

INTRODUCTION

WELCOME FROM JOHN MYERS, P.T., PROGRAM DIRECTOR OF THE PHYSICAL THERAPIST ASSISTING PROGRAM

The faculty of the Physical Therapist Assisting Program and I want to welcome you to an exciting and rewarding health care field. Physical therapist assistants work under the supervision of a physical therapist in the delivery of physical therapy services. Their duties include assisting the physical therapist in implementing treatment programs according to the physical therapist's plan of care, training patients in exercises and activities of daily living, conducting treatments, using special equipment, administering modalities and other treatment procedures, and reporting to the physical therapist on the patient's responses.

The faculty's goal is to provide you with an up-to-date education, preparing you for successful entry into the workforce. To that end, this program is designed for students with high levels of motivation and a documented history of success in a variety of areas. The program is challenging, demanding, time-consuming and hopefully, highly rewarding!

Personally, I insist that the faculty and students work hard, provide the highest level of quality and customer service possible to everyone that we encounter, treat all persons with respect, and behave with integrity. I also believe that you should love what you do, do it well, and at the same time make sure that you enjoy it and have fun! You represent us, and our profession, and I want you to be the very best.

The faculty, staff and administration of LCCC want you to succeed. There are no guarantees that you'll master all you need to know, but the program faculty will do everything within their power to support you. Likewise, you will find that you must work exceedingly hard to learn all the information needed, practice and become proficient at the skills necessary, and be able to integrate it all in a caring and humanistic fashion. It's a lot to ask of you. But we selected you because we know that you have a lot to give. Take your commitment seriously. Your patients' function, their quality of life, and sometimes even their very lives will be in your hands.

Part of our job is to teach you that the learning never ends. Graduation from this program, taking and passing your licensing exams, successfully working that first job doesn't mean you've finally "made it". Our profession is changing and growing rapidly. Much of what you'll learn may someday be out of date. You have to keep learning. So we want to teach you how to keep that process going and to use your resources: join and use the APTA, go to continuing education courses, read, ask questions, consult with others. Develop a thirst for learning!

John T. Myers, P.T.

PROGRAM PHILOSOPHY

The Physical Therapist Assisting Program at Lorain County Community College is designed to improve the lives of students, graduates, community practitioners, employers, health care consumers, and all our customers in the community. This is done through a variety of methods:

- Promoting educational excellence in teaching and learning, both in the classroom and the community, through the preparation of program graduates able to function competently and professionally within their defined scope of practice, and the support of continued lifelong learning
- Encouraging economic development through career growth, training an effective workforce and supporting linkages and community partnerships
- Providing opportunities for the personal growth of the individual in the areas of cultural awareness, the humanities, technologies, sciences, professional and technical competencies.

COLLEGE MISSION STATEMENT

Lorain County Community College, an innovative leader in education, economic, community and cultural development, serves as a regional catalyst for change in a global environment through accessible and affordable academic and career-oriented education, lifelong learning, and community partnerships.

PTA PROGRAM MISSION, GOALS AND OUTCOME MEASURES

Mission

The mission of the program is to prepare Physical Therapist Assistants who will be able to perform selected physical therapy procedures and skills professionally and competently, within their scope of practice and abilities. The program should support continued accessible learning for graduates and the community, encourage collaborative efforts at all levels, and provide opportunities for personal and professional growth of students, faculty and the community.

Goals

Upon completion of the Physical Therapist Assistant Program, the graduate will be able to:

1. Provide physical therapy services to clients as developed and outlined by the physical therapist's plan of care.
2. Demonstrate safe, ethical and legal practice.
3. Understand the scope of practice of a Physical Therapist Assistant.
4. Be responsible for their own continued professional growth.
5. Have knowledge as to the importance of effective written, oral and non-verbal communication with clients, families, the general public and colleagues.
6. Document client responses to treatment modalities.
7. Understand the health care system and its impact on the health care of society.

Outcome Measures

The program will serve as a local resource and liaison center for students, the College, and the therapy community. It will demonstrate educational excellence in the following outcome measures:

- * at least 75% of entered students will graduate
- * at least 90% of graduates will pass the licensing examination
- * at least 95% will have a job offer after licensure

HOW ARE WE DOING?

- Graduation rates: 3 year graduation rate: 81%, (Our accrediting agency looks most closely at the past 3 year rate, with most recent data from the "average PTA program" nationally cited at 65%)
- Licensure exam pass rates: 3 year overall pass rate: 100%, (Our accrediting agency's expectation is 80%, the most recent national average reported was 93%.)
- Job offers: for the most recent graduating class to have data on before printing (2010), 100% had a job offer (for those who had been seeking work before graduation). Graduates had an average of 3.1 job offers per graduate, before graduation. Average starting salary offer for 2009 grads was \$43,900.

