in a secondary container if leakage is possible.
6. Reusable containers will not be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of a percutaneous injury.
7. Immediately, or as soon as possible, after use, contaminated reusable sharps must be placed in containers until properly decontaminated. These containers will be puncture resistant, leak-proof on the sides and bottom, and will either be red or affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol.
8. All reusable sharps will be properly sterilized or decontaminated after use as recommended by the Center for Disease Prevention and Control.
9. Contaminated reusable sharps will not be stored in a manner which requires employees to reach into the containers.

D. SPECIMENS

1. Specimens of blood, tissue, or other potentially infectious materials collected or transported by Randolph Community College will be placed in containers which prevent leakage during collection, handling, processing, storage, transport, or shipping.
2. The container will be red or affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol. The container must be closed prior to storage, transport, or shipping.

NOTE: If Universal Precautions are utilized in the handling of all specimens, the labeling/color coding system is not necessary, provided the containers are recognizable as containing specimens.

3. If outside contamination of the primary container occurs, the primary container is to be placed within a second container, which prevents leakage during handling, processing, storage, transport, or shipping and which is labeled or color-coded appropriately.
 - a. If the specimen could puncture the primary container, the primary container will be placed within a secondary container which is puncture-resistant in addition to having the above characteristics.
 - b. Spills of infectious material will be handled using an appropriate spill kit.

E. LAUNDRY

1. Employees handling contaminated linen will wear protective gloves and other appropriate PPE to prevent exposure to blood or other potentially infectious materials during the handling and sorting of soiled linen and other fabric items.
2. Laundry that is contaminated with blood or other potentially infectious materials or that may contain contaminated needles or sharps will be treated as if it were HBV/HIV infected and handled as little as possible with a minimum amount of agitation.
3. Contaminated laundry will be bagged at the location where it was used.
4. Contaminated laundry will be placed and transported in bags that are labeled with the international biological hazard symbol and the wording "Biohazard."
5. The "Biohazard" labels used will be fluorescent orange or orange-red with the lettering in contrasting colors. The labels will be affixed to the containers by string, wire, adhesive, or any method that prevents their loss or unintentional removal.
6. Red bags or red containers may be substituted for labels.
7. Contaminated laundry that is wet and presents a reasonable likelihood of soak-through or leakage from the bag will be transported in bags or containers which prevent the fluids from the exterior.
8. All contaminated laundry shipped off-site to another facility which does not utilize Universal Precautions must be labeled or color-coded as follows:
 - a. Contaminated laundry will be placed and transported in bags that are labeled with the international biological hazard symbol and the wording "Biohazard."
 - b. The "Biohazard" labels used will be fluorescent orange or orange-red with the lettering in contrasting colors. The labels will be affixed to the containers by string, wire, adhesive, or any method that prevents their loss or unintentional removal.
 - c. Red bags or red containers may be substituted for labels.
 - d. The laundry service will be contacted by the Department Head, Lead Instructor or Purchasing Office before shipping.

F. HOUSEKEEPING

Randolph Community College work areas, common areas, and instructional areas will be maintained in a clean and sanitary condition. A schedule for cleaning and a method of decontamination, based on the location, type of surface, type of soil present, and procedures being performed in each area, has been developed with Maintenance/Housekeeping.

1. All equipment and environmental work surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.
2. The process of decontamination will be conducted after completion of procedures; when surfaces are overtly contaminated; after the spill of blood or other potentially infectious material; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
3. Only approved disinfectants will be used, such as a 10% solution of sodium hypochloride (household bleach) (one (1) part bleach to ten (10) parts water) mixed fresh each day; or as listed in Appendix A, Section H.
4. Protective coverings such as plastic wrap, aluminum foil, or imperviously backed absorbent will be removed at the end of the work shift or whenever they become overtly contaminated during the shift.
5. Any bins, pails, cans, or other similar receptacles intended for reuse will be decontaminated on a regular basis or whenever there is visible contamination.
6. Broken glassware must be handled with the aid of a mechanical device (i.e., brush and dustpan, tongs, or forceps).

G. REGULATED WASTE

Regulated waste includes:

1. Liquid or semi-liquid blood;

2. Other potentially infectious materials that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
4. Pathological and microbiological wastes containing blood or other potentially infectious materials; and
5. Any item, such as bandages, gauze, linens, or used personal and protective equipment that becomes covered with or contains liquid blood or other potentially infectious materials.

The following guidelines will be followed to meet the federal, state, and county guidelines; however, if the North Carolina and local medical biohazardous waste regulations are more stringent, then those regulations will also be incorporated into the plan.

1. Specimens of blood or other potentially infectious materials will be placed in containers which prevent leakage during the collection, handling, processing, storage, transport, or shipping.
2. For disposal of regulated waste, Randolph Community College shall provide containers that are:
 - a. Closable.
 - b. Constructed to contain all contents and prevent leakage of fluids.
 - c. Colored red or orange-red label with letters in contrasting colors and a biohazard symbol.
3. The containers shall be closed prior to removal to prevent spillage or protruding of contents during handling, storage, transport, or shipping.
4. If outside contamination of the regulated waste container occurs, it will be placed in a second container with the same characteristics as the first container.
5. Randolph Community College shall place the containers for regulated waste in every appropriate laboratory and classroom.
6. Immediately, or as soon as feasible after use, disposable sharps shall be disposed of in closable, puncture resistant, disposable containers that are leak-proof on the sides and bottom and that are labeled with a "biohazard" symbol or color-coded in red. A commercial sharps container is acceptable.
7. Any regulated waste is picked up and transported by an outside contractor.

H. HAZARD COMMUNICATION

Randolph Community College will affix florescent orange or orange-red labels with letters in a contrasting color to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material, and other containers that will be used to store, transport, or ship blood or other potentially infectious materials. All such labels must have the universal biohazard symbol. Randolph Community College will train employees annually or more often when necessary. This training will include information about the hazards of bloodborne pathogens, recognition of potential hazards, the standard as it applies, and other items as required by 29 CFR 1910.1030 and 1910.1200.

I. BLOOD SPILLS

At Randolph Community College employees and students are encouraged to avoid blood spills and OPIM. Cleanup of these materials is to be routinely handled by the Maintenance/Housekeeping staff.

V. TRAINING

A. TRAINING REQUIREMENTS

1. Training will be provided for employees who are at risk for occupational exposure to blood or other potentially infectious materials and hazardous chemicals.
2. All affected employees are required to participate in annual training sessions offered during normal work hours at no cost to the employee.
3. Training sessions for employees will be scheduled:

- a. At the time of initial assignment to tasks involving occupational exposure.
 - b. Whenever tasks or procedures change, which affect an employee's occupational exposure.
 - c. When required due to unusual circumstances.
 - d. For employees who have received training on bloodborne pathogens in the year preceding the effective date of the Standard, only training with respect to the provisions of the Standard which were not included need be provided.
 - e. Annual training for all employees shall be provided within one (1) year of their previous training.
5. Randolph Community College shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the exposure(s) created.
 6. Materials appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

B. CONTENT OF TRAINING SESSIONS

1. The training program shall contain, at a minimum, the following elements:
 - a. An accessible copy of the regulatory text of the Standard and an explanation of its contents.
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
 - c. An explanation of the modes of transmission of bloodborne pathogens.
 - d. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
 - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
 - f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
 - g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of protective equipment.
 - h. An explanation of the basis for selection of personal protective equipment and how to gain access to it.
 - i. Information on the Hepatitis B vaccine, including information on its efficacy, safety, methods of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
 - j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 - k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
 - l. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
 - m. An explanation of the signs, labels, and/or color-coding required by the Standard.

VI. HEPATITIS AND HEPATITIS B VACCINE

A. INFORMATION ON HEPATITIS

Hepatitis means inflammation of the liver. Hepatitis B, which is a viral infection, is one of multiple causes of hepatitis. Many people with Hepatitis B recover completely, but approximately 10% become chronic carriers; one to two percent (1-2%) die from fulminant hepatitis. In the group of chronic carriers, many have no symptoms and appear well, yet can transmit the virus to others. Others may develop a variety of symptoms and liver problems varying from mild to severe (chronic persistent hepatitis, chronic active hepatitis, cirrhosis, and liver failure). There is also an association between the Hepatitis B virus and hepatoma (a form of liver cancer).

Hepatitis B virus can be transmitted by contact with body fluids including blood (along with contaminated needles), semen, breast milk, and vaginal secretions. Health workers are at high risk of acquiring Hepatitis B due to frequent contact with blood or potentially contaminated body fluids and, therefore, the vaccine is recommended to prevent the illness.

B. INFORMATION ON HEPATITIS B VACCINE

1. Three (3) doses of Hepatitis B vaccine are needed to confer protection. Clinical studies have shown that after three (3) doses, ninety-six percent (96%) of healthy adults have been seroprotected. Doses are administered at zero (0), one (1), and six (6) months.
2. Full-time and permanent part-time employees who have occupational exposure will be provided, through the state insurance plan, the Hepatitis B vaccine and vaccination series, as well as post-exposure evaluation and follow-up procedures, including laboratory tests at an accredited laboratory.
3. Protocol for the above procedures will be performed under the supervision of a licensed physician or by another licensed healthcare professional and provided in accordance with the recommendations of the U.S. Public Health Service.
4. The healthcare professional responsible for the employee's Hepatitis B vaccination will be provided with a copy of 29 CFR 1920.1030 Bloodborne Pathogens if they do not have one.
5. The Hepatitis B vaccination will be available to employees within ten (10) working days of initial assignment involving potential exposure and after they have received training on the required subjects.
6. The Hepatitis B vaccine and any future booster(s) recommended by OSHA will be available to employees who have an occupational exposure, unless they have previously received the complete Hepatitis B vaccination series and antibody testing has revealed the employee is immune or the vaccine is contraindicated for medical reasons.
7. A Hepatitis B pre-screening program will not be a prerequisite for receiving the vaccination.
8. An employee who initially declines the Hepatitis B vaccination will be allowed to receive the vaccination at a later date.
9. Employees who decline to accept the Hepatitis B vaccination will be required to sign the declination statement (Appendix B).
10. All part-time employees who may have occupational exposure to Hepatitis B should have the Hepatitis B vaccine prior to being employed by Randolph Community College.
11. Full-time and permanent part-time employees who have already had the vaccine at another location must send or deliver a copy of their vaccination record to the Human Resources Office to be placed in the employee's file. Part-time employees should deliver a copy of their vaccination record to their supervisor.

VII. POST-EXPOSURE

IMMEDIATELY TAKE THE FOLLOWING STEPS:

1. Immediately take appropriate precautionary measures. For eye, mouth, and other mucous membrane exposures, flush/rinse the exposed area thoroughly with running water for at least ten to fifteen (10-15) minutes. For needle sticks, other puncture wounds, or contamination of any body part with blood, scrub for a minimum of five
 - a. (5) minutes.
2. Report the incident to the appropriate persons (e.g., supervisor, program director, or department head) IMMEDIATELY.
3. If the source individual is known and present, inform the individual of the incident and the need for him/her to be tested, within forty-eight (48) hours. Testing of the source individual must be done at

no cost to him/her. If the source individual is known but unavailable, contact him/her as soon as feasible to inform him/her of the incident and the need to be tested.

4. If the source individual refuses to be tested or does not report for testing within a reasonable time, the source individual's physician should be contacted; or if the physician is not known, contact the County Health Department. The Health Department will then take appropriate action.
5. Be sure to complete a Bloodborne Pathogen Employee Exposure Incident Packet (Appendix C). The Bloodborne Pathogen Student Exposure Incident Packet can be found in Appendix D. The Employee incident exposures will be handled as a workplace injury. It will be necessary to report the incident to the insurance representative within forty-eight (48) hours so that a worker's compensation form can be completed.

Appendix A

Randolph Community College

Bloodborne Pathogen Exposure Control Plan – General Information

A.	Program Coordinator: Randolph Community College Director of Safety and Emergency Preparedness Matthew R. Needham Office 336-633-0210 Fax: 336-633-0104 Email: mrneedham@randolph.edu														
B.	A Copy of the Exposure Control Plan is located in the following areas: Program Coordinator's Office Human Resources Office Randolph Community College Web Page under the Employee Forms and Publications link														
	Employees are informed of the location of this and other safety plans: Initial Briefing (Safety)/Orientation Annual Training Sessions E-mail Memos														
C.	Training Records are maintained by: Each department supervisor for their full-time and part-time employees. Training records are located: In each of the department supervisor's office for full-time and part-time employees.														
D.	Exposure Records are maintained by and located: Program Coordinator's Office Human Resources Office														
E.	Exposure Determinations are made by the Program Coordinator and: Supervisor/Department Head/Lead Instructor Program Instructors														
F.	Employees in the following areas have been identified as having a potential risk to blood or other infectious body fluids:														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">TITLE</th> <th style="width: 50%; text-align: center;">TASKS</th> </tr> </thead> <tbody> <tr> <td>Associate Degree Nursing Clinical/Lab Instructor</td> <td>Clinical Activities in typically off-campus settings</td> </tr> <tr> <td>EMS Instructor</td> <td>Instructional Activities in Emergency Medical Science (typically off-campus)</td> </tr> <tr> <td>Nurse Aide Clinical/Lab Instructor</td> <td>Clinical Activities in typically off-campus settings</td> </tr> <tr> <td>Phlebotomy Instructor</td> <td>Clinical Activities on and off campus</td> </tr> <tr> <td>Biology Instructor</td> <td>Laboratory Activities on campus</td> </tr> <tr> <td>Maintenance/Housekeeping Staff</td> <td>Maintaining and cleaning facilities on campus</td> </tr> </tbody> </table>	TITLE	TASKS	Associate Degree Nursing Clinical/Lab Instructor	Clinical Activities in typically off-campus settings	EMS Instructor	Instructional Activities in Emergency Medical Science (typically off-campus)	Nurse Aide Clinical/Lab Instructor	Clinical Activities in typically off-campus settings	Phlebotomy Instructor	Clinical Activities on and off campus	Biology Instructor	Laboratory Activities on campus	Maintenance/Housekeeping Staff	Maintaining and cleaning facilities on campus
TITLE	TASKS														
Associate Degree Nursing Clinical/Lab Instructor	Clinical Activities in typically off-campus settings														
EMS Instructor	Instructional Activities in Emergency Medical Science (typically off-campus)														
Nurse Aide Clinical/Lab Instructor	Clinical Activities in typically off-campus settings														
Phlebotomy Instructor	Clinical Activities on and off campus														
Biology Instructor	Laboratory Activities on campus														
Maintenance/Housekeeping Staff	Maintaining and cleaning facilities on campus														
G.															

Please list jobs that normally do not involve potential exposure, but may require performing unplanned exposure tasks such as administering initial emergency first aid; cleaning blood spills, etc.		
Emergency First Aid:	Job Titles:	Tasks Performed:
	Employees who offer “Good Samaritan” help	Any first aid help
Cleaning Blood or Other Body Fluids:	Job Titles:	Tasks Performed:
	Maintenance and Housekeeping Staff	Maintaining and cleaning facilities on campus
H. What cleaning solution do you use to decontaminate? Approved cleaner: Liquid Absorbent Material and 20% Bleach Solution and Disposable Towels		
I. What personal Protective Equipment is available? Latex Gloves Face Masks Eye Protection Gown		

Appendix B

Hepatitis B Vaccine Record Form

Hepatitis B: Special Precautions:

I have read information on Hepatitis B and have had an opportunity to ask questions. I understand the benefits and risks of Hepatitis B vaccine, and voluntarily agree to be immunized. I understand that I must have 3 doses of the vaccine to confer immunity. As with all medical treatments, there is no guarantee that I will become immune. I am in general good health. I am not immunosuppressed, on hemodialysis, pregnant, or breast-feeding.

Name	SSN	Date of Birth	Age
------	-----	---------------	-----

Address	City	State	Zip	Home Phone
---------	------	-------	-----	------------

Signature	Date	Department
-----------	------	------------

Date:	Type:	Mfg & Lot#: (if known)	Exp. Date: (if known)	Given By: (if known)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Hepatitis B Vaccine Declination Form

(Complete either section 1 or 2)

1. If you have never received Hepatitis B vaccines:

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 given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination at no charge to myself.

Signature of employee: _____

Date: _____

2. If you have previously received Hepatitis B vaccine through another organization or employer:

I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. I decline Hepatitis B vaccination at this time due to the fact that I have previously received all 2 Hepatitis B vaccines through another organization; or I know that I already have immunity due to Hepatitis B antibody count.

Signature of employee: _____

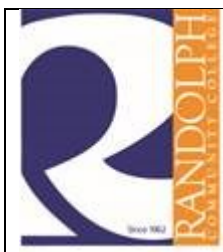
Year of Hepatitis B vaccine: _____

Through what organization: _____

Appendix C

Bloodborne Pathogen Exposure

Employee Incident Packet



BLOODBORNE PATHOGEN EXPOSURE INCIDENT PACKET

Use the forms in the packet to report Bloodborne Pathogen (BBP) exposure incidents.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

Other potentially infectious materials (OPIM) means:

- the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- Any unfixed tissue of organ (other than intact skin) from a human (living or dead); and HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes of the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Complete the required forms as indicated on the incident checklist.

Incident Forms		
Name of Form	Page	Action
Employee Incident Checklist	2	Gives directions for BP exposure to an employee
Medical Incident Report	3	Completed by College personnel and signed by those involved
BBP Exposure Incident Report	4	Completed by exposed individual and supervisor
Exposed Employee Consent Form	5	Completed by employee if receiving a post-exposure evaluation
Exposed Employee Declination of Post-Exposure Evaluation	6	Completed by employee if not receiving a post-exposure evaluation
Health Care Professional's Opinion Form	7	Completed by Health Care Professional
BB Source Information and Consent Form	8-9	Completed by the supervisor and source person and taken to the medical facility

EMPLOYEE INCIDENT CHECKLIST

Immediately wash exposed area with soap and water

- For exposure to eyes, mouth, and/or nose, flush area with water.

Notify Supervisor and Director of Safety and Emergency Preparedness as soon as possible.

Complete the following documents:

- [Incident Report Form](#) from the RCC Website
- Bloodborne Pathogen (BBP) Exposure Incident Report

- Bloodborne Pathogen Source Information and Consent Form (if source is known)
- Exposed Employee Consent Form: For blood collection and testing
- Exposed Employee Declination Form: **IF** choosing not to receive post-exposure follow-up.

Take the completed forms to the Director of Safety and Emergency Preparedness so medical care can be coordinated. If unavailable, report to the HR department.

If the incident occurs after business hours, seek medical treatment for a post-exposure medical evaluation at the hospital, and take the following documents with you:

- BBP Exposure Incident Report: Sections 1 & 2 are to be completed by the employee and/or the supervisor prior to the doctor's appointment.
- Bloodborne Pathogen Source Information and Consent Form (if source is known)
- Health Care Professional's Written Opinion for Post-Exposure Evaluation: Your doctor will complete and return to the Director of Safety and Emergency Preparedness.

Medical Care Provided By:

Randolph Health Internal Medicine
237-D N. Fayetteville St.
Asheboro, NC 27203
Phone: 336-625-3248
Fax: 336-625-6629
During Business Hours

Randolph Health
364 White Oak St.
Asheboro, NC 27204
336-625-5151
After Business Hours

All bloodborne exposure incidents will be handled confidentially, and employees will be handled as a work-related injury. If you have questions regarding the Workers' Compensation and/or BBP Exposure Incident process, or preventative safety concerns, contact Matthew Needham, Director of Safety and Emergency Preparedness, at 336-633-0210.



BLOODBORNE PATHOGEN SOURCE INFORMATION & CONSENT FORM

Note: This form MUST BE SIGNED AND RETURNED to Randolph Community College within THREE (3) DAYS of the date on which it was received. This signed document will be placed in the exposed employee's confidential medical file. THE TEST RESULTS REMAIN CONFIDENTIAL BETWEEN THE PHYSICIAN AND PATIENT.

SECTION 1: DESCRIPTION OF THE EXPOSURE INCIDENT (TO BE COMPLETED BY THE INSTRUCTOR)

On (date of incident) _____ a Randolph Community College student came in contact with blood or other potentially infectious material of the person designated below as the source person. The exposure incident occurred in this way:

Section 2: CONSENT FOR BLOOD TESTING AND RELEASE OF THE INFORMATION (TO BE COMPLETED BY THE SOURCE OR PARENT/GUARDIAN)

I give my consent to have the blood of (name of source person) _____ tested for Hepatitis B virus (HBV), Hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV) and to have the results made available to the exposed student and their professional health care provider. I understand that the test will be done at no cost to me. I also understand that the exposed individual will be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source person named above, including the following statement:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making further disclosure of such records without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose."

I understand that the results of my blood tests will not be released to the College.

I refuse to give consent to have blood tested for Hepatitis B virus (HBV), Hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV) at this time:

Signature of source person: _____

Date: ____/____/____ OR
Date: ____/____/____

SECTION 3: EXPOSED STUDENT'S PROFESSIONAL HEALTH CARE PROVIDER TO WHOM BLOOD TESTS WILL BE RELEASED.

(TO BE COMPLETED BY STUDENT)

Physician's Name/Medical Facility Name:

Address:

Telephone Number:

Fax Number:

**PLEASE TAKE A COPY OF THIS TWO-PAGE DOCUMENT TO GIVE TO YOUR
HEALTH CARE PROVIDER**

Instructions to health care provider: Pursuant to this signed consent form, please release the source person's test results to the employee's health care provider, listed in SECTION 3 above.

Please Note:

This signed document will be placed in the exposed employee's medical record, and a copy in the Workers' Comp file.

These two pages must be signed and returned to the College within three days of the date on which it was received.

Fax: 336-633-0104 Attention: Director of Safety—CONFIDENTIAL

OR

Mail to:

RCC Director of Safety - CONFIDENTIAL
629 Industrial Park Ave.
Asheboro, NC 27205



BLOODBORNE PATHOGEN EXPOSURE INCIDENT

Bloodborne Pathogen Exposed Student Acknowledgement

TO BE COMPLETED BY THE EXPOSED STUDENT

Name: _____ Date of exposure incident: ____/____/____

I was exposed to blood and/or other potentially infectious body fluids during a class at Randolph Community College. As a result of this incident, I have completed the BBP Exposure Incident Report, and I have been advised by the College to seek medical evaluation and follow-up by a Health Care Provider immediately.

Intent for Blood Collection and Testing

Following exposure to blood or potentially infectious materials during the performance of my class, I intend on having my blood collected as soon as feasible and tested for HBV, HCV and HIV serological status. I understand that blood test(s) will **not** be provided by Randolph Community College, but RCC does provide supplemental accident insurance that can be used. I also understand that the source individual will be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual/exposed person, including the following statement:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making further disclosure of such records without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose."

I further understand the results of my blood test(s) will remain confidential and will not be released to the College.

Refusal of Consent for Blood Collection and Testing

Following exposure to blood or potentially infectious materials during the performance of my class, I do not consent to having my blood collected as soon as feasible and tested for HBV and HIV serological status. I understand the blood test(s) would **not** be provided by the College, but RCC does provide supplemental accident insurance that could be used. I further understand that the results of my blood test(s) would remain confidential and would not be released to the College.

Signature: _____ Date: ____/____/____

Clinical Placement and Transportation Policy

The Medical Assisting Program Director will determine clinical practicum assignments. Clinical practicum 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 student's 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.

Practicum assignments are determined by the department head of Medical Assisting. Every effort is made to ensure that students are placed in a practicum site that will expose the student to a variety of patient age groups, disease processes, and experiences, as well as to demonstrate knowledge of the cognitive objectives and practice the psychomotor and affective competencies achieved during the coursework.

The student is responsible for both providing his/her own transportation and the cost of that transportation to and from the practicum facility assignment.

Evaluation of Clinical Practicum Placement

The student will always be closely supervised and monitored while at the practicum site by a preceptor and/or office manager. Clinical Practicum experience is a major component of the Medical Assisting Program and will provide clinical experiences that are meaningful and closely correlates to the lecture materials and laboratory skills taught in the classroom. Students will be evaluated by his/her preceptor and/or the office manager and the instructor. During Practicum, students will maintain a daily journal to meet objectives established for this experience. Weekly evaluation sheets are also completed by the preceptor and/or the office manager. The weekly evaluation sheets are sent to the Medical Assisting department at the end of each week to address areas of concerns or deficiencies. Evaluation of clinical experience will include assessing the journals and the weekly evaluation sheets. The preceptor and/or office manager will evaluate the student on the Medical Assisting Education Review Board evaluation sheet. The instructor will perform periodic Practicum visits to meet with the preceptors, conference students, and evaluate his/her progress. The student will have an opportunity to evaluate the Practicum site upon completion of the practicum rotation.

Critical Incident

A critical "incident" is the occurrence of a situation in the practicum 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.

Sanctions for the incident are as follows:

- First incident – The student is placed on clinical practicum probation. The student will meet with the instructor to mutually develop a Remediation Plan.
- Second incident – May result in the student's immediate dismissal from the program.

Clinical Practicum 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, 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 a student fails to achieve a satisfactory GPA in the next semester, the student may be suspended from the program.

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

- a. Less than satisfactory clinical practicum performance
- b. Breach of confidentiality
- c. Medication errors
- d. Performing any procedure or giving any medication without securing appropriate supervision
- e. Breach of Attendance Policies

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

Practicum Policy Regarding Acceptance of Pay

Students will be placed in a practicum site and a practicum preceptor will be assigned by the site and RCC instructors will supervise this practicum. Students will pay regular college tuition and accident insurance and WILL NOT be paid or receive any compensation as employees. The student will be working for educational credit only. Employment in a physician's office does not qualify as practicum even if the office is an approved practicum site.

Honesty

All students are expected to be honest with faculty and staff in all situations related to clinical practicum and academic activities. Students witnessing any dishonest activity are required to bring it to the attention of the instructor. Failure to abide by this policy is considered a violation of the honor code and will result in disciplinary action as noted in the Randolph Community College catalog. **Academic Dishonesty:** Taking or acquiring possession of any academic material from a college employee or fellow student without permission; receiving or giving help during tests or other assessments of learning; submitting papers, reports or assignments as originals that are not the student's own; plagiarism.

Sanctions for incidences of academic dishonesty include loss of academic credit or grade imposed by an instructor. **Note:** In those instances where the loss of academic credit or grade results in the student being removed from a class or curriculum, the issue will be referred to the Associate Dean of Student Services for resolution and/or advisement.

Any student taking classes within the Medical Assisting Program will be held to the above policy and penalty for this behavior will be made by the Medical Assisting instructor on a case-by-case basis depending on the severity of the academic dishonesty.

Student Code of Conduct and Grievance Procedures

The College reserves the right to maintain a safe and orderly educational environment for students and staff. Therefore, when in the judgment of College officials, a student's conduct disrupts or threatens to disrupt the College community, appropriate disciplinary action will be taken to restore and protect the safety of that community. Students are expected to conduct themselves in accordance with generally accepted standards of scholarship and behavior. The purpose of this statement is to protect the rights of all students in their academic pursuits.

Student Rights and Responsibilities

Students at Randolph Community College are considered mature adults who enter classes voluntarily. By entering classes, students take upon themselves certain responsibilities and obligations that include an honest attempt at academic performance and social behavior consistent with the lawful purpose of the College. Students maintain all legal rights of citizenship while enrolled and are expected to remember that they are living in a democratic situation. The reputation of the College rests upon the shoulders of students as well as on the administration, staff, and faculty; and it is hoped that each student will maintain high standards of citizenship. The campus and College will not be a place of refuge or sanctuary for illegal or irresponsible behavior. Students, like all citizens, are subject to civil authority on and off the campus. Common courtesy and cooperation make the above suffice for a long list of rules and regulations.

Prohibited student behaviors include, but are not limited to, the following:

1. **Academic dishonesty:** taking or acquiring possession of any academic material from a college employee or fellow student without permission; receiving or giving help during tests or other assessments of learning; submitting papers, reports or assignments as originals that are not the student's own; plagiarism.
2. **Animals:** animals on campus are forbidden, including animals left in vehicles. Service animals are permitted.
3. **Theft/Unauthorized Entry:** stealing the property of another individual or of the College. Students guilty of theft may be referred for criminal persecution as well as College disciplinary action. Unauthorized entry or presence in a college facility is prohibited and may result in criminal charges on suspicion of breaking and entering or unlawful trespass.
4. **Drugs and alcoholic beverages:** Randolph Community College prohibits the unlawful use, possession, distribution, manufacture, or dispensation of any controlled substance or alcohol while on campus, facilities leased by the College, or at college-supported functions. The complete Drug and Alcohol Policy may be found on the College's website or obtained from the Dean of Students.
5. **Inappropriate Conduct:** lewd, indecent, or offensive conduct or clothing, including public physical or verbal action or distribution of obscene or libelous material. Mental, physical, or verbal abuse of any person (employee or student) on campus or at campus-sponsored functions is prohibited.
6. **Sexual Harassment:** any act, comment, or behavior that violates the College's Unlawful Harassment/Discrimination Policy. This policy may be found on the College's website or obtained from the Dean of Students.
7. **Weapons:** possession or use of a firearm, incendiary device, explosive, or any instrument designed to inflict serious bodily injury to any person is strictly prohibited, except as otherwise specified by law. These restrictions do not apply to on-duty law enforcement personnel or those abiding by the College's Weapons on Campus Policy.