The program will demonstrate high levels of customer service especially to our primary customers, including students, the employment community (represented by clinical sites/faculty), and the profession (represented by the APTA). Our goal is to provide superior customer service as documented by the following outcomes for customer service:

- * Students will rate themselves as ready to begin practice at an entry level at the time of graduation on their program evaluation forms, and will rate the program positively at least 80% of the time

- * Clinical faculty will rate student performance in the clinic as meeting expectations for their level of education, and should be rated as ready to begin practice at an entry level at the end of the final clinical practicum at least 90% of the time as noted by students scoring in the upper third of the Clinical Performance Instrument on all scored skills on their final clinical.
- * The program will demonstrate compliance with the Commission on Accreditation in Physical Therapy Education criteria by maintaining accreditation as verified by the APTA’s Commission on Accreditation in Physical Therapy Education

HOW ARE WE DOING?

- For the 2010 graduating class, students rated themselves as ready to begin practice at an entry level 100% of the time. They also rated the program positively 100% of the time as well.
- For the 2010 graduating class, all students scored in the upper third of the Clinical Performance Instrument scale on every scored skill in their final clinical practicum.
- The program remains in compliance, and is fully accredited by the Commission on Accreditation in Physical Therapy Education.

Faculty Contact Information:

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**STUDENT HANDBOOK
P.T.A. PROGRAM**

ACCREDITATION STATUS

Program: The Physical Therapist Assistant Program at Lorain County Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association, 1111North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org.

The most recent action was accreditation reaffirmed as of 2006 for a 10 year period.

College: The Higher Learning Commission of the North Central Association of Colleges and Schools accredits Lorain County Community College to award the associate of arts, the associate of science, the associate of arts in teacher education, the associate of applied business, the associate of applied science, the associate of individualized studies, the associate of technical studies, and certificates. The Higher Learning Commission is located at 30 North LaSalle Street, Suite 2400, Chicago, IL 60602, (800) 621-7440, (312) 263-7462 (fax), or email at info@hlcommission.org, website: <http://www.ncahigherlearningcommission.org/>. The college participates in the AQIP process with the most recent action being taken in 2007.

ADVISORS, FACULTY

Each PTA student is assigned an academic advisor from the full-time PTA faculty. Advisors are available to help students with questions, academic issues, and act as resources for the program and profession. They have scheduled office hours and are available by appointment. All PTA students are required to meet with their assigned advisor once per semester. In addition, a College counselor for Allied Health and Nursing is available as needed. Issues directly related to courses should be directed to the lead faculty member responsible for the course.

ATTENDANCE

Prompt attendance is expected at all scheduled activities, classes, lectures, laboratory sessions, and Clinical Practicum hours. Due to the highly technical nature of lecture and laboratory content, "make-ups" are very difficult, if not impossible, to administer. It is the student's responsibility to discuss makeup work with the instructor immediately following their return from excused absences.

Calling In

Students must call the instructor and at least five minutes before the start of any scheduled classroom, lecture, lab or clinical when they will be late for, or absent from lecture, laboratory sessions, or clinical practicums. Email notification is acceptable for classes and laboratory sessions providing they meet these guidelines but are not acceptable for clinical practicums. Calling or texting another student and asking them to tell the instructor is NOT acceptable or accepted. Students must also call the clinical instructor if they will be absent from time at the clinical practicum site. Students are responsible for determining the content missed and completing all necessary work, including laboratory material.

Absentee Policy

It is each student's responsibility to notify the instructor of his or her absence, before the start time of any scheduled lecture or lab. Whenever possible, advance arrangements should be made with the instructor prior to the expected absence. The student must contact the academic or clinical instructor or leave a message for the instructor prior to the start of the class for any tardiness or absence. For prolonged (three or more days) medical absences, we reserve the right to require a written clearance from a physician for return to the clinical area. Students should contact the instructor well in advance of class time and should adhere to the following guidelines:

Definition of unexcused absence

Not notifying the clinical faculty by the time of the start of the clinical session when you are not able to make it to the clinical site, no matter what the reason for the absence. Not notifying the academic faculty at least 5 minutes before the start of the lecture or college laboratory session when you are not able to make it to lecture or college laboratory, no matter what the reason for the absence. Preventable absences due to non-illness, e.g. oversleeping. Tardiness greater than five minutes for any lecture/lab.

Definition of excused absence

Verifiable illness, or illness of an immediate family member. Death in the family. Car breakdown or accident on the way to the clinical site/class/lab.

NOTE: These are only examples of possible EXCUSED and UNEXCUSED absences. It is always up to the discretion of the clinical or academic faculty whether to accept the student's reason for the absence.

Tardiness Policy

Being late to classroom, clinical and laboratory sessions is discourteous and unprofessional, and will not be tolerated. In the clinical setting, tardiness may affect the quality of patient care and makeup work is often very difficult to duplicate or arrange. Students are expected to be consistently, "on time" for all sessions and are responsible for discussing the reason for tardiness

with their instructor at the earliest opportunity. Tardiness greater than five minutes for any lecture or lab is considered an unexcused absence.