8. **Forgery:** alteration or misuse of college documents, records, or instruments of identification and/or the College's personnel signatures with intent to deceive.
9. **False information:** presenting to the College intentionally erroneous information; knowingly withholding information which may have an effect upon enrollment or status with the College, and which is legally and properly requested by the College.
10. **Damage to property:** intentionally inflicting damage to college property or to property belonging to any person working at or attending the College.
11. **Disobedience:** failing to obey reasonable requests or directions or any College employee.
12. **Disorderly conduct:** interrupting or interfering with the academic mission of the College or disturbing the peace of the College.
13. **Disruption:** disrupting the normal activities of the College by physically or verbally interfering with instruction, meetings, functions, or activities.
14. **Public laws:** violating any local, state, or federal law may lead to legal action as well as campus discipline.
15. **Internet use:** using the Internet for inappropriate or non-academic purposes, including, but not limited to, viewing sites that may be offensive to others; chat rooms; and games. Anyone using a college computer workstation and for non-educational purposes may be asked to relinquish the workstation to a user who needs it for research or to support an instructional assignment. Further information is available in the Computer and Network Use Policy.
16. **Unprofessional Conduct:** some curricula have specific codes of professional conduct that require appropriate behavior, both on campus and at off-campus facilities, functions, or activities. Students in those curricula will be held accountable for adhering to those codes.
17. **Use of tobacco products:** Randolph Community College is a tobacco-free institution. The policy applies to all College owned or leased facilities and vehicles regardless of location. For details, reference the College's Smoking/Tobacco Free Campus Policy located on the College's website or from the office of the Dean of Students.
18. **Unauthorized presence in or on college facilities during non-operational hours:** The College facilities are open for students no earlier than 7 a.m. on days of operation and close 15 minutes after classes conclude for the day. Students should plan accordingly.
19. **Bullying/Cyberbullying:** Intimidation, harassment, isolation and/or manipulation of college employees and/or students. Such behaviors include, but are not limited to, physical, verbal, and/or electronic assault, name calling, threats, teasing, retaliation, misrepresentation, etc.
20. **Social Networking/Media:** Misuse of Social Networking or Media includes unauthorized posting of personal information of other users; posting of material that contains vulgar, obscene, or indecent language or images; posting of material which defames, abuses, or threatens others; posting statements or images that are bigoted, hateful, or racially offensive; discussion or posting of illegal activity or intent to commit illegal activity.
21. **False Representation/Impersonation:** Falsely representing or impersonating a Randolph Community College employee or student via written, verbal, or electronic means. This includes, but is not limited to, social networking, forms, e-mail, phone, etc.

Implementation Responsibilities

An instructor may discipline students involved in minor infractions of the rules and regulations of the classroom, lab, or practicum site, as the instructor has the authority to define proper behavior. Other violations of the Student Code of Conduct will be referred to the Vice President for Student Services for resolution.

Disciplinary Procedures

Any instructor or staff member may use his/her discretion to warn a student against violating the Student Code of Conduct and may temporarily remove a student from a single class or activity for the duration of

that specific class, lab, or practicum experience or activity. The instructor or staff member taking this action will notify the Associate Dean immediately and will provide a written report of the incident to the Vice President for Student Services within 24 hours following the incident.

In an emergency, the President, Vice Presidents, Dean of Students, Associate Deans, or the Director of Security are authorized to suspend any student from the college immediately.

Student Grievance Policy (Due Process)

Purpose of the Student Grievance Policy

The purpose of the student grievance policy is to provide due process for resolving student complaints. RCC has established three grievance procedures depending on the nature of the grievance. The procedures are:

- I. **Standard Grievance** – discrimination on the basis of age, sex, race, ethnicity, religion, national origin, disability, or other conditions or preferences; unfair treatment that is in violation of students' basic rights, as set forth in the College Catalog.
- II. **Academic Grievance** – academic matters where students have a grievance. Areas for appeal include, but are not limited to, classroom procedures, charges of unfair treatment by an instructor, charges of unfair grades given by an instructor, course requirements that differ substantially from those set forth in the syllabus, and the right to participate in College sponsored activities.
- III. **Harassment Grievance (Title IX)** – harassment and intimidation, whether in the form of words, actions, or both, that may be inherently personal such as gender, sex, race, ethnicity, sexual orientation, etc. Sexual harassment may be Quid Pro Quo (i.e., benefits promised in exchange for sexual activity) or hostile environment (i.e., unwanted comments/touches, unreasonable expectations, stalking, dating violence, etc.).

Notes: If any of the above are committed against a student by another student instead of a College employee, the offended student should report the matter immediately to a College official, who will report it to the Vice President for Student Services. The exception to this requirement is a harassment grievance which may be taken directly to the Student Services Counselor serving as the Title IX Coordinator. The incident will be investigated, and action taken if a violation of the Student Code of Conduct occurred. Under no circumstances will retaliation be tolerated. Students requesting due process will not be harassed, intimidated, discouraged, or denied access to the Grievance Procedures (Due Process). When the situation warrants it, the President or the Vice President serving in any of the grievance procedures may make an interim decision concerning the student's status during the appeal process by determining the feasibility of allowing the student to continue to attend class or removing the student from class/campus until the due process is completed.

- I. **Standard Grievance Procedure** - The following procedure is to be used to resolve a grievance. Once this procedure of due process has begun, students who want to continue to pursue due process must follow the procedure and may not circumvent steps in the procedure and go prematurely to a higher authority.
 1. **The Offending Person** – The student must first make contact with the offending person to resolve their differences within five school days. The exception to this requirement is harassment complaints, which may be taken directly to the Student Services Counselor serving as the Title IX Coordinator, as described below.
 2. **The Vice President for Student Services** – If the complaint is not resolved in the informal conference with the offending person, the student may then appeal in writing to the Vice

President for Student Services within five working days, who will schedule a conference with the student the other involved parties. Formal tracking is initiated with the Vice President for Student Services. If the grievance is academic in nature the student will be directed to follow the procedure for resolving an Academic Grievance as listed below.

Contact Information for Standard Grievances

Chad Williams
Vice President for Student Services
629 Industrial Park Avenue
Asheboro, NC 27205
Email: gcwilliams@randolph.edu
Phone: 336-633-0049

3. **The Appeals Committee** – If the grievance is not resolved by the appropriate Vice President, the student may request a hearing in writing before the Appeals Committee.
 - A. The Vice President for Student Services will notify the chair of the Appeals Committee within five working days upon written receipt of the request for a hearing. The Appeals Committee is comprised of two faculty members, two staff members, an SGA officer, and any additional members appointed by the President of the College.
 - B. After receiving the student's letter of grievance, the Appeals Committee must grant a hearing no later than 5 working days after receiving the request.
 - C. The Appeals Committee will send the student an outline of the procedures to be followed in the hearing. These may include, but are not limited to, who may attend the hearing, who may speak before the committee, and any documentation that is requested.
 - D. The Appeals Committee must render a decision and respond to the student in writing within five working days following the hearing.
4. **The President** – If the grievance is not resolved to the student's satisfaction by the Appeals Committee, the student may request a meeting in writing before the President of the College. The student must present his/her grievance in a signed and dated document to the Office of the President within 5 working days of receiving the decision of the Appeals Committee. The President's decision is final.
5. **The Personnel Committee of the Board of Trustees** – The President's decision regarding the original grievance may not be appealed. The student may appeal to the Personnel Committee of the Board of Trustees in writing only if there has been a violation of policy in the process of the College grievance procedure or because of actions that are prohibited by the First Amendment of the U.S. Constitution, Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Americans with Disabilities Act Amendments Act of 2008. The student must make this request to the President in writing, signed and dated, within five working days of receiving the decision of the President. The Personnel Committee of the Board of Trustees will hear the student's grievance at the first convenient opportunity and will communicate its decision to the student within 10 working days. The student shall have the burden of showing how a College policy or the student's constitutional rights have been specifically violated in the conduct of the grievance procedure. The Personnel Committee will not render a separate decision on the original grievance itself, but will determine whether the grievant has received a fair hearing from the College in accordance with the Student Grievance Policy and whether there has been a violation of the student's rights under the First Amendment to the U.S. Constitution, Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the

Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Americans with Disabilities Act Amendments Act of 2008.

6. **The Board of Trustees** – If the Personnel Committee rules against the student, the student may appeal in writing to the ruling to the full Board of Trustees only if the student can provide evidence of discrimination (based on violation of College policy or the student’s constitutional rights) by the Personnel Committee of the Board of Trustees, but may not appeal to the full Board of Trustees merely because the grievant disagrees with the decision of the Personnel Committee. The student must present this request to the President in writing, signed and dated, within five working days of receiving the decision of the Personnel Committee of the Board of Trustees. The Board of Trustees will hear the student’s grievance at the first convenient opportunity and will communicate its decision to the student within 10 working days. The Board of Trustees will not render a separate decision on the original grievance itself, but will determine whether the grievant has received a fair hearing from the College and the Personnel Committee in accordance with the Student Grievance Policy and whether there has been a violation of the student’s rights under the First Amendment of the U.S. Constitution, Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Americans with Disabilities Act Amendments Act of 2008.

II. **Academic Grievance Procedure** – An Academic Grievance must be initiated within 8 weeks of the completion of the curriculum course in question and within three months of the completion of the continuing education or adult basic education course in question. If the grievance is regarding an academic matter, the following steps must be followed:

1. **The Instructor** – The student must first go to the instructor with whom he/she has the grievance. A conference with the instructor will be held to resolve the grievance informally.
2. **Supervisory Chain** – If the informal conference with the instructor does not resolve the grievance, the student may appeal through the supervisory chain. Each appeal must be in writing within five working days from the date the student is notified of the decision.
 - a. For curriculum courses, the supervisory chain is the Department Head, Associate Dean, Dean of Curriculum Programs, and Vice President for Instructional Services. Formal Tracking is initiated with the Vice President for Instructional Services.
 - b. For continuing education and adult basic education courses, the supervisory chain is Coordinator (when applicable), Director, and Vice President for Workforce Development and Continuing Education. Formal Tracking is initiated with the Vice President for Workforce Development and Continuing Education.

The academic decision of the Vice President for Instructional Services or the Vice President for Workforce Development and Continuing Education is final. However, if the student can provide evidence of discrimination (based on a violation of College policy or the student’s constitutional rights) or has not been allowed due process, then the student has access to the standard grievance procedure, beginning with the Appeals Committee.

3. **Standard Grievance Procedure:** The Appeals Committee – If the grievance is not resolved by the supervisory chain and the student provides evidence of discrimination or evidence that due process has not been given to the student, then the student has access to the standard grievance procedure beginning with the Appeals Committee, which must be initiated within five working days of notification of the Vice President’s decision.

III. **Harassment (Title IX) Grievance Procedure** – The following procedure is used to investigate allegations of harassment (Title IX).

1. **Title IX Coordinator** – IF the student grievance pertains to an allegation of harassment by either another student or an employee, the student may go directly to the Student Services Counselor

serving as the Title IX Coordinator rather than to the offending person. Formal Tracking is initiated with the Student Services Coordinator serving as the Title IX Coordinator. Any person who receives knowledge of a student allegedly being harassed must report it to the Student Services Counselor servicing as the Title IX Coordinator who will conduct an investigation. The Title IX Coordinator may be able to remedy the situation and implement programming to prevent its re-occurrence. Based on the results of the investigation conducted by the Title IX Coordinator, the Vice President for Student Services will make the decision regarding appropriate disciplinary action. Both the accused and the accuser will be informed by the Title IX Coordinator, in writing, of the investigation's results. Students may choose to or decline to report allegations to law enforcement such as the School Resource Office (SRO). Harassment grievances involving Randolph Early College High School (RECHS) students must be reported to RECHS teacher/staff. The employee harassment grievance procedures are in the Employment Matters, Harassment and Discrimination policy of the RCC Personnel Handbook and Policy Manual (VI B 9).

NOTE: The Title IX Coordinator will inform the Vice President for Student Services of the investigation. The Vice President of Student Services may make recommendations for remedies of the situation and program/policy changes that are beyond the scope of the Title IX Coordinator's responsibilities.

Contact Information for Harassment (Title IX) Grievances

Tammy Cheek

Student Services Counselor and Disability Services Coordinator

629 Industrial Park Avenue

Asheboro, NC 27205

Email: twcheek@randolph.edu

Phone: 336-633-0246

2. **Standard Grievance Procedure: The Appeals Committee** – If the grievance is not resolved by the Title IX Coordinator, then either the accused or the accuser have access to the standard grievance procedure beginning with the Appeals Committee, which must be initiated within five working days of notification of the Title IX Coordinator's decision.
- IV. **Additional Resources** – If complaints are unable to be resolved through the RCC grievance procedures above, the following resources are available:

1. North Carolina Community College System (NCCCS):
Students can review the Student Complaint Policy and submit their complaint using the online complaint form at <https://studentcomplaints.northcarolina.edu/form>.

North Carolina Office of Post-Secondary Education Complaints

c/o Student Complaints

223 S. West Street, Suite 1800

Raleigh, NC 27603

Email: studentcomplaint@northcarolina.edu

Phone: (919) 962-4558

Website: <https://www.northcarolina.edu/post-secondary-education-complaints/>

2. **Southern Association of Colleges and Schools Commission on Colleges (SACSCOC):**
Students can submit complaints to RCC's accrediting agency by following the Complaints Procedures Against SACSCOC or Its Accredited Institutions at

<https://sacscoc.org/app/uploads/2020/01/ComplaintPolicy-1.pdf>.

Southern Association of Colleges and Schools Commission on Colleges
(SACSCOC)
1866 Southern Lane
Decatur, GA 30033-4097
Website: www.sacscoc.org

3. State Authorization Reciprocity Agreement – North Carolina (SARA-NC):

The North Carolina State Education Assistance Authority (NCSEAA) serves as the SARA portal entity for North Carolina with the responsibilities defined by the National Council for State Authorization Reciprocity Agreements (SARA). Distance Education students who reside outside of the state may follow the SARA-NC Student Complaint Process at www.saranc.org/Complaint.

North Carolina State Education Assistance Authority
c/o SARA North Carolina
P. O. Box 41349
Raleigh, NC 27629
Email: information@saranc.org
Phone: (855) SARA1NC or (855) 727-2162, toll free
Fax: (919) 248-6667
Website: www.saranc.org

College Calendar

You can access the current school calendar on the Randolph Community College website.

Course Policies

See the Medical Assisting Program's Student Handbook.

College Policies

College rules and policies are found on the Randolph Community College website. Students are responsible for reading and adhering to all College rules and policies.

Telephone Calls

In an emergency, family and friends may call the student at school. Only emergency messages will be delivered to the student. No telephone calls are to be received in the clinical practicum area except in the case of an emergency. Out-going personal calls of an emergency nature may be made from the clinical practicum area only after securing permission from the clinical practicum instructor. Students may not have their cell phones in the clinical practicum setting.

Moodle

A component of the online class content is presented via Moodle. Students have the responsibility to make sure the equipment they will use to complete this online component is configured to receive the course content. While the Randolph Community College helpdesk will work with each student to troubleshoot

connection problems, Randolph Community College is not responsible for the student's home computer setup. Students who have difficulty viewing online content of the course are strongly advised to attend the seated class and/or contact Distance Education for assistance.

Safety Announcement

The college is very concerned about protecting our students, employees, and visitors. You can help the college protect everyone by reporting any threats that you receive (or hear about) to your instructor, to security, or to another college official. The college is proactive in taking steps to protect anyone who has reason to believe that he/she is in danger. Also keep your belongings in secure places and report any suspicious activities to college officials. Together, we can help our college be a safer place.

Student Injury in Practicum Area

Students will be assigned to an on-site supervisor for the practicum. Students **MUST** follow agency protocol for patient care and fire and safety regulations. Should a Medical Assisting student sustain personal injury while participating in a practicum assignment, he/she should report the injury immediately to the preceptor/supervisor **and** the Medical Assisting faculty/department head. If the student is unable to contact the practicum preceptor/supervisor, he/she must notify the Medical Assisting faculty/department head. An agency incident report with specific details of the injury must be completed and an RCC incident report is to be completed and directed to the director of safety and emergency preparedness. The RCC Incident report can be accessed at:

<https://randolphcc.wufoo.com/forms/z1othywg1ajk0af/>

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 practicum 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 Randolph Community College academic policies and/or violate local, state, or federal laws and regulations.
- Posting of embarrassing, threatening, or harassing statements on either a personal page or site, Facebook, blogs, Yearbook, Twitter, Instagram, Tik Tok, Blackboard, Moodle, texting, Messenger, etc.