Unexcused absences or tardiness will be dealt with in the following manner:

- First Offense: verbal warning and makeup work as determined by the instructor.
- Second Offense: the student will receive a written Deficiency Notice and makeup work may be added to the remaining rotation.
- Third Offense: The student's earned letter grade for the class will be lowered by one grade for classroom and lab classes. For Clinical Practicums, students will be assigned additional makeup work in the form of a project or paper.
- Fourth Offense: the student will receive a Failure (F) grade for the course.

For all lecture and lab sections, the first two excused absences will be treated as noted above. After that, each TWO additional excused absences will be counted as the equivalent of one unexcused absence. These unexcused absence "equivalents" will be treated as any other unexcused absence according to policies in the Student Handbook.

Clinical Absentee Policy

For Clinical Practicum lectures and clinical days, a maximum of 2 excused absences are allowed. If one day is missed, it does not have to be made up according to LCCC policy, however if the clinical instructor or site wishes it to be made up, then the student is obligated to make up the time. Any time greater than a single absence MUST be made up to successfully complete the course. This is to be arranged with the CI at the site, at a time convenient for the CI and site. If the time cannot be made up by the site and CI, the faculty reserve the right to have the time made up on campus, at a time convenient to the faculty, and this make-up time may include additional assignments, tests, research, papers, etc. as the faculty deem appropriate. Any absences from the clinical practicum site or lecture greater than the 2 excused absences allowed will be treated as unexcused. Unexcused absences are subject to the disciplinary policies as noted in the PTA Program Student Handbook.

CHILDREN IN THE CLASSROOM

Please note that children are not allowed to attend classes/labs/practicums. In the case of an emergency, prior approval may be sought up to the beginning of the class. If the child becomes disruptive in any way during the approved visit, the responsible person must remove the child immediately.

CLINICAL PRACTICUM AND OFF-SITE OBSERVATION POLICIES

Access to Emergency Care on Clinical Practicums, Cost Responsibility

Any student injuring himself or herself at a clinical agency and who requires immediate medical attention will be given immediate care if such is available, or directed/assisted to access the Emergency medical system if necessary, or counseled to contact their personal physician if appropriate. Contact Emergency Medical Services (EMS) by dialing 911 if the situation warrants. Individual sites may have other procedures that supersede these general guidelines, and these should be included in any orientation the student receives to the site. The College is not responsible for transportation of injured or stricken individuals to hospitals or emergency care centers, physician's offices, or other medical providers. The cost for any care is borne by the individual and any insurance coverage they may have. Any injured student is also strongly encouraged to contact their own physician for follow-up treatment.

Clinical Practicum Assignments

The College reserves the right to make all Clinical Practicum assignments. Sites are selected so that the student attends a minimum of three different clinical facilities/employers, and typically include a long term care/geriatric/rehab unit clinical affiliation, and an acute care/general care affiliation. Specialty affiliations are also permitted as determined on a case-by-case basis per student ability and educational need. Students are NOT permitted to perform clinical internships where they are currently working. Students with a strong or significant history with a clinical site may be similarly prohibited from attending a clinical internship at that site. A matching process will be completed by the school, with an

attempt to 1) consider the student's preferences for type of experience, 2) utilize the MOST appropriate sites to provide the BEST learning experience possible for a particular student's need, 3) provide a mix of types of experiences for each student, 4) meet any programmatic, student or site limitations. However, our MOST important goal always is to provide the student with an appropriate learning experience, with a skilled clinical instructor, in a challenging learning environment. All other considerations (transportation, distance, clinical site preferences/requests, variations in start time, work schedule or home situation, your desire to experience a particular specialty, work/extracurricular activities) must be secondary considerations to providing you with the highest possible quality clinical education experience. A tentative schedule for the affiliations will be drawn up for each semester in which a clinical practicum is to occur, with student and ACCE discussing the site selection/placement. Individual requests by students for changes will be considered on a case-by-case basis. Action on the request is at the discretion of the school, and may be based on a variety of factors including the reason for the request, availability of alternate sites, timing of the request, etc. In NO case is a student to arrange their own clinical, switch clinical sites with another student, or decline an assigned clinical site.

Accommodations needed for CLINICAL ASSIGNMENTS should be discussed with the LCCC Academic Coordinator of Clinical Education PRIOR to the assignment of the clinical site. Students are reminded that we are guests in all Clinical Practicum sites, and must abide by all rules and regulations of the site. That includes abiding by all required policies of the clinical site such as fingerprinting, submitting TB or other health records, drug or alcohol testing, random screenings, background checks, etc. Some sites DO require criminal background checks/fingerprinting, and/or drug testing prior to placement. It is the student's responsibility to obtain necessary testing well in advance of placement into the site. Any cost, if not borne by the facility, is the responsibility of the student. A student who chooses not to obtain the necessary testing for any reason, fails to obtain the testing, or fails the testing based on the facility's guidelines, may be offered alternative clinical practicum placement on a space available basis. However, this placement cannot be guaranteed, and may be affected by space availability as well as the reason for the testing failure. A student who cannot be placed into an alternative clinical site due to the nature of the testing failure will be unable to complete the clinical practicum requirements for the program, and therefore will be unable to continue in the program sequence.

The PTA program at LCCC (and approved by the PTA Program Community Advisory Board 4/27/09) supports the APTA "White Paper", "*Position on Physician Owned Physical Therapy Services (POPTS)*" 2005. In support of that position, the program will not knowingly place a student for any clinical practicum course experience into a practice that meets or appears to meet the definitions described below for a POPTS.

Physical therapy referral for profit describes a financial relationship in which a physician, podiatrist, or dentist refers a patient for physical therapy treatment and gains financially from the referral. A physician can achieve financial gains from referral by (a) having total or partial ownership of a physical therapy practice, (b) directly employing physical therapists, or (c) contracting with physical therapists. The most common form of referral for profit relationship in physical therapy is the physician-owned physical therapy service, known by the acronym "POPTS." Recognizing the incongruity of POPTS and APTA's Vision 2020 that embraces the autonomous practice of doctorally prepared professionals, the inherent conflicts of interest existing within POPTS, the loss of the patient/client's right to choice of provider, and the increased cost to society identified resulting from POPTS, the American Physical Therapy Association reaffirms its decades-long position of opposition to physician-owned physical therapy services. APTA supports legislative and regulatory measures at the state and federal levels to ban physician ownership of physical therapy services. These efforts include sponsoring efforts to strengthen state practice acts to prohibit POPTS—and gaining direct access to Medicare patients.

Dress Code for the Facility

Students are required to check with the clinical instructor prior to the start of the affiliation to ascertain the appropriate level of dress for the affiliation. Sites vary in their level of formality, but as representatives of the College and profession, students are expected to maintain a certain level of professional dress. Students **MUST** have a white lab coat available for clinicals. Jeans and tennis shoes are **NOT** considered appropriate for Clinical Practicum experiences (unless verified by the clinical instructor). All jewelry should be kept to a minimum, as it can cause damage to others during treatments and must frequently be removed during treatments. Studs (or no earrings at all) are recommended for any ear piercings, and jewelry in other piercings is not permitted. Some clinical sites prefer, and some insist that visible tattoos be covered by clothing, so students should be prepared to cover any visible tattooing with clothing. An inexpensive and easily removable watch with a second hand on the wrist (REQUIRED), and minimal or no rings (e.g. a simple band would be preferred for a wedding ring).

Geographic Locations of Clinical Practicums

Clinical rotations may be outside the immediate area. Students are responsible for their own transportation and living arrangements during clinical rotations. No guarantees can be made that students can remain in the area for any or all clinical rotations. Students are not to attempt to negotiate their own clinical placements with clinical sites, nor are they to attempt to “switch” clinical sites with other students for the purposes of convenience. Careful consideration is given to matching students, sites, educational needs, developmental levels, patient populations, clinical instructors, site availability and other factors in matching students with practicums. Sites are selected for the purpose of providing the best education, rather than the shortest drive time. Therefore students should be prepared with dependable transportation, child care, and other necessary support to be able to take full advantage of the educational opportunity that the practicums provide.

Making Up Missed Clinical Time

The student may be required to make up any time missed (greater than 1 day) from the Clinical Practicum by arrangement with the site, on the student’s own time, at the site and/or College’s convenience and discretion.

Potential Health Risks Within Clinical Experiences

Students should be aware that there are certain health risks that are involved in any profession, and must understand the risks involved with their chosen occupation. The following discussion should not be construed as all-inclusive, but represents a sampling of some of the more serious concerns expressed, or risks faced by the Physical Therapist Assistant.

As a Physical Therapist Assistant, you will normally have minimal exposure to situations involving invasive procedures, however the risk of occupational exposure to bodily fluids still exists, e.g. from patient wastes, emesis, bleeding, etc. Patients may have infections carried in bodily fluids, such as Hepatitis B, HIV and others, which can cause a risk of exposure and infection. Therefore, it is imperative to effectively practice Universal Precautions. These will be covered in teaching material in the program, and can be referenced also in this Handbook under the Universal Precautions section. (See also OSHA Bloodborne Pathogen and the Occupational Exposure Policy.) The guidelines also help to protect you against other types of transmittable infections to which you potentially could be exposed in a clinical setting (e.g. TB, staph infections, etc.).

Additionally, some potential for exposure exists to chemicals which could be hazardous for certain people or in some situations (e.g. isopropyl alcohol, hydrocortisone solutions, latex, glutaraldehyde, cleaning solutions, etc.). Commonly encountered materials will be discussed as appropriate in class, and students should be familiar with precautions for any new materials encountered in clinical settings by asking for information from the clinical site. (See also the *Universal Precautions: General Guidelines For Hazard And Infection Control* section in this Handbook.)