Students are not to contact instructors or practicum personnel through any social media network. Students should direct all communication outside of class, lab, or practicum through the correct Moodle course or through the instructor's Randolph 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.

Medical Release

A student with changes at any time during the length of the program in his/her medical condition from what is documented on the student medical form is required to notify the course coordinator and clinical coordinator within 48 hours of the hospitalization or care. 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 practicum settings. All areas must be addressed on the medical release.

The program performance standards noted in the Medical Assistant Student Handbook must be maintained in order to provide care to clients and to provide a safe environment for learning. 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 practicum settings, including Moodle access, unless the medical release specifies differently. Access will be restored based on the date of the release.

Immediate dismissal from the program will result if the student breaches this policy. 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.

Inclement Weather Plan

Announcements of unscheduled closings or changes in operating hours will be made as soon as possible through the RCC Alert System, RCC website and social media pages, and select television stations. RCC will request the following TV stations to broadcast information pertaining to closing or delays. (NOTE: If the College is operating on a normal schedule, no announcement will be made).

TV Stations: WFMY (CBS) Greensboro (www.wfmynews2.com) WGHP (Fox 8) High Point (<http://myfox8.com>) WXII (NBC) Winston Salem (www.wxii12.com)

Spectrum News

Students, faculty, and staff may also call the College's main campus (336-633-0200), Archdale (336-328-1750), or Emergency Services Training Center (336-633-4165) to listen to the voice mail message or visit the RCC website homepage (www.randolph.edu).

NOTE: In the case of a delayed opening, students should report to the class or lab that would normally be in session at the time of the opening.

For unscheduled closings on Friday evenings or during weekends, the designated weekend director (Saturday) or appropriate instructor (Friday evenings and Sunday), will be contacted by the Director of Safety and Emergency Preparedness or the President if a decision is made to close. The weekend director or appropriate instructor may also contact the Director of Safety and Emergency Preparedness or the President if conditions deteriorate during the day or

evening while they are on campus to assist with a decision to close. After the decision has been made, the same protocol for notifications of an unscheduled closing will be followed.

All extracurricular activities or other scheduled events will normally be cancelled when it is necessary to cancel classes due to unscheduled College closings. The person who is in charge of the activity/event will be responsible for rescheduling the activity/event, if necessary. The person in charge of facility use will contact any outside group scheduled to use any College facilities.



**Medical Assisting Program – MED 260 Clinical Practicum
Spring Semester
Regulations Agreement Statement**

This form is signed PRIOR to the beginning of practicums each year after lengthy discussion and all questions have been answered.

I understand the regulations/guidelines for clinical practicum. I have had my questions answered regarding appearance, conduct, and attendance. I am aware of the situations that could result in my dismissal from the Randolph Community College Medical Assisting Program.

Student's Signature

Date

Instructor's Signature

Date



**Medical Assisting Program – MED 260
Clinical Practicum Spring Semester
Medical Assisting Program Policy – FILE COPY
Contaminated Blood and Body Fluid Exposure**

In the following events:

1. A student is exposed to a patient's blood or body fluids during practicum.
2. A patient is exposed to a student's blood or body fluids during practicum.
 - A. The student will immediately report the incident to the instructor **AND** the on-site practicum supervisor.
 - B. The instructor and/or on-site practicum supervisor will complete an accident/incident report. Source blood will be collected, when necessary, if it is practicum established protocol. RCC does not require source blood to be collected.
 - C. **Immediately** go to the Occupational Health Department of the nearest hospital – county in which the incident occurs. You **MUST** take a sample of “source” blood with you to the hospital.
 - D. You will be tested:
 - ❖ On the day of exposure.
 - ❖ 3 months after exposure.
 - ❖ 6 months after exposure.
 - ❖ 1 years after exposure *(to the date)*

Please NOTE: Liability insurance through Randolph Community College covers you for **ONE YEAR** of testing. It is your responsibility to make sure all testing is completed within **ONE YEAR**. Testing **after** the one-year period will **NOT** be covered by your Randolph Community College liability insurance. **Costs will become the student's responsibility if this occurs.**

Bills/Test Dates will be sent to the Medical Assisting Program Director at Randolph Community College. Copies will be put in the student's files. Original bills/test dates will be forwarded to the Randolph Community College Business Office.

Statement of Understanding:

I understand the procedure as stated above and have been given a separate copy of these steps to follow.

Student's Signature

Date



**Medical Assisting Program – MED 260
Clinical Practicum Spring Semester
Drug/Alcohol Policy**

Any student whose behavior or appearance provides reasonable suspicion that the student is under the influence of alcohol or any controlled substance may be required to submit to a drug screening by a Medical Assisting faculty member in consultation with the Associate Dean of Health Sciences, Vice President for Student Services, and the Dean of Students for the College.

Facilities that provide clinical practicum experience reserve the right to require testing in compliance with drug and alcohol policies of the institution. Failure to comply may result in dismissal from the Medical Assisting program.

Drug testing shall be at the **student's expense**. Positive test findings (for drugs) will result in the student's immediate dismissal from practicum. Therefore, the student would be unable to complete requirements for their Medical Assisting degree.

I fully understand the above policy and have been given the opportunity to ask questions and have had them answered.

Student's Signature

Date

RCC Medical Assisting Faculty Signature

Date

Practicum Site Supervisor Signature

Date



**Medical Assisting Program – MED 260
Clinical Practicum Spring Semester
Criteria for Journals**

Practicum Journal Entry

Keeping a journal allows you to reflect on your daily experiences and interactions with patients, healthcare professionals, and the healthcare system. This reflection can help you gain a deeper understanding of the practical aspects of your role. By recording your thoughts and observations, you can actively engage with the experiences you encounter during your practicum. Journaling can help reinforce your learning and make the experience more educational as well as serve as a record of your progress and development as a medical assistant. You can document your achievements, challenges, and the skills you've acquired over time. By documenting your experiences, you can identify areas where you need to improve your skills or knowledge and this self-assessment can guide your professional development. A journal can help you improve communication with your preceptors and colleagues as you can use it to discuss your experiences, seek advice, and ask questions. It can also be a platform for constructive feedback and collaboration. Overall, journals are a valuable tool for personal and professional growth while helping both you and your preceptors to understand the depth of your commitment to learning and growing in your role.

- ❖ No Names/Identification and/or Patient Identifiers (or office specifics) in journal whatsoever – Violation of HIPAA.
- ❖ Never work on weekly journal post at your office site.
- ❖ Write entries while at home.

1. Document observations regarding:

Clinical

- A. Infection control
- B. Preparing client for examination
- C. Vital signs –normal/abnormal
- D. Treatment procedures
- E. Specimen collection
- F. Laboratory procedures
- G. Client education
- H. Nutrition counseling

Administrative

- A. Computer usage
- B. Telephone duty
- C. Filing
- D. Insurance procedures
- E. Accounting procedures
- F. Scheduling procedures
- G. Ordering supplies

2. Utilize log to express feelings/concerns regarding student experiences and progress related to practicum occurrences and plans to make improvements in areas where you feel uncomfortable/anxious, etc.
3. Proper spelling, syntax (construction of sentences and grammar).
4. Keep it brief, but factual.



Medical Assisting Program – MED 260
Clinical Practicum Spring Semester
Uniform Code for Medical Assisting Students

Dress Code and Appearance Policy:

Any student not complying with the Medical Assisting Program's dress code will be dismissed from class, lab, and/or clinical practicum for the day and if the dress code cannot be corrected at the time of discovery the student will be given an absence as well as 5 disciplinary infraction points. Uniforms: Uniforms must be clean, wrinkle-free, and appropriately covering skin to comply with OSHA safety guidelines. Long sleeve shirts (with no visible writing) may be worn under scrub tops. If a jacket is needed, it must be a red or black warm-up jacket no longer than the waist. Shoes: Shoes must be clean, closed-toe/closed heel or black leather shoes with socks above the ankle. Student Photo ID Badge: Student photo ID badge must be worn at the collar level and visible at all times. Photo ID badges must be worn so that the student name and photo are seen. Hair: Hair must be clean, neatly groomed, appropriately styled. Long hair must be neatly pinned or pulled back above the collar. Hair should not fall forward when providing patient care or positioning a patient. Mustaches and beards must be neatly trimmed. Cosmetics: Use cosmetics sparingly DO NOT wear perfume, body sprays, aftershave, or heavy makeup. Any lotions must be scent free. Nails: Nails must be cut to just cover the fingertips and must be kept clean. No polish. No artificial nails or gel overlays for infection control reasons. Jewelry: A watch (with second hand), wedding band, engagement ring, and medical alert bracelet are permitted. Small post earrings may be worn in pierced ears. No visible body piercings (other than one earring in each ear) may be worn. Stethoscopes and blood pressure cuffs are also a requirement of the uniform policy.

The following is the uniform code for medical assisting students to adhere to during their practicum:

1. Uniforms (each facility may grant permission to wear colored jackets with matching uniforms). The site manager must inform the instructor also. You must have one set of red scrubs. Students must have a red or black lab jacket. Additional uniform pieces will be at the discretion of the student.
2. Randolph Community College Picture ID Badge must be worn at all times while in practicum sites, at the collar level, with student name and photo visible.
3. No dirty or wrinkled uniforms will be allowed. Undergarments should NOT be visible at any time.
4. During lab classes uniforms are to be worn. This includes MED 140, MED 240, MED 150, MED 272, and Practicum (MED 260).
5. Nails must be short in length – and clean. No artificial nails, gel overlays, or polish can be worn.
6. Shoes must be clean – black leather and socks are to be worn above the ankle.
7. Hair must be up off collar and not hanging down over your eyes – you will be leaning forward a great deal – to give injections, draw blood, filling out medical records, taking vital signs, etc. Very little makeup should be worn.
8. No perfume or fragrances may be worn.
9. Concerning jewelry – wedding band and/or diamond (or one small ring) can be worn. No necklaces or bracelets or extra decorative pins should be worn. **One** pair of **small** earrings can be worn. You **MUST** wear a watch with a second hand and your student picture ID badge at all times.

10. Chewing gum is **NOT** allowed.
11. **NO cell phones in the clinical practicum area whatsoever. They may NOT be answered, checked, or used while inside the offices. You may leave the office phone number with family members for use for EMERGENCIES ONLY.**
12. NO SUNGLASSES (of any color) inside clinical practicum area.
13. Visible tattoos must be covered at all times. Any visible body piercings must be removed during practicum.

Anyone not complying with these guidelines may be sent home to amend deficiencies. Missed clinical time (as a result) will be considered unexcused.

Student Name

Date

Witness/RCC Medical Assisting Faculty

Date



**Medical Assisting Program
MED 260 – Clinical Practicum
Spring Semester
Practicum Agreement Form**

COLLEGE RESPONSIBILITIES:

1. Shall provide the practicum office with access to Medical Assisting Program Director or to work with practicum office on all phases of the practicum.
2. Practicum Coordinator will provide clinical practicum supervisor, office managers, and/or clinical practicum staff with an on-site orientation prior to placement of medical assisting students.
3. Place only students who have satisfactorily met the Medical Assisting Program requirements. Students will be fully informed of the practicum requirements. The Director will work with all parties concerned to solve any problems which may arise.
4. The Director may withdraw a student from the practicum site whenever deemed necessary, and in the best interest of the program and practicum site.
5. Will abide by contract items previously given to practicum sites, answer any question that may arise and will schedule students according to the college class schedule for the semester of practicum.

PRACTICUM RESPONSIBILITIES:

1. Rotate the students through the supervised areas of administrative, clinical, and lab as indicated at each office.
2. Staff shall supervise and assist the student(s) in relating the work experience to the student's academic studies.
3. Preceptor/Office Manager or appointed representative shall assist the Medical Assisting Program Director/Faculty in evaluating the student's performance, habits, and attitudes.
4. **Students may not receive monetary reimbursement during their practicum for services rendered.**

STUDENT RESPONSIBILITIES:

1. Report punctually and regularly for work and shall conduct themselves at all times in accordance with the Practicum Site's work rules. Students are to contact the Program Director/Faculty and Site Supervisor immediately prior to the beginning of clinical if unable to attend due to illness or emergency.
2. Adhere to all policies of the medical facility.
3. Follow/abide by HIPAA regulations – Keep confidentiality a priority at all times.
4. Direct his/her energies to the satisfactory completion of practicum assignments.

I fully understand the responsibilities of all parties involved in the Medical Assisting Practicum and will make reasonable effort to do my part to make this a successful learning experience.

Student Signature

Date

RCC Medical Assisting Faculty

Date

Practicum Site Supervisor

Date



**Randolph Community College
Medical Assisting**

**Hepatitis B Vaccine *Information*
Form**

Name: _____

SSN: _____

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 informed by the Medical Assisting Program that I am required to obtain the 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 previously received the series and still have immunity.

Student Signature

Date

Program Official's Signature

Date



**Randolph Community College
Medical Assisting**

**Hepatitis B Vaccine *Declination*
Form**

Name: _____

SSN: _____

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 prior to entering the clinical setting. However, due to current immunity secondary to previous vaccination, I decline Hepatitis B vaccine currently. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. I further understand that Randolph Community College will in no way be held liable or accountable if I acquire hepatitis B virus resulting from clinical practice.

I have already received the hepatitis B vaccine.

Student's Signature

Date

Program Official's Signature

Date



**Medical Assisting Program
MED 260 – Clinical Practicum
Spring Semester
Travel Policy**

This is to inform you that you will be required to travel for your practicum. This is necessary to place each student in an appropriate doctor's office. We will try to schedule your experience within a 50-mile range one way. Practicum assignments are assigned based on practicum site availability and will be on Mondays and Wednesdays during the spring semester. Each student will be responsible for his/her own transportation.

I have read the above instructions and am willing to comply with the information.

Student's Signature

Date



Confidentiality Statement

I, _____, understand that I must maintain confidentiality of patient/client visits and their medical records that I observe during my clinical practicum. As a student in an ambulatory care setting, I will have access to confidential information, both written and oral. It is imperative that this information is not disclosed to any unauthorized individuals to maintain the integrity of the patient's information. Confidentiality is a component of accountability and must be observed at all times. Discussions, written information, and medical record pictures concerning patients/clients must be limited to pre- and post-conferences and Medical Assisting theory classes. At no time shall a patient be discussed while at break, on the elevator, in the dining area, on campus, at home, or any other similar setting. Confidentiality cannot be overemphasized. Noncompliance is grounds for dismissal from the program. I agree to maintain confidentiality of all information obtained in the course of my practicum, including, but not limited to, financial, technical, or proprietary information of the organization and personal and sensitive information regarding patients, employees, and vendors. I understand that inappropriate disclosure or release of patient information is grounds for termination from the Medical Assisting program.

Student Signature

Date

Medical Assisting Faculty/Director

Date



Release from Responsibility

I, _____, do hereby release my practicum site(s) from responsibility for any ill effect (including accident or illness) which I may incur while I am participating in the Medical Assisting Program for Randolph Community College.

Student Signature

Date

Assurance of Confidentiality

I, _____, understand my practicum site's policy on confidentiality of patient/client business information. In connection with my activities as a student in the Randolph Community College Medical Assisting Program, I agree to hold all information I may have access to about patients, clients, or business issues confidential. I agree to protect the confidentiality of patient records and staff records. Furthermore, I agree to keep access codes and passwords confidential. I will not divulge any information to unauthorized persons as this will make me subject to either civil action for the collection of monetary damages and/or suspension or dismissal.

Student Signature

Date



Consent to Release Information

Clinical affiliates that provide clinical experiences for students reserve the right to mandate various requirements per clinical education affiliation agreement for students to participate in clinical activities at a particular clinical affiliate. Failure to abide by this affiliation agreement may determine that a student may not be able to participate in clinical activities of their respective program, therefore resulting in dismissal from the program.

I, _____, consent to have any results that arise from the requirements below shared with clinical affiliates before my student privileges are granted. This requirement complies with the policies of clinical affiliates. It is the responsibility of each participating clinical affiliate to grant student clinical privileges.

Please read, acknowledge, and initial each requirement below.

1. ____ Allow for verification of my social security number for identification purposes by clinical affiliates. I understand that if I have an invalid social security number, clinical affiliates may not allow me to participate in clinical activities and therefore, I may be unable to progress in the program.
2. ____ Complete a criminal background check and release results to clinical affiliates. I understand that clinical affiliates may not allow me to participate in clinical activities and therefore, I may be unable to progress in the program.
3. ____ Complete drug testing by urine specimen and release results to clinical affiliates. I understand that if I have a positive test result, clinical affiliates may not allow me to participate in clinical activities and therefore, I may be unable to progress in the program.
4. ____ Release current vaccination records. Hepatitis B vaccination is encouraged, or acknowledgement of waiver signed.
5. ____ Release verification of current CPR certification.
6. ____ Maintain confidentiality regarding patients, medical records, and care provided during any clinical experience.
7. ____ Successfully complete general hospital orientation packet as applicable.
8. ____ I do not hold Randolph Community College responsible for any consequences that may result from the sharing of this information.

Student Signature

Date



Medical Assisting Program
MED 260 Clinical Practicum
Spring Semester
Instructor's Report for Medical Assisting Clinical Practicum
(Weekly Site Visits)

Student's Name: _____
Preceptor's Name: _____
Office Name: _____
Office Manager's Name: _____

S = Satisfactory U = Unsatisfactory N = Needs Improvement NA = Not Applicable

NOTES:

ITEMS TO BE EVALUATED	DATES OF VISIT															
1. Is on time daily in the office																
2. Remains in office for designated time or longer.																
3. Has had no absences.																
4. Adheres to the uniform code.																
5. ID Badge is worn.																
6. Takes and follows directions well.																
7. Is positive in his/her approach to his/her work.																
8. Is willing to accept suggestions and criticism well.																
9. Adapts to change easily.																
10. Demonstrates a desire to learn																
11. Asks for help when needed.																

12. Does not make frequent errors.																
13. Is able to recognize and improve areas of deficiencies without assistance.																
14. Manages his/her time wisely.																
15. Demonstrates a knowledge of basic procedures.																
16. Is adjusting or has adjusted to office routine.																
17. Is able to complete the expected workload.																
18. Establishes rapport easily with patients and other office members.																
19. Displays evidence of improvement in his/her performance in a consistent manner.																



Randolph Community College - Medical Assisting Program
629 Industrial Park Avenue Asheboro, NC 27205 **PHONE (336) 633-0200**
FAX (336) 629-4695

Medical Assisting Program
MED 260 – Clinical Practicum
Spring Semester

FOLLOW UP COMMENTS (Conference with Student)

Visit #1 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #2 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #3 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #4 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #5 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #6 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #7 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #8 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #9 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #10 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #11 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #12 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #13 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #14 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #15 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____

Visit #16 Date: _____

Student's perception of how he/she is progressing: _____

Instructor's notation: _____

Recommendations: _____



Medical Assisting Program
MED 260 – Clinical Practicum
Spring Semester
Preceptor's Report for Medical Assisting Clinical Practicum Evaluation Tool

Student Name: _____

Midterm Evaluation

GRADE SCALE:

93-100 = A

85-92 = B

77-84 = C

70-76 = D (NOT PASSING)

0-75 = F (NOT PASSING)

STUDENT MUST PASS MED 260 WITH A 77 GRADE AVERAGE OR ABOVE IN ORDER TO COMPLETE THE DEGREE PROGRAM.

Grade for This Rotation:

Preceptor: _____ Instructor: _____ Overall Grade: _____

Comments by Preceptor:

Comments by Instructor:

Preceptor's Signature

Date

Instructor's Signature

Date

Student's Signature

Date

****This form should be completed by the 8th week of clinical practicum and placed in a sealed envelope to be picked up by instructors.**



Medical Assisting Program
MED 260 – Clinical Practicum
Spring Semester
Preceptor's Report for Medical Assisting Clinical/Practicum Evaluation Tool

Student Name: _____

Final Evaluation

GRADE SCALE:

93-100 = A
85-92 = B
77-84 = C
70-76 = D (NOT PASSING)
0-69 = F (NOT PASSING)

STUDENT MUST PASS MED 260 WITH A 78 GRADE AVERAGE OR ABOVE IN ORDER TO COMPLETE THE DEGREE PROGRAM.

Grade for This Rotation: _____

Preceptor: _____ Instructor: _____ Overall Grade: _____

Comments by Preceptor:

Comments by Instructor:

Preceptor's Signature

Date

Instructor's Signature

Date

Student's Signature

Date

****This form should be completed by the last week of clinical practicum and placed in a sealed envelope to be picked up by instructors.**

END OF ROTATION EVALUATION CONFERENCE

Comments by Instructor:

Instructor's Signature

Date

Comments by Student:

Student's Signature

Date

MIDTERM GRADE: Instructor: _____ Office: _____ Midterm Average: _____

FINAL GRADE: Instructor: _____ Office: _____ Final Average: _____

OVERALL COURSE GRADE: _____



Medical Assisting Program
MED 260 – Clinical Practicum
Spring Semester
Clinical Practicum Probation Remediation Plan

Clinical objectives not being met on a satisfactory level:

Plan: Identify skills, knowledge, or affective behavior, which must be demonstrated in order to obtain satisfactory evaluation. Suggest resources and activities to meet goals.

Follow-up conference to be held: _____

Instructor's Signature

Date

Student's Signature

Date



Randolph Community College - Medical Assisting Program
629 Industrial Park Avenue Asheboro, NC 27205 PHONE (336) 633-0200
FAX (336) 629-4695

CONFIDENTIAL

Student Exposure Incident Report

Student's Name: _____
Date of Incident: _____ Date Reported: _____
Reported To: _____ Title/Position: _____

Type of Exposure Incident:

Blood Body Fluid Vaginal Secretions Seminal Fluid Needle Stick

How did exposure incident occur?

List protective devices used at time of exposure:

Description of student's activities as related to exposure:

Describe immediate interventions:

Was the area: ____ Washed? ____ Flushed? ____ Did the injury bleed freely? ____ Yes ____ No
Was antiseptic applied: ____ Yes ____ No
Other: _____

Hepatitis B Vaccinations: Date: _____
Date: _____
Date: _____

Source of exposure (exact location exposure took place):

Signature of Person Preparing Report

Date

Student's Signature

Date



Report: Critical Incident in the Clinical Setting

Critical Incident Defined:

An incident in the clinical setting involving a student in which:

The conduct and/or performance of the student endangered or potentially endangered patient/client welfare.

The incident could have been prevented by the application of learning objectives previously covered.

Description of incident (by staff and/or instructor):

Staff or Instructor Signature

Date: _____

Title

Description/Perception of incident (by the student):

Student's Signature

Date: _____



Randolph Community College - Medical Assisting Program
629 Industrial Park Avenue Asheboro, NC 27205 PHONE (336) 633-0200
FAX (336) 629-4695

Medical Assistant Student Practicum Handbook Affidavit

I, _____, have been informed of the student practicum handbook and where to access the digital copy. The student practicum handbook has been explained to me, in class, and I have been given the opportunity to ask my questions and have them answered. I understand that it is my responsibility to keep the student practicum handbook in my possession for reference beyond this date. My signature below indicates that I have read and understand the student practicum handbook and have been made aware that I may obtain a copy of my own to keep, by accessing my Moodle account.

Name: _____

Date: _____

STUDENT EVALUATION OF PRACTICUM SITE

Randolph Community College

Medical Assisting Program

This survey is designed to help the program determine the appropriateness of individual practicum sites. In addition, there is a section that focuses on the support that the practicum students received from the Practicum Coordinator and the program. All data will be kept confidential and will be used for program evaluation purposes only.

Name of Practicum Site:	
-------------------------	--

Quantitative Evaluation

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.
5 = Strongly Agree 4 = Agree 3 = Neutral (acceptable) 2 = Disagree 1 = Strongly Disagree
N/A = Not Applicable

At this practicum site, I

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. Was provided orientation to the office/facility. | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Was adequately supervised and informed of whom to ask for help if I needed it | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Was provided with regular constructive feedback | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Was given the opportunity to perform a variety of administrative skills. | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. Was given the opportunity to perform a variety of clinical skills. | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. Was treated respectfully by healthcare providers and other staff. | 5 | 4 | 3 | 2 | 1 | N/A |
| 8. Was in an environment that safeguarded my health and safety | 5 | 4 | 3 | 2 | 1 | N/A |
| 9. Was provided the opportunity to practice communication skills within the healthcare environment | | | | | | |
| 12. Was provided a final written performance evaluation. | 5 | 4 | 3 | 2 | 1 | N/A |
| 13. Received support and help from my program's Practicum Coordinator | 5 | 4 | 3 | 2 | 1 | N/A |

Qualitative Evaluation

Were you asked to perform any additional skills that were not taught as part of your program?

Yes ☐ No ☐

If yes, please identify:

Would you recommend this site for future practicum students? Yes ☐ No ☐

What is your reason for either recommending or not recommending the practicum site?

What part of the practicum experience did you like best and/or least?

Please share any additional comments or suggestions.

Print Student's Name: (optional)	
Date:	

STUDENT SURVEY OF PROGRAM RESOURCES
RANDOLPH COMMUNITY COLLEGE
MEDICAL ASSISTING PROGRAM

The purpose of this survey instrument is to evaluate our program resources. The data compiled will aid the program in an ongoing process of program improvement.

Instructions: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.

5 = Strongly Agree 4 = Agree 3 = Neutral (Acceptable) 2 = Disagree 1 = Strongly Disagree

1. The number of faculty is adequate:					
a. In the classroom.	5	4	3	2	1
b. In the laboratory.	5	4	3	2	1
2. Classrooms and Laboratories:					
a. Are adequate in size.	5	4	3	2	1
b. Have equipment necessary to support effective instruction.	5	4	3	2	1
3. Laboratory Equipment/Supplies:					
a. The amount of equipment is sufficient for student performance of required laboratory exercises.	5	4	3	2	1
b. The variety of equipment is sufficient for student performance of required laboratory exercises.	5	4	3	2	1
c. Supplies are sufficient for student performance of required laboratory exercises.	5	4	3	2	1
4. Ancillary Facilities/Learning/Computer Resources:					
a. The library hours are convenient to student schedules.	5	4	3	2	1
b. The libraries provide sufficient materials and reference resources to support classroom assignments.	5	4	3	2	1
c. Program assignments require the use of library references, journals, textbooks, and electronic media.	5	4	3	2	1
d. Food services are adequate and operating hours are convenient to student schedules	5	4	3	2	1
5. Student Instructional Support Services (Tutors, Computer Lab, etc.)					
a. Tutorial assistance is available when needed.	5	4	3	2	1
b. Audiovisual and computer equipment are available to students for class assignments and activities.	5	4	3	2	1
c. Computer resources are adequate to support the curriculum.	5	4	3	2	1
6. Practicum Coordinator Support/Practicum Experience					
a. The Practicum Coordinator prepared you effectively for the externship experience.	5	4	3	2	1
b. The Practicum Coordinator provided oversight during the Practicum experience.	5	4	3	2	1
c. You were able to contact the Practicum Coordinator during the externship if you had any questions.	5	4	3	2	1
d. Practicum experience prepared you as a medical assistant.	5	4	3	2	1
e. Practicum facility provided sufficient training and education.	5	4	3	2	1
7. Support Staff					
a. Registrar and Admission services are adequate and provide sufficient support.	5	4	3	2	1

b. Financial Aid Services are available and provide sufficient support	5	4	3	2	1
8. Clerical Staff					
a. Clerical service is sufficient and provides adequate support.	5	4	3	2	1
9. Offices					
a. Office space is sufficient to hold meeting with student.	5	4	3	2	1
b. Office environment provides for private confidential meetings.	5	4	3	2	1
c. Office location is accessible.	5	4	3	2	1
10. Five being excellent, rate the OVERALL quality of the resources supporting the program.	5	4	3	2	1

11. Pertaining to question 3 above, if you feel equipment and supplies were NOT sufficient, please list what equipment/supplies were not sufficient:

12. How long have you been a student in the program? _____

13. Based on your experience, which program resources provided you with the most support? Why?

14. Based on your experience, which program resources could be improved? Why?

Thank you!

Date: _____

Medical Assisting Program
Randolph Community College
Graduate Survey

NOTE TO PROGRAMS: You need to make sure that you know the year that the student graduated from the program. The survey can be anonymous, but you need to require that the student fill out the year or you need to label the form with the year.

The primary goal of a Medical Assisting Education program is to prepare each graduate to function as a competent entry-level Medical Assistant. This survey is designed to help program faculty determine their program's strengths and those areas that need improvement. All data will be kept confidential and will be used for program evaluation purposes only.

BACKGROUND INFORMATION:

First and last name (optional): _____ In what calendar year did you graduate? _____

Job title: _____ What is your current salary or hourly wage (optional)? _____

Name of the company/employer for whom you work: _____

Are you working either as a medical assistant or in a field that is related to medical assisting? (Yes/No)

If "yes," how long have you been there? _____

If "no," what are you doing? _____

Indicate which certification exam/s, if any, that you passed. (Check all that apply):

CMA (AAMA) RMA (AMT) _____ NCMA (NCCT) _____ CCMA (NHA) _____ CMAC (AMCA)

Did you take but not pass any of the above-listed certification exams? If so, which one?

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.