Finally, as in any occupation that involves physical activity, there is some potential risk for occupational injury such as sprains and strains, falls, contusions, etc. from working with, lifting and moving patients and equipment. A thorough understanding of good body mechanics and ergonomics, knowledge of appropriate treatment techniques and appropriate use of equipment as provided during the program are safeguards you can use to help protect yourself.

Severe Weather

Should LCCC close the campus due to inclement weather, students are not required to attend Clinical Practicums, but may do so depending on their own professional judgment. Students can verify closure of the college by listening to local radio, watching local television news releases, or checking the LCCC website (www.lorainccc.edu).

Class or lab time missed due to severe weather (or any other reason) may be rescheduled at the discretion of the program to meet the necessary learning goals and outcomes for the courses affected. While every attempt would be made to schedule these at as convenient a time as possible, students are expected to treat any rescheduled times as required class sessions. Attendance is expected should classes be rescheduled, whether the times be during weekday times, evening, or weekend time periods.

Working Schedule of the Site

The student may need to adjust his/her Clinical Practicum hours to meet the schedule of the site and/or clinical instructor. This may include the need to attend Practicum during some evening or weekend hours. Please note that the listed meeting time for the class as published are not the actual scheduled clinic times. Your Clinical Instructor will inform you of your actual clinical schedule when you speak with them prior to your first day at the site. Regardless of the scheduled hours in the clinic, each scheduled clinical practicum day must consist of no greater than 7 hours of clinical contact, patient care activities, mentoring, role modeling, instruction, clinical experiences, interaction with individuals with impairments/functional limitations/disabilities commonly seen in the clinical setting, and other related clinical activities. In a typically scheduled 8 hours clinical practicum day, you should be granted a 1 hour break (e.g. 1 hour lunch, or 30 min. lunch and 2, 15 min breaks, etc.) to attain the 7 hours of clinical contact.

COMPETENCY TESTING

The PTHA 121 syllabus contains a list of required skills for the program that must be passed by competency testing. Competency test forms are included in the PTHA 121 and 122 syllabi. Critical safety elements are identified at the end of each sheet for each skill. Failure to adhere to the critical safety elements (or put another way, failure of the critical safety elements for a skill) are cause for an automatic failure for a skill. All skill competency checks must be passed by meeting each of the specified criteria on a pass/fail basis, along with meeting the critical safety elements, in order to pass a skill. All skills must be completed by the end of the normal class period of the semester (that is before the final exam period of the semester) or the student may not continue in the course sequence. Academic and clinical faculty reserve the right to challenge a skill at any time throughout the program if a student appears to demonstrate lack of competence in a previously passed skill, in which case the student will be required to retest on the skill, with only ONE retest attempt allowed. Faculty reserve the right to videotape competency testing at any time. Students have up to THREE attempts to pass a skill competency. If the student cannot pass the competency by the third attempt, the student may not continue in the course sequence.

Competency is not to occur at the beginning of lab in such a way that it runs over into lab time. Competency testing is not to occur during lab breaks. Time is normally allotted at the end of labs for competency testing, as well as open labs. Please utilize that time, or faculty office hours if necessary. Skill checks normally are expected to be completed within reasonable periods of time, typically no more than 15 minutes per skill. When completing a lab competency skill, if working on another student, it is expected that the student acting as patient will not provide cueing, information, or assistance to the

student being tested. Students who are unable to abide by this arrangement will receive a failure for this competency and must reschedule and retest.

COMPLAINT HANDLING POLICY

Program faculty recognize that some complaints are small, do not rise to the level of a formal status and can be handled easily and quickly. These complaints are dealt with immediately and informally or as quickly as feasible, between the involved parties, normally without any formal documentation. Also, many issues fall outside the need for the formalized “due process” procedure, and can be handled in a more direct manner, in the manner described below.

Any complaint may be brought to any program faculty, by any person, student, clinical agency, clinical instructor, academic faculty, patient, or other agent without concern of future prejudice. Significant complaints that are made will be noted in writing, by the faculty/staff member to whom the complaint is made. The complaint can be made in a confidential fashion if the complainant wishes. Anonymous complaints cannot and will not be considered. Complaints will be kept in a complaint file, and will not become part of student, clinical site, faculty, etc. files. Each complaint will have an investigation opened within 10 working business days, and the results of that investigation or actions taken regarding the complaint, and the resolution to the situation will also be documented.

These files are maintained by the program for a minimum of 5 years, in a secured file. The information brought to light by the complaint/investigation process will be used for program review as well as for accreditation purposes.