5 = Strongly Agree 4 = Agree 3 = Neutral (acceptable) 2 = Disagree 1 = Strongly Disagree

Cognitive Domain: The program...					
1. Helped me to acquire the medical assisting knowledge appropriate to my level of training.	5	4	3	2	1
2. Prepared and encouraged me to apply for and pass a professional credentialing exam.	5	4	3	2	1
Psychomotor Domain: The program...					
1. Prepared me to collect patient data effectively.	5	4	3	2	1
2. Prepared me to perform appropriate diagnostic and medical procedures.	5	4	3	2	1
3. Prepared me to use sound judgment for functioning in the healthcare setting.	5	4	3	2	1

4. Prepared me to perform all clinical skills appropriate to entry-level medical assisting.	5	4	3	2	1
5. Prepared me to perform all administrative skills appropriate to entry-level medical assisting.	5	4	3	2	1
Affective Domain: The program...					
1. Prepared me to communicate effectively in the healthcare setting.	5	4	3	2	1
2. Prepared me to conduct myself in an ethical and professional manner.	5	4	3	2	1
3. Prepared me to manage my time efficiently while functioning in the healthcare setting.	5	4	3	2	1
OVERALL , the program prepared me very well to do entry-level medical assisting work.	5	4	3	2	1

Please provide comments and suggestions that would help to better prepare future graduates:

Revised 12/2021



Randolph Community College - Medical Assisting Program
629 Industrial Park Avenue Asheboro, NC 27205 PHONE (336) 633-0200
FAX (336) 629-4695

On- Campus Practicum Make-Up Time Sheet

Date(s) Absent: _____ Hours to Make-up: _____

Date: _____

Date: _____

Time: In: _____
 Out: _____
 In: _____
 Out: _____
 Hours: _____

Time: In: _____
 Out: _____
 In: _____
 Out: _____
 Hours: _____

Date: _____

Date: _____

 In: _____
 Out: _____
 In: _____
 Out: _____
 Hours: _____

 In: _____
 Out: _____
 In: _____
 Out: _____
 Hours: _____

Date: _____

Date: _____

 In: _____
 Out: _____
 In: _____
 Out: _____
 Hours: _____

 In: _____
 Out: _____
 In: _____
 Out: _____
 Hours: _____

**TOTAL
HOURS:** _____

Student Signature

Date

Instructor Signature

Date



Randolph Community College - Medical Assisting Program
629 Industrial Park Avenue Asheboro, NC 27205 PHONE (336) 633-0200
FAX (336) 629-4695

Practicum Make-Up Time Sheet

Date(s) Absent: _____ Hours to Make-up: _____

Wednesday: _____

Wednesday: _____

Time: In: _____
Out: _____
In: _____
Out: _____
Hours: _____

Time: In: _____
Out: _____
In: _____
Out: _____
Hours: _____

Wednesday: _____

Wednesday: _____

In: _____
Out: _____
In: _____
Out: _____
Hours: _____

In: _____
Out: _____
In: _____
Out: _____
Hours: _____

Wednesday: _____

Wednesday: _____

In: _____
Out: _____
In: _____
Out: _____
Hours: _____

In: _____
Out: _____
In: _____
Out: _____
Hours: _____

**TOTAL
HOURS:** _____

Student Signature

Date

Instructor/Preceptor Signature and Credentials

Date

Patient Sheet

Name: _____

Date: _____

Patient Correlation: _____

Date: _____

T _____ P _____ R _____ BP _____ / _____ Ht _____ Wt _____

CC: _____

HOPI: _____

ROS:

HEENT: _____

Respiratory: _____

Cardiovascular: _____

GI: _____

Musculoskeletal: _____

Integumentary: _____

Neurological: _____

Extremities: _____

Genitourinary: _____

Impression/Dx: _____

Plan: _____

Treatment: _____

Lab Results: _____

Imaging Results: _____

Drug Sheet

Name: _____ Date: _____

Patient Correlation: _____

Name of Drug: _____
Trade/Brand Name: _____
Generic/Official Name: _____

Indications/Use: _____

Actions: _____

Pharmacokinetics:

Absorption: _____

Distribution: _____

Metabolism/
Excretion: _____

Contraindications/
Precautions: _____

Adverse Reactions/
Side Effects: _____

Interactions:

Dosage, Route,
& Administration:

Patient/Family
Teaching:



**Randolph Community College
Student Medical Form for Programs that Require Health Forms**

**Randolph Community College
Health Science Division
Robert S. Shackleford Allied Health Center
606 Industrial Park Avenue
Asheboro, NC 27205**

For questions, please contact Angela Bare, Administrative Assistant for Health Sciences: 336-633-0264 or at arbare@randolph.edu

Welcome to Randolph Community College! We are glad you have chosen to complete your education in one of our Health Science programs.

The Student Medical Form is a required component for students to participate in clinical experiences and/or in programs that require a provider to attest that the student is physically and emotionally capable of providing safe care to the public.

Once the Medical Form is completed and submitted to the program, **the student is responsible for notifying the program in writing of ANY changes to the Medical Form within 5 business days of the change (i.e. injury, pregnancy or other condition that could affect participation in clinical and/or in caring for the public). Such changes may require an additional attestation by a physician or health care provider of your ability to participate in clinical.** Failure to follow these procedures may lead to the student's inability to participate in clinical potentially leading to dismissal from the program.

Each program will notify students when these forms are to be completed. It is expected that the student will submit an honest and accurate record. Omissions, whether intentional or not, may impact the acceptance and/or approval of your admission.

Students should follow these guidelines when completing the Student Medical Form:

- Each program will notify the student when this form is due. Failure to submit the information by the due date may result in the inability to progress in the program or dismissal from the program.
- Refusal to obtain required immunizations (or titers) may result in the inability to progress or dismissal from the program.
- This medical form should be completed no more than twelve (12) months before the student begins the clinical program and should be completed by a prescribing healthcare provider familiar with the student and his/her medical history.
 - If you are being treated for any medical or mental condition that requires continued treatment or monitoring, you **MUST** have the physician who is treating you fully complete the Physical Examination and the Required Medical Assessment section on the form.
 - If you are not being treated currently for a medical condition, you may have any physician, physician's assistant or nurse practitioner complete the medical part of the form.
- The Immunization Record is extremely important. To avoid problems completing this information, read the Guidelines for Completing Immunization Record (see page 5). If you have any questions, please refer them to the Clinical Coordinator and/or Department Head for the program.

Instructions for Completing the Student Medical Form:

1. NOTE: It is helpful for you to retrieve your immunization history prior to contacting your provider to schedule an appointment unless you received the vaccine from the scheduled healthcare provider.
2. Make an appointment with your primary care provider, or health care provider.
3. Form A: Personal Information, completed by student.
4. Form B: Immunization Record, completed by student and/or provider.
5. Form C: Medical Examination, completed by primary care provider, or health care provider.
6. Ensure that all entries on the form have been completed as indicated.

When the Medical Form is complete, the *student should make a copy for his/her personal records*. Please **SIGN** this form which is to be submitted with the original medical form to the program. Please contact the Clinical Coordinator and/or Department Head for the program in which you are applying, if you have any questions.

I am submitting this completed Medical Form and attest that it is true and complete to the best of my knowledge. I understand that if anything on this form changes while I am a student in a health program, I must notify the program director in writing within 5 business days of the change.

I understand the Randolph Community College's Health Programs will share health and immunization information with appropriate clinical agencies for onboarding processes or in the event of a medical emergency.

Health and immunization requirements are based upon contractual agreements between Randolph Community College and clinical agencies that provide clinical learning environments for students. Students must be in compliance with all health/immunization requirements to be eligible to participate in clinical opportunities at each facilities discretion. If a student does not meet and maintain health/immunization requirements or clinical compliance for a specific agency, they are not eligible to participate in clinical in that facility. If the student cannot satisfactorily meet clinical requirements required of the associated program, the student will not be allowed to progress in the program and will be dismissed from the program.

Student Name (Print)

Student Signature

Date

FORM A:**Personal Information—To Be Completed By Student** (Please print in black ink)

LAST NAME (print)	FIRST NAME	MIDDLE/MAIDEN
-------------------	------------	---------------

PERMANENT ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/PHONE NUMBER
-------------------	------	-------	----------	------------------------

DATE OF BIRTH (mm/da/yr) ____/____/____ GENDER ☐Female ☐Male

MARITAL STATUS __Single__Married

*NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY	RELATIONSHIP
---	--------------

ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/PHONE NUMBER
---------	------	-------	----------	------------------------

*NOTE: The individual listed as a point of contact will only be contacted in the event of an emergency and/or if you do not arrive to a clinical site/course experience without notifying a course instructor/clinical coordinator.

FORM B:
GUIDELINES FOR COMPLETING IMMUNIZATION RECORD AND TB SCREENING

LAST NAME (print) FIRST NAME MIDDLE/MAIDEN DATE OF BIRTH(MO/DA/YR)

IMPORTANT – The immunization requirements must be met; or according to NC law, you will be withdrawn from classes without credit. Please review information noted in each section prior to entering information.

All written information for immunizations must be supported by documents (i.e. NCIR Registry, Titer Result from Laboratory Company, Employee Health Record (ONLY if received by Employer), Pediatrician Office, etc.).

Acceptable Records of Your Immunizations May be Obtained from Any of the Following: (Be certain that your name and date of birth are on each record. The records must be in black ink and the dates of vaccine administration must include the month, day, and year.

- High School/Previous College/University Records – These may contain some, but not all of your immunization information. Contact Student Services for help if needed. **Your immunization records do not transfer automatically. You must request a copy.**
- Personal Shot Records – Must be verified by a doctor's signature or by a clinic or health department stamp, including a printout from any Immunizations Registry.
- Military Records or WHO (World Health Organization Documents).
- Employee Health records are not sufficient, unless you received the required immunization from the facility and it is appropriately documented on the submitted document.

Item to Complete:	How to Complete It:	Completed and Documented:
MMR	2 vaccines or positive titer*	<input type="checkbox"/>
Varicella (Chicken Pox)	2 vaccines or positive titer* (history of the disease is NOT sufficient proof of immunity)	<input type="checkbox"/>
Hepatitis B***	3 vaccines, 2 dose series of Hep-B (Adult series), OR positive titer*	<input type="checkbox"/>
TB Skin Test **	Complete: 1) QuantiFERON® TB Gold In-Tube test (QFT-GIT) or T-SPOT® TB test (Radiography, Nursing, Medical Assisting) 2) Screening with a 2-Step TST within 12 months of starting the program, must be administered 1-3 weeks apart with one 60 days within start of program, or 2 consecutive annual tests administered 10 to 12 months apart, with the most recent administered within the past 12 months (Medical Assisting) 3) See Notes below regarding positive screening	<input type="checkbox"/>
Tdap	Within 10 years (TD is NOT acceptable; must include pertussis)	<input type="checkbox"/>
Flu Shot***	Given only during flu season; nothing to upload until flu vaccine for most current flu season	
Covid***	1 vaccine or 2 vaccines based on manufacturer, for some programs.	<input type="checkbox"/>

*If a titer is submitted, a laboratory report must be attached. The healthcare provider should document positive or negative immunity.

**If a student has had a positive TB skin test in the past, such as due to TB exposure/infection or receiving the BCG vaccine, a chest x-ray will be required along with the Baseline Individual TB Risk Assessment (Baseline Individual TB Risk Assessment Form (https://www.cdc.gov/tb/topic/infectioncontrol/pdf/health_CareSettings-assessment.pdf)) and TB symptom evaluation. (Note: If a PPD is positive, chest X-ray should be negative for TB disease; X-ray should be no older than 1 year and individual asymptomatic for TB).

***Student exemptions/declinations may be allowed per agency discretion. Program requirements may differ due to clinical agency requirements.

FORM B: IMMUNIZATION RECORD AND TB SCREENING, To Be Completed By Health Care Provider if being administered. If not, (Supporting Documents Required)

LAST NAME (print) FIRST NAME MIDDLE/MAIDEN DATE OF BIRTH(MO/DA/YR)

Measles, Mumps, Rubella (MMR)	2 doses of MMR	MMR Dose 1 ____/____/____ MM DD YY	MMR Dose 2 ____/____/____-____ MM DD YY		
	OR				
	Blood test titer confirming immunity (results of titer must be documented by provider)	Measles Titer ____/____/____ MM DD YY Titer Result _____	Mumps Titer ____/____/____ MM DD YY Titer Result _____	Rubella Titer ____/____/____ MM DD YY Titer Result _____	
Hepatitis B	3 doses of Hepatitis B Vaccination, OR 2 doses as adult series	Hep B Dose 1 ____/____/____ MM DD YY	Hep B Dose 2 ____/____/____ MM DD YY	Hep B Dose 3 ____/____/____ MM DD YY	
	OR				
	Blood test titer confirming immunity (results of titer must be documented by provider)	Hep B Titer ____/____/____ MM DD YY Titer Result _____			
Varicella	2 doses of Varicella Vaccine	Varicella Dose 1 ____/____/____ MM DD YY	Varicella Dose 2 ____/____ /____ MM DD YY		
	OR				
	Blood test titer confirming immunity (results of titer must be documented by provider)	Varicella Titer ____/____/____ MM DD YY Titer Result _____			

Tdap (tetanus, diphtheria, and pertussis)	Tdap Dose MM / DD / YY	Please specify vaccine type such as Boostrix or Adacel _____	
--	-------------------------------	--	--

FORM B: IMMUNIZATION RECORD AND TB SCREENING, To Be Completed By Health Care Provider (Supporting Documents documenting vaccination information is required)

LAST NAME (print) FIRST NAME MIDDLE/MAIDEN DATE OF BIRTH(MO/DA/YR)

Tuberculin Nursing and Radiography Requirement	Blood Test Titer- QuantiFERON Gold/TB Spot	Blood Test Titer ____ / ____ / ____ MM DD YY Titer Result	If positive results, submit: ▪ A clear chest x-ray (report required) within the last year, AND proof of past positive testing.	
Tuberculin Medical Assisting Requirement	Blood Test Titer- QuantiFERON Gold/TB Spot OR ▪ Screening with a 2-Step TST within 12 months of starting the program, must be administered 1-3 weeks apart with one 60 days within start of program. OR ▪ 2 consecutive annual tests administered 10 to 12 months apart, with the most recent administered within the past 12 months.	Blood Test Titer ____ / ____ / ____ MM DD YY Titer Result _____	2-Step Test: 1st TST: Date Read _____ Result _____ mm of induration 2nd TST: Date Read _____ Results _____ mm of induration OR 2 Consecutive Annual Tests: 1st TST: Date Read _____ Result _____ mm of induration 2nd TST: Date Read _____ Results _____ mm of induration	If positive results, submit: ▪ A clear chest x-ray (report required) within the last year, AND proof of past positive testing.
COVID (See Note on Page 5)	Dose 1 ____ / ____ / ____ MM DD YY	Dose 2 ____ / ____ / ____ MM DD YY	Additional Dose ____ / ____ / ____ MM DD YY	Please specify vaccine type such as Pfizer or Moderna _____

FORM C:
MEDICAL EXAMINATION—To Be Completed By Health Care Provider (Please print in black ink)

LAST NAME (print) FIRST NAME MIDDLE/MAIDEN DATE OF BIRTH (MO/DA/YR)

Height _____ Weight _____ TPR _____ / _____ / _____ BP _____ / _____

Allergies:

<u>Vision:</u> Corrected Right 20/ _____ Left 20/ _____ Uncorrected Right 20/ _____ Left 20/ _____ Color Vision _____	<u>Hearing:</u> Right _____ Left _____
---	--

	Normal	Abnormal	DESCRIPTION (attach additional sheets if necessary)
Head, Ears, Nose, Throat			
Eyes			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			

- A. Is there loss or seriously impaired function of any paired organs? ☐ YES ☐ NO
 Explain _____
- B. Is student under treatment for any medical or emotional condition? ☐ YES ☐ NO
 Explain _____
- C. Recommendation for physical activity (patient care activities) ☐ UNLIMITED ☐ LIMITED
 Explain IF LIMITED _____

Based on my assessment of this student's physical and emotional health on _____ (Date), he/she appears to be able to participate in the activities of a health profession in a clinical setting and provide safe care to the public.