Outside the formalized, “due process” method, in the Physical Therapist Assistant Program within the Division of Allied Health and Nursing, the students are expected to follow the following lines of communication when attempting to resolve problems or complaints. The student should first discuss the issue with the instructor of the course or clinical supervisor directly if the issue relates to a particular class. If the issue does not relate to a particular class, the student should discuss the issue with their assigned PTA Program advisor. The next level is the Program Director for the PTA Program, John T. Myers, P.T. (ext. 7881), and the final level within the Division is the Dean of the Division of Allied Health and Nursing. Students are expected to follow this chain of communication. If students have not spoken with the appropriate person in the chain and go to a higher level prematurely, they will be instructed to return to the appropriate person to discuss the issue.

Student issues that cannot be solved in this manner will be referred to the due process policies noted in the current issue of the College catalog, with referral of the matter to the Office of the Provost and Chief Academic Officer or the Office of Student Life (depending on the nature of the issue).

Where appropriate, students may also be referred to the APTA, CAPTE, OPTA, or Ohio Board.

CONFIDENTIALITY

Students are expected to maintain confidentiality about all patient/client, family or staff related issues both within and outside the clinical areas. Students may also be exposed to confidential information about other students, academic or clinical faculty, other practitioners, or support staff in the course of their education. These issues are also to be treated with the utmost in confidentiality. Breaches of confidentiality are violations of the APTA’s Standards of Ethical Conduct for the Physical Therapist Assistant and the LCCC Code of Student Conduct, and may be cause for dismissal from the program. Students are expected to read, sign off on, and abide by the HIPAA guidelines found in this handbook’s Appendix (as well as any specific facility guidelines).

Confidentiality also applies to testing situations.

Sharing written or practical exam test scenario questions is considered a violation of program ethical guidelines. This policy is in line with the national policy of the Federation of State Boards of Physical Therapy, which administers the licensing examination.

Soliciting recalled questions, scoring information, or other details from students who have previously taken examinations is unethical for several reasons. The first is obvious; you are expected to pass the test based on your own merit without assistance. The members of the public who will entrust you with their well-being expect that you are a trustworthy and competent individual. Secondly, the purpose of the exam is to protect the public by ensuring that students and graduates who become licensed have achieved entry-level competence. By asking previous test takers to share questions, scenarios, scoring details, or other information with you, you are undermining the very purpose of the examination. Lastly, by soliciting questions from previous test takers, you are encouraging such persons to commit unethical acts.

In addition, sharing information can create a culture of fear as there may be misperceptions on the part of the person giving or receiving the information, and misinformation may be given. Undermining faculty or other students by unnecessarily questioning their responses, grading or decisions is unprofessional and will not be tolerated. Sharing test information creates an unfair advantage for those who test after you, as well as an unfair disadvantage if misinformation is generated.

Any person for whom there is a reasonable suspicion of sharing or soliciting information about any written or practical examination question may be prohibited from sitting for any further examinations in the course, sitting in course lectures and participation in laboratories and clinicals, unless and until they are determined after full investigation not to have shared or solicited such information. Candidates who are determined to be guilty of soliciting or sharing questions will be handled through the program and college disciplinary policies, up to and including dismissal from the program.

COURSE WITHDRAWALS

A student who withdraws from an Allied Health and Nursing Division clinical course will be required to submit a Withdrawal Status Report Form from the course instructor to the Connections Center. This form is initiated in the Connections Center and reports if the student was passing or failing the course at the time of withdrawal. If the student was failing, this failure counts as if the student received a failing grade in the course for purposes of the course repetition/program continuance policies.

Withdrawal from the College consists of withdrawing from all enrolled courses. Students who withdraw from all courses cease to be LCCC students for the semester from which they have withdrawn. A student who stops attending any class without following the withdrawal procedure continues to be enrolled. A grade will be assigned for these classes, and no refund of instructional or other fees will be considered. Students with documented, extenuating circumstances may be eligible for an administrative withdrawal by the director of the division in which the course or courses are taught. See the current catalog for details.

CURRICULUM PLAN

The courses making up the PTA degree program have been very carefully considered to maximize student learning and facilitate the specified outcomes as specified by the program's mission, philosophy goals and outcomes. This includes both general education and technical education courses. The sequence has similarly been carefully constructed and designed, to meet the desired behavior outcomes that have been specified by the program. One other ancillary factor needs to be considered which is not a competence factor but addresses the criteria of five semesters of full-time study, which is the issue of the actual timing of courses. The socioeconomic situation of many of our students means that they must attend school full-time to maintain financial aid assistance, and therefore classes must fit together efficiently into a full-time load. To facilitate this, the college offers a "guaranteed schedule". Divisions have worked together to assure that a student will be able to take all courses as they are listed on the curriculum guide, in the semester listed, without conflict. Students are free to take non-technical courses

in a different sequence but need to be aware that they may then need to alter their schedule in other ways further down the line. Obviously, students must still complete prerequisite courses as necessary for any other course they wish to take as well. The “guaranteed schedule” assures students that they can complete the entire degree in a 5 semester sequence if they desire, by following the curriculum guide. This also optimizes the use of resources by both the college and students. Planning can be better accomplished, scheduling more efficient and less person intensive for the college (keeping costs lower for all), classes filled more efficiently (easing the burden of tight classroom space), budgets more predictable, etc. Students are free to attend part-time, and many choose to do so. Those attending part-time will often complete some or all of their general education courses, and then enter the PTA program (the sequence beginning each fall semester and running sequentially for 5 semesters). Once accepted into the technical courses, students must take the PTA courses in sequence, in the semesters listed.