_____ YES _____ NO, please explain _____

Signature of Physician/Physician Assistant/Nurse Practitioner

Date

Print Name of Physician/Physician Assistant/Nurse Practitioner

Area Code/Phone Number

Office/Clinic Name OR Clinic Stamp

Office Address

City

State

Zip Code

UNITED STATES FIRE INSURANCE COMPANY
Administrative Offices: 5 Christopher Way • Eatontown, NJ 07724

BLANKET ACCIDENT ONLY POLICY

POLICYHOLDER: North Carolina Technical Community Colleges

POLICY NUMBER: US1574595

POLICY EFFECTIVE DATE: August 14, 2023

POLICY EXPIRATION DATE: August 14, 2024

This Policy is issued in the state of North Carolina and shall be governed by its laws.

This Policy contains the terms under which the Insurance Company agrees to insure certain persons and pay benefits.

The Insurance Company and the Policyholder have agreed to all the terms of this Policy.

10 DAY RIGHT TO RETURN THIS POLICY

If for any reason, you are not satisfied with this Policy, you may return it to us within 10 days after receiving it. Upon its return, we will refund any premium paid and this Policy will be deemed void, just as though it had never been issued.

THIS IS ACCIDENT ONLY COVERAGE.

READ IT CAREFULLY.

BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS.

THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.

THIS POLICY IS NOT RENEWABLE.

THIS POLICY/CERTIFICATE IS NOT A MEDICARE SUPPLEMENT. If you are eligible for Medicare, review the Guide to Health Insurance for People With Medicare, which is available from the Company.

IMPORTANT CANCELLATION INFORMATION
PLEASE READ THE PROVISION ENTITLED "POLICY TERMINATION"

EXCESS INSURANCE

This Policy/Certificate is intended to be issued where medical insurance exists. If other medical insurance does not exist at the time of claim, then the amounts of benefits payable by such other medical insurance will become the deductible amount of this policy if such benefits exceed the deductible amount shown in the Schedule of Benefits.

Signed for United States Fire Insurance Company By:



Marc J. Ade
Chairman and CEO



James Kraus
Secretary

TABLE OF CONTENTS

The following provisions appear within this Policy in the following order:

Schedule of Benefits

Definitions

Eligibility for Insurance

Effective Dates of Insurance

Termination Date of Insurance

Scope of Coverage

Description of Hazards

Description of Benefits

Exclusions

Premium Provisions

General Provisions

Claim Provisions

SCHEDULE OF BENEFITS

BENEFIT PERIOD:	52 weeks from the date of the Covered Injury, provided the Expense occurs prior to the Expiration Date and care is Medically Necessary and while the Policy is in force.
------------------------	---

ACCIDENTAL DEATH AND DISMEMBERMENT

Principal Sum:	\$10,000
-----------------------	-----------------

ACCIDENT MEDICAL EXPENSE BENEFIT

Lifetime Maximum for all Accident Medical Deductible:	\$25,000 / \$50,000 \$0
--	------------------------------------

ACCIDENT MEDICAL EXPENSE BENEFITS

Hospital Room & Board Daily Maximum Benefit:	100% of the Semi-Private Room Rate
---	---

Intensive Care Room & Board:	100% of URC
---	--------------------

Hospital Miscellaneous Benefit:	100% of URC
--	--------------------

Pre-Admission Testing Benefit:	100% of URC
---------------------------------------	--------------------

In-Patient Surgical Benefits:

Primary Surgeons Maximum Benefit Amount:	100% of URC
--	--------------------

Assistant Surgeon Benefit:	100% of URC
----------------------------	--------------------

Out-Patient Surgery Benefits:

Outpatient Primary Surgeons Maximum Benefit Amount:	100% of URC
---	--------------------

Outpatient Assistant Surgeon Maximum Benefit:	100% of URC
---	--------------------

Outpatient Surgical Facility Maximum Benefit per	100% of URC
--	--------------------

Emergency Room Benefit	100% of URC
Anesthesia Benefit:	100% of URC
Physician's Visits:	100% of URC
X-Ray Benefit	100% of URC
Laboratory Benefit	100% of URC
Nursing Benefit Amount:	100% of URC
Outpatient Physiotherapy Benefit	100% of URC
Ambulance Benefit Amount:	100% of URC
Dental Treatment For Injury Only Benefit Amount:	100% of URC
OUT-PATIENT PRESCRIPTION DRUG BENEFIT	
Benefit payable per prescription	100% of URC

DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in this Policy. Additional terms may be defined within the provision to which they apply.

Accident means a sudden, unforeseeable external event which:

1. Causes Injury to one or more Covered Persons; and
2. Occurs while coverage is in effect for the Covered Person.

Benefit Period means the period of time from the date of Injury, as shown in the Schedule of Benefits.

Covered Expenses means expenses actually incurred by or on behalf of a Covered Person for the Usual, Reasonable and Customary charges for the Medically Necessary treatment, services and supplies covered by the Policy and Certificate and which is performed or given under the direction of a Physician for treatment of an Injury. Coverage under the Policy and Certificate must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service, or supply, that gave rise to the expense or the charge, was rendered or obtained. A Covered Expense for an Injury cannot be in excess of the maximum benefit amount payable per service as shown in the Schedule and cannot be for medical services and supplies that are excluded under the Policy.

Covered Person means a person eligible for coverage as identified in the Application for whom proper premium payment has been made, and who is therefore insured under this Policy.

Eligible Expenses means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while this Policy is in force.

He, his, and him includes she, her, and hers.

Health Care Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. Group or blanket insurance, whether on an insured or self-funded basis;
2. Hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis.
4. Group labor management plans;
5. Employee benefit organization plan;
6. Professional association plans on a group basis; or
7. Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

Hospital means an institution which:

1. Is operated pursuant to law;
2. Is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
3. Is under the supervision of a staff of Physicians;
4. Provides 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
5. Has medical, diagnostic and treatment facilities;
 - a. On its premises; or
 - b. Available to it on a prearranged basis; and
6. Charges for its services.
7. Is a duly licensed Rehabilitation Facility
8. Includes state tax-supported institutions.

Hospital does not include:

1. A clinic or facility for:
 - a. Convalescent, custodial, educational, or nursing care;
 - b. The aged, drug addicts or alcoholics;
2. A military or veterans' hospital or a hospital contracted for or operated by a national government or its agency unless:
 - a. The services are rendered on an emergency basis; and
 - b. A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

Hospital Stay means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

Injury means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Medically Necessary or Medical Necessity means a treatment, service or supply that is:

1. Required to treat an Injury; and
2. Prescribed or ordered by a Physician or furnished by a Hospital;
3. Performed in the least costly setting required by the condition;
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Group Policy.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of alternative to be the Covered Expense.

Nurse means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).

Other Valid and Collectible Insurance means any reimbursement for or recovery of any element of Covered Expenses incurred available from any other source whatsoever, except gifts and donations, but including without limitation:

1. Any individual, group, blanket, or franchise policy of Accident, disability, or health insurance.
2. Any arrangement of benefits for members of a group, whether Insured or uninsured.
3. Any prepaid service arrangement such as Blue Cross or Blue Shield; individual or group practice plans, or health maintenance organizations.
4. Services or supplies for treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act, only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
5. Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to a Covered Person after he or she becomes disabled while Insured hereunder.
6. Any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

Physician means a person who is a qualified practitioner of medicine. A such, He or She must be acting within the scope of his/her license and under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse, son, daughter, father, mother, brother, or sister or other relative.

Principal Sum means the largest amount payable under the benefit for all losses resulting from any one Accident.

Supervised or Sponsored Activity means a Policyholder or School authorized function:

1. In which the Covered Person participates;
2. Which is organized by or under its auspices; which is within the scope of customary activities for such entity and is shown on the Schedule of Benefits.

Usual, Reasonable and Customary means:

1. With respect to fees or charges, fees for medical services or supplies which are;
 - a. Usually charged by the provider for the service or supply given; and
 - b. The average charged for the service or supply in the locality in which the service or supply is received; or
2. With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

ELIGIBILITY FOR INSURANCE

Eligibility: Persons eligible to be insured under this Policy are those persons described as an ELIGIBLE CLASS on the Application. This includes anyone who may become eligible while this Policy is in force.

EFFECTIVE DATES OF INSURANCE

Policy Effective Date: The Policy begins on the Policy Effective Date shown in the Schedule of Benefits at 12:01 A.M. at the address of the Policyholder.

Covered Person's Effective Date: A Covered Person will become an insured under this Policy, provided proper premium payment is made, on the latest of:

1. The Effective Date of the Policy; or
2. The day He becomes eligible, subject to any required waiting period, according to the referenced date shown in the Application.

TERMINATION DATE OF INSURANCE**Policy Termination Date**

Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.

The Policy terminates automatically on the earlier of:

1. The Policy Termination Date shown in the Policy; or
2. The premium due date if premiums are not paid when due subject to any grace period.

Termination:

Insurance for a Covered Person will end on the earliest of:

1. The date he is no longer in an Eligible Class.
2. The date he reports for active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
 - a. The date the premium is fully earned; or
 - b. The Expiration Date of this Policy. This does not include Reserve or National Guard duty for training;
3. The end of the period for which the last premium contribution is made; or
4. The date this Policy is terminated.

Covered Person's Termination Date

Insurance for a Covered Person will end on the earliest of:

1. The date He is no longer in an Eligible Class.
2. The date He reports for full-time active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
 - a. The date the premium is fully earned; or
 - b. The Expiration Date of this Policy. This does not include Reserve or National Guard duty for training;
3. The end of the period for which the last premium contribution is made; or
4. The date this Policy is terminated; or
5. The date the Covered Person requests, in writing, that his/her coverage be terminated.

SCOPE OF COVERAGE

We will provide the benefits described in this Policy to all Covered Persons who suffer a covered loss which:

1. Is within the scope of the **DESCRIPTION OF BENEFITS PROVISIONS** and results, directly and independently of disease or bodily infirmity, from an Injury which is suffered in an Accident;
2. Occurs while the person is a Covered Person under this Policy; and
3. Is within the scope of the risks set forth in the **DESCRIPTION OF HAZARDS** provisions.

Full Excess Medical Expense:

If an Injury to the Covered Person results in his incurring Eligible Expenses for any of the services in the SCHEDULE OF BENEFITS, we will pay the Eligible Expenses incurred, subject to the Deductible Amount (if any), that are in excess of Expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

The Covered Person must be under the care of a Physician when the Eligible Expenses are incurred. The Expense must be incurred solely for the treatment of a covered Injury:

1. While the person is insured under this Policy; or
2. During the Benefit Period stated on the SCHEDULE OF BENEFITS.

The first Expense must be incurred within the time frame shown on the SCHEDULE OF BENEFITS.

The total of all medical benefits payable under this Policy is shown on the SCHEDULE OF BENEFITS: and

1. Subject to the specific maximums shown on the SCHEDULE OF BENEFITS; and
2. Subject to compliance with the requirement, set forth in the Limitations section of this Policy.

HMO/PPO PROVISION

In the event that Covered Expenses are denied under a Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), or other group medical plan the Covered Person has in force, and such denial is because care or treatment was received outside of the network's geographic area, benefits will be payable under this coverage, provided the expense is a Covered Expense.

DESCRIPTION OF HAZARDS

HAZARD: POLICYHOLDER FUNCTIONS

Subject to all other provisions of this Policy, coverage is provided for a Covered Person while he is:

1. Attending or participating in a Supervised or Sponsored Activity; or
2. Attending a Policyholder function.

The Covered Person must be:

1. On the premises of the Policyholder:
 - a. During its normal hours;
 - b. During scheduled functions; or
 - c. During other periods if he is attending or participating in a Supervised or Sponsored Activity;
2. Not on Policyholder premises and attending or participating in a Supervised or Sponsored Activity;
3. Traveling directly, without interruption while attending or participating in a School sponsored field trip:
 - a. Between his home and the Policyholder's premises for participation in a Supervised or Sponsored Activity;
 - b. Between the site of the Supervised or Sponsored Activity and his home or the Policyholder's premises.
 - c. In a vehicle which is:
 - i. Designated or furnished by the Policyholder;
 - ii. Operated by a properly licensed adult driver; and
 - iii. Under the direct supervision of the Policyholder; or
 - d. In a vehicle other than that described in 3.c. when:
 - i. Operated by a properly licensed driver; and
 - ii. Travel time does not exceed 12 hour(s) each way.

Travel time includes the time:

- h. To or from home, the Policyholder's address and the Supervised or Sponsored Activity;
- ii. Before the appointed time; and
- iii. After the Supervised or Sponsored Activity is completed.

Unless otherwise stated, we will pay benefits for a covered loss, only once, even if coverage was provided under more than one Description of Hazards.

DESCRIPTION OF BENEFITS

ACCIDENTAL DEATH DISMEMBERMENT

If, within 1 year from the date of an Accident covered by this Policy, Injury from such Accident, results in Loss listed below, We will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

<u>Loss</u>	<u>Percentage of Principal Sum</u>
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of Speech and Hearing (both ears)	100%
Quadriplegia (total Paralysis of both upper and lower limbs)	100%
Paraplegia (total Paralysis of both lower or upper limbs)	50%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing (both ears)	50%
Hemiplegia (Total Paralysis of upper and lower limbs on one side of body)	50%
Uniplegia (total Paralysis of one lower or upper limb)	50%
Loss of Thumb and Index Finger of the Same Hand	25%

Loss of a hand or foot means complete Severance through or above the wrist or ankle joint.

Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical, or artificial means.

Loss of speech means total, permanent and irrecoverable loss of audible communication.

Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any means.

Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

Severance means the complete separation and dismemberment of the part from the body.

Total Paralysis means complete loss of use and sensation of limbs. Paralysis must occur within the 180 day period from the date of the Covered Accident. The paralysis must be determined by a Physician to be complete and not reversible.

ACCIDENT MEDICAL and DENTAL EXPENSE BENEFITS

We will pay Accident Medical and Dental Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles, Benefit Periods, benefit maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Eligible Expenses incurred by or on behalf of the Covered Person;
3. for Eligible Expenses incurred within 30 days after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Eligible Medical Expenses, from a Covered Accident, include:

1. **Hospital room and board expenses:** charges for the most common semi-private daily room rate for each day of the Hospital Stay, up to the Daily Maximum Benefit Amount shown in the Schedule of Benefits for Hospital Room and Board. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
2. **Intensive Care/Cardiac Care Room and Board** - charges for each day of Intensive Care/Cardiac Care Unit confinement, up to the maximum benefit amount shown in the Schedule of Benefits for the Intensive Care Room and Board benefit. This payment is in lieu of payment for the Hospital Room and Board charges for those days.
3. **Hospital Miscellaneous** – services, supplies and charges during a Hospital Stay, up to the maximum benefit amount shown in the Schedule of Benefits for the Hospital Miscellaneous Benefit. Miscellaneous services include services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies. Miscellaneous services do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.
4. **Pre-Admission Testing Benefit** – charges for Pre-admission testing (inpatient confinement must occur within 7 days of the testing)
5. **In-Patient Surgical Benefits** - charges for:
 - a. A Physician, for primary performance of a surgical procedure, up to the maximum benefit amount shown in the Schedule of Benefits per procedure. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
 - b. A Physician, for: assistant surgeon duties up to the maximum benefit shown in the Schedule of Benefits for an Assistant Surgeon

6. Out-Patient Surgery Benefits:

We will pay this benefit when the Covered Person requires Outpatient Surgery to treat a Covered Loss

resulting directly and independently from all other causes from a Covered Accident. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.