Students are exposed to and required to show competency in language and communication (composition), the social sciences (Psychology, Sociology, Human Growth and Development), technical mathematics, science (Physics, Anatomy and Physiology I and II, General Pathology), behavioral sciences (Psychology, Sociology), technical and clinical education (PTHA courses). The courses were selected for these reasons, as well as to build a foundation for later courses in the program, to facilitate the achievement of competence, for the development of desired behavioral outcomes, and the reinforcement of student technical skills. Feedback from all interested parties via surveys, informal feedback, curriculum reviews has indicated an overall satisfaction with the curriculum plan. No major themes regarding restructuring have surfaced in any consistent manner.

The general education and PTA courses work together synergistically; they complement and reinforce each other to accomplish the desired outcomes for students. General education courses that lay the foundation for a particular technical course are normally scheduled in the semester before the student needs the information for a technical course, or in some cases, concurrently with a technical course so that students can have the material being presented at the same time to reinforce the principles in both courses.

Semester 1: The College Experience course orients students to the campus, explains available services, point out available resources, helps with study skills, and hopes to improve retention. Introduction to Psychology helps students understand the role of behavior and motivation, and the impact of personality on treatment. Technical Mathematics is necessary for the understanding of Physics as well as allowing for necessary math skills in treatment modalities (e.g. calculating percentage body fat, metric conversions, etc.). Anatomy and Physiology I impacts most of the PTA courses by building knowledge of the human body, specifically the musculoskeletal system. Intro to PT Assisting covers an introduction to the field, ethics, legalities, communication, psychosocial aspects, medical terminology, documentation, and PT/PTA roles. PTA Procedures I covers all basic data gathering and monitoring techniques.

Semester 2: Anatomy and Physiology II continues and completes the systems, adding to the full understanding needed for future courses. Physics for Allied Health Sciences gives students an understanding of the forces and concepts underlying physical therapy techniques and modalities. Functional Anatomy and Kinesiology builds on the Anatomy and Physiology I knowledge, but with a more in-depth exploration of neuromusculoskeletal anatomy, functional movement, posture, and gait. PTA Procedures II covers all modalities, and basic intervention techniques, forms of exercise training, gait and mobility training. The exercise and gait/mobility components are held in the second half of the class to allow the maximum amount of anatomy, functional anatomy and physics to be completed before initiation of these topics for best results. Students also integrate measurement techniques from the first semester into intervention techniques from the second semester to be able to monitor progress to report to the PT.

Semester 3: The College Composition I course (taken in the first 5 weeks of summer) helps students brush up on writing and language skills, especially important before entering the first clinical practicum experience. Introduction to Sociology (also taken in the first 5 weeks), helps students become aware of issues related to socioeconomics, perception, culture, individual and group dynamics. These are highly useful skills for the clinic and reinforce issues covered in Intro to PT Assisting. In the second 5 weeks of summer, students take Clinical Practicum I, and have their first experiences using their new skills treating real patients under close supervision. They also have very extensive faculty support in the accompanying lecture component. A mid-program comprehensive exam is also built into this semester of the program so that students and faculty can assess progress to this point and make sure that students are on track as planned.

Semester 4: The College Composition II course refines student skills and focuses more on technical writing, including helping them hone skills for their own field of study. The Psychology course, Human Growth and Development is a “cradle to grave” lifespan development overview, which augments the specialty courses given in the PTA program in the fourth and fifth semesters. General Pathology describes the major disease processes in human systems, useful for students as they become increasingly sophisticated in their clinical skills, and begin to understand from the more advanced PTA courses how physical therapy interventions can play a role in these processes. The PTA course Rehabilitation Principles I describes interventions for major classes of specialty populations, such as orthopedic, neurology, etc. Concurrently, students are taking Clinical Practicum II and are out in the clinical setting two days a week putting all this new knowledge to work.

Semester 5: Students spend 4 weeks in intensive lecture/lab on campus before going into clinical settings. The PTA course Rehabilitation Principles II further develops cognitive and practical skills for selected specialty patient populations, building on knowledge from Rehabilitation Principles I, plus all the student knowledge and clinical experiences to date. The PTA course Advanced Topics and Clinical Critique covers emerging treatment areas, administration, career development, social responsibility, education, research and professional issues. These courses, along with all the other courses in the curriculum, have prepared the students for Clinical Practicum III, which is the final course of the sequence, a ten week full time clinical experience (usually split between 2 facilities). This is often a chance for student to experience a variety of specialty areas and to develop a level of comfort and competence in those skills. At the end of the 10 week clinical experience, students return to campus for a week of debriefing, surveys, case presentations, quality assurance activities, to take computerized “mock boards”, to take the State of Ohio Laws and Rules exam, and to do a license exam preparation seminar created by the faculty.

Much thought was put into the selection and sequencing of the courses, and how the courses would build upon each other and reinforce each other. Successful attainment of the outcomes in each course allows the student to be prepared to progress to the next stage in the sequence, building upon competencies previously achieved, and challenged to attain new ones. All components are necessary; all are important, whether general education, academic or clinical. They work together to facilitate the final achievement, the competent, entry-level PTA.

DIGNITY AND RESPECT

Students are expected to treat all persons they contact in the course of their education and experiences with the utmost in dignity and respect. Many different types of persons, personalities, disabilities, cultures, religions, economic backgrounds, sexual orientations, habits, opinions and prejudices, races, ages, genders, etc., will be encountered by the student. Personal reactions to these may be positive, negative or neutral, and may at times be quite strong. While this is neither good nor bad, students must maintain a professional demeanor at all times. Your personal reaction is valid, in that your reaction signifies recognition of some sort of personal “truth” for you. However, you represent this program, and ultimately our field, and you must separate your personal and your professional reactions. And despite any positive or negative emotional reaction you may have to a person or situation, your job is to react

professionally, with dignity and respect. The faculty would always encourage you to talk to them about any strong reactions you may have, as it represents a real opportunity to you to change your perspective, and to learn something about yourself and the world.

DRUG TESTING

Clinical sites and the program have the right to insist on pre- or post-placement drug/alcohol testing of students. Testing may be done through arrangement with the clinical site, or through a medical center as requested by the program. A student with a positive result may be unable to be placed into a clinical site or sites, may require repeat testing, and may result in dismissal from the program. The cost for testing, if not borne by the clinical site, is at the cost of the student. Students understand that results may need to be reviewed by the program faculty, division dean, and/or clinical site.

FACULTY DIRECTORY PTA PROGRAM:

- Division of Allied Health and Nursing: Office-HS 223, ext. 4015.
- Frank Ward, Dean, Division of Allied Health & Nursing: Office-HS 223, ext. 4015
- John T. Myers, P.T. (PTA Program Director): Office-HS223, ext. 7881.
- James Keske, P.T. (PTA Academic Coordinator of Clinical Education): Office-HS 223, ext.7210

FINGERPRINTING

Allied Health and Nursing as a whole has had to institute fingerprinting background checks for all Allied Health students across all programs based on the contract requirements of certain clinical sites.

Fingerprinting is normally done for PTA students late in Spring Semester so that the results would carry students through the end of clinical practicum courses. Fingerprinting would be performed on campus through campus security services or a private agency, though some clinical sites may also perform their own additional testing. Faculty and staff would not normally have access to the results, except for certain select clinicals that REQUIRE the program to review the results and determine if a student can be sent to the site or not, and in the cases of a positive result. If you are denied placement by a clinical site because of a fingerprint background check, a frank and confidential discussion about the reason for the testing failure would be necessary. A student who fails the testing based on the identified list or any facility's guidelines, may be unable to continue to progress through the program. A student who cannot be placed into a clinical site due a testing failure will likely be unable to complete the clinical practicum requirements for the program, and therefore will be unable to continue in the program sequence.

Based on current emerging trends in the field in clinical sites requiring background testing and rejecting students for positive infractions in their history, it is highly likely that students with a positive background test will be UNLIKELY to be able to be placed into clinical sites, and therefore will be unable to continue their progression through the program.

Please remember the consent form that you signed:

Offenses That Are Absolute Bars to Clinical Education at Many Facilities

If a student has been convicted of or pled guilty to any one of the following offenses (or any substantially equivalent offense in any state), the student cannot participate in clinical education at many contracted agencies.

Based on Ohio Revised Code Offense

2903.34	Patient Abuse or Neglect	2905.02	Abduction (If the victim was a minor, it is an absolute bar.)
3716.11	Adulteration of Food	2905.11	Extortion (does not apply for children)
2903.01	Aggravated Murder	2911.01	Aggravated Robbery
2903.02	Murder	2911.02	Robbery
2903.03	Voluntary Manslaughter		

2907.02	Rape	2911.11	Aggravated Burglary
2907.03	Sexual Battery	2911.12	Burglary
2907.05	Gross Sexual Imposition	2919.25	Domestic Violence
2907.12	Felonious Sexual Penetration	2923.161	Improperly Discharging a Firearm/Habitation or School
2903.11	Felonious Assault (with a purpose to satisfy sexual needs or desires of the offender)	2903.16	Failing