Outpatient Surgery means the treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure, that is:

- a. necessary for treatment of the Covered Person; and
- b. given in the outpatient department of a hospital or an ambulatory surgical center.

- 7. **Emergency Room** means a trauma center or special area in a hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office. Emergency Room treatment includes all hospital related services including physician, x-ray and lab services shown in the Schedule of Benefits.
- 8. **Anesthesia Benefit** – Anesthesia for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis, up to the maximum benefit amount shown in the Schedule of Benefits for the Anesthesia benefit.
- 9. **Physician's Visits** - charges by a Physician for other than pre- or post-operative care:
 - a. For in-Hospital visits, up to the maximum benefit amount shown in the Schedule of Benefits for Physician's Visit – In-Hospital.
 - b. For office visits, up to the maximum benefit amount shown in the Schedule of Benefits for Physician's Office Visits. Total visits per Injury will not exceed the combined maximum shown in the Schedule of Benefits for All In-Hospital and Office Physician's Visits.
- 10. **X-Ray Benefit** - We will pay the benefit shown in the Schedule of Benefits if the Covered Person requires x-ray examinations due to a Covered Loss, up to the maximum benefit per Covered Accident indicated in the Schedule of Benefits.
- 11. **Laboratory Benefit**- We will pay the benefit shown in the Schedule of Benefits if the Covered Person requires laboratory examinations due to a Covered Loss, up to the maximum benefit per Covered Accident indicated in the Schedule of Benefits.
- 12. **Nursing Benefit**– Outpatient Charges for nursing services by a registered nurse or licensed professional nurse, up to the maximum benefit amount shown on the Schedule of Benefits for the Nursing benefit.
- 13. **Physiotherapy** - Charges for physiotherapy:
 - a. As an outpatient, up to the maximum benefit amount shown on the Schedule of Benefits for the Outpatient Physiotherapy benefit.

Charges include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, microtherm, or any form of physical therapy.

Total treatment per Injury will not exceed the maximum benefit amounts for Physiotherapy shown in the Schedule of Benefits.

14. Ground Ambulance - for services billed by a professional ambulance company up to the Maximum Benefit Amount shown in Schedule of Benefits for the Ambulance benefit. Ground Ambulance Service is transportation by a vehicle designed, equipped, and used only to transport the injured from the scene of the Accident to a Hospital. Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such local facility available, coverage is for trips to the closest facility outside the local area.
15. **Dental Treatment for Injury Only** - Charges for dental treatment including dental x-rays for the repair and treatment for Injury to a tooth which was sound and natural at the time of Injury, up to the maximum benefit amount shown in the Schedule of Benefits for the Dental Treatment benefit.

OUT-PATIENT PRESCRIPTION DRUG BENEFIT

We will pay the Eligible Expenses- shown in the Schedule of Benefits, if any; for a Prescription Drug or medication when prescribed by a Physician on an outpatient basis.

Prescription Drug means a drug which:

1. Under Federal law may only be dispensed by written prescription; and
2. Is utilized for the specific purpose approved for general use by the Food and Drug Administration.

The Prescription Drug must be dispensed for the out-patient use by the Covered Person:

1. On or after the Covered Person's Effective Date; and
2. By a licensed pharmacy provider.

Benefits are payable up to the maximum benefit amount shown on the Schedule of Benefits.

EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an Accidental bodily Injury, unless otherwise covered under this Policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction, or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared, that does not include terrorism.
3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps:
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro-rata premium upon request;
5. Active participation in a riot or insurrection.
6. Any Injury requiring treatment which arises out of, or in the course of intentionally fighting, brawling, assault, or battery.
7. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial, or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
8. Disease or disorder of the body or mind.
9. Mental or nervous disorders.
10. Asphyxiation from voluntarily inhaling gas and not the result of the Covered Person's job.
11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.

12. Intoxication or being under the influence of any drug or narcotic.
13. Injury caused by, contributed to, or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
14. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
15. Driving while intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
16. Violation or in violation or attempt to violate any duly enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
17. Conditions that are not caused by a Covered Accident.
18. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
19. Any treatment, service or supply not specifically covered by this Policy.
20. Loss resulting from participation in any activity not specifically covered by this Policy.
21. Charges which Are in excess of Usual, Reasonable and Customary charges.
22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits.
23. Regular health checkups.
24. Services or treatment rendered by a Physician, Nurse, or any other person who is employed or retained by the Policyholder.
25. Services or treatment rendered by an Immediate Family member of the Covered Person;
26. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
27. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
28. Travel or activity outside the United States.
29. Participation in any motorized race or speed contest
30. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date unless We receive a written medical release from the Covered Person's Physician.
31. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
32. Treatment of a hernia whether or not caused by a Covered Accident.
33. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
34. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
35. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Policy and rendered within 6 months of the Accident.
36. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions, therefore.
37. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
38. Travel in or upon:
 - a. A snowmobile;
 - b. A water jet ski;
 - c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
 - d. Any off-road motorized vehicle not requiring licensing as a motor vehicle.
39. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
 - b. While being used for any test or experimental purpose; or
 - c. While piloting, operation, learning to operate or serving as a member of the crew thereof; or
 - d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the

Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.

- e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - f. an ultralight hang-gliding, parachuting, or bungee-cord jumping Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
40. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
41. Rest cures or custodial care.
42. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment, or subluxation of or in the vertebral column.

LIMITATIONS

Any benefits payable under this Certificate will be limited to the following: \

- (1) The medical benefits otherwise payable under this Certificate will be reduced by 50% if:
- (a) Excess insurance is provided under this Certificate; and
 - (b) The Covered Person has coverage under another plan providing medical expense benefits; and
 - (c) The other plan is an HMO, PPO, or similar arrangement ("PPO-Preferred Provider Organization" means an organization offering health care services through designated health care providers who agree to perform these services at rates lower than nonpreferred providers.); and
 - (d) The Covered Person does not use the facilities or services of the HMO, PPO, or similar arrangement for the provision of benefits.

The Covered Person's limitation does not apply to emergency treatment required within 24 hours after an Accident which occurred outside the geographic area serviced by the HMO, PPO, or similar arrangement.

- (2) In the event no consenting surgical opinion is obtained for those procedures that mandate such second surgical opinion benefits payable for all Eligible Expenses associated with the procedure will be reduced by 50%. This limitation will apply whether the surgery is performed on an in-patient or out-patient basis. We will not cover a second opinion given more than 6 months after surgery was first recommended.
- (3) Costs that exceed the Usual, Reasonable and Customary charges in the area where the services are furnished, or supplies provided. Services, supplies and equipment must be:
- (a) Medically necessary for the care or treatment of a covered Injury;
 - (b) Received while coverage is in force under this Certificate; and
 - (c) Rendered and/or prescribed by a licensed Physician other than the Covered Person or a member of his household or immediate family) in accordance with current medical standards and practices.
- (4) The application of the Non-Duplication of Benefits provision.
- (5) If the Covered Person is admitted into the Hospital on a Friday or a Saturday on a non-emergency basis and the procedure for which he is admitted is not performed on the day of or the day after admission, we will not pay the Hospital charges for room and board or miscellaneous Hospital charges for the initial Friday or Saturday preceding the procedure.

PREMIUM PROVISIONS

GRACE PERIOD:

A grace period of 31 days is granted for each premium due after the first premium due date. Coverage will stay in force during this period unless notice has been sent, in accordance with the POLICY TERMINATION provision, with the intent to terminate coverage under this Policy. Coverage will end if the premium is not paid by the end of the grace period.

PREMIUMS:

Premium due dates are the first of every month. Premium payment made in advance or for more than a one month period will not affect any provisions of this Policy with regard to change. Failure by the Policyholder to pay premiums when due or within the grace period shall be deemed notice to us to terminate coverage at the end of the period for which premium was paid.

CHANGES IN RATES:

We have the right to change the premium rates on any premium due date:

1. After the first 12 months insurance is in effect;
2. Coinciding with a change in the coverage provided or classes eligible; or
3. Coinciding with a change in the risks we have assumed.

We will give 45 days written notice of any change under 1. above. Notice will be sent to the Policyholder's most recent address in our records.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES:

This Policy, the application of the Policyholder (if any, a copy of which is attached), endorsements, riders and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, the application of any Insured, at our option, may also be made a part of this contract. All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause us to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is or has been furnished to such person; or, in the event of his death or incapacity, his beneficiary or representative. After 2 years from the Covered Person's effective date of coverage, no misstatements will cause such coverage to be void or cause the denial of a claim for loss incurred or disability commencing after the expiration of such two-year period. No change in this Policy will be valid until approved by one of our executive officers. This approval must be endorsed on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

WORKERS' COMPENSATION INSURANCE:

This Policy is not in lieu of and does not affect any requirement for coverage under any Workers' Compensation Insurance.

RECORDS MAINTAINED:

The Policyholder or its authorized administrator will maintain records of the essential features of each Covered Person's insurance under this Policy.

We shall be permitted to examine the Policyholder's records relating to coverage under this Policy. Examination may occur at any reasonable time up to the later of:

1. The two-year period after the expiration of the Policyholder's coverage; or

2. The final adjustment and settlement of all claims under the Policyholder's coverage.

REPORTING REQUIREMENTS:

The Policyholder or its authorized agent must report to us, by the premium due date:

1. The names of all persons insured on the Effective Date of this Policy;
2. The names of all persons who are insured after the Effective Date of this Policy;
3. The names of those persons whose insurance has terminated; and
4. Additional information required as agreed to by us and the Policyholder.

POLICY TERMINATION:

We may terminate coverage on or after the anniversary of any premium due date. The Policyholder may terminate its coverage on any premium due date. Written notice must be given at least 31 days prior to such premium due date.

CONFORMITY WITH STATE STATUTES:

Any provision of this Policy in conflict, on the Effective Date of this Policy, with the laws of the state where it is delivered, is amended to conform to the minimum requirements of such laws.

CLAIM PROVISIONS**NOTICE OF CLAIM:**

Written notice must be given to us within 30 days after a covered loss occurs or begins or as soon as reasonably possible. Notice can be given at our administrative office as shown on the cover page or to our agent. Notice should include the Policyholder's name and number and a Covered Person's name and address.

CLAIM FORMS: When we receive the notice of claim, we will send forms for filing proof of loss. If claim forms are not sent within 15 days after notice is given, the proof requirements will be met by submitting, within the time required under PROOF OF LOSS, written proof of the nature and extent of the loss.

PROOF OF LOSS: Written proof of loss must be furnished to us in the case of a claim for loss for which this Policy provides periodic payment contingent upon continuing loss within 180 days after the end of the period for which we are liable. Written proof that the loss continues must be furnished to us at intervals required by us.

In case of claim for any other loss, proof must be furnished within 180 days after the date of such loss.

If that is not reasonably possible, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

TIME OF PAYMENT OF CLAIMS: Benefits due under this Policy for a loss, other than a loss for which this Policy provides installments, will be paid immediately upon receipt of due written proof of such loss.

Subject to written proof of loss, all accrued benefits for loss for which this Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss, unless otherwise stated in the Description of Benefits.

PAYMENT OF CLAIMS:

Benefits for a Covered Person's loss of life will be paid to the beneficiary named in our records, if any, at the time of payment. The benefits can be paid in one sum or, at a Covered Person's written request, in accordance

with one of our settlement plans. If a Covered Person has not requested any settlement plan, the beneficiary can do so in writing after a Covered Person's death. If there is no named beneficiary or surviving beneficiary, a Covered Person's loss of life benefits will be paid in one sum to the first surviving class of following in the order shown below:

1. The beneficiary named to receive a Covered Person's proceeds;
2. Spouse;
3. Child or children;
4. Mother or father;
5. Sisters or brothers; or
6. The estate of a Covered Person.

If we are to pay benefits to the estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. This good-faith payment satisfies our legal duty to the extent of that payment.

Any other accrued benefits which are unpaid at a Covered Person's death may, at our option, be paid either to his beneficiary or to his estate. All other benefits, unless specifically stated otherwise, will be paid to a Covered Person.

PAYMENT OF CLAIMS: OTHER BENEFITS:

All other benefits will be paid to the Covered Person, if he is living, if not, we will pay his beneficiary or his estate.

PHYSICAL EXAMINATION AND AUTOPSY:

We will pay the cost and have the right to have the Covered Person examined as often as reasonably necessary while the claim is pending. We can have an autopsy made at our expense unless prohibited by law.

RECOVERY OF BENEFITS:

We reserve the right to recover from a Covered Person any benefits we have paid to him for injuries:

1. Received in a covered Accident; and
2. Services or supplies for the treatment of Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to the final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

It will be assumed that the Covered Person is in receipt of such benefits unless he gives us proof such benefits have been denied to him.

LEGAL ACTIONS:

No action at law or in equity shall be brought to recover benefits under this Policy less than 60 days after written proof of loss has been furnished as required by this Policy. No such action shall be brought more than 3 years after the time written proof of loss is required to be furnished.



HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP



Certificate of Insurance
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 5/11/2023

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

PRODUCER 018098	BRANCH 970	PREFIX HPG	POLICY NUMBER 0127264326	POLICY PERIOD From: 08/21/23 to 08/21/24 at 12:01 AM Standard Time
Named Insured and Address: Randolph Community College 629 Industrial Park Po Box 1009 Asheboro, NC 27204-1009				Program Administered by: Nurses Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-986-4627 www.nso.com
Medical Specialty: School Blanket - Healthcare Provider Students 80998				Insurance Provided by: American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606

Professional Liability \$ 2,000,000 each claim \$ 5,000,000 aggregate

Your professional liability limits shown above include the following:

- * Personal Injury Liability

Coverage Extensions

Grievance Proceedings	\$ 1,000	per proceeding	\$ 10,000	aggregate
Defendant Expense Benefit			\$ 10,000	aggregate
Deposition Representation	\$ 1,000	per deposition	\$ 5,000	aggregate
Assault	\$ 1,000	per incident	\$ 25,000	aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate
First Aid	\$ 500	per incident	\$ 25,000	aggregate
Damage to Property of Others	\$ 250	per incident	\$ 10,000	aggregate

Total \$ 5,130.00

Base Premium \$5,130.00

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)

Chairman of the Board

Secretary

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

Endorsement Date:

Master Policy: 188711433

CNA 00000 44 0000

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability policy.

COMMON POLICY FORMS & ENDORSEMENTS

FORM #	FORM NAME
G-144918-A (01-03)	School Blanket Occurrence Form
CNA79561 (09-14)	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
G-144931-A32 (01-03)	Cancellation & Non-Renewal Endorsement
G-144932-A32 (01-03)	State Provisions - Other Insurance and Risk Transfer Arrangements

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.

For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the Local Tax is the KY Local Government Premium Tax. As required by 806 Ky. Admin Regs. 2:100, this Notice is to advise you that a surcharge has been applied to your insurance premium and is separately itemized on the Declarations page or billing instrument attached to your policy, as required KRS. §136.392.

For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.

For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2022 Regular Assessment.

Form #:CNA93692 (11-2018)
Master Policy #: 188711433

Named Insured: Randolph Community College
Policy #: 0127264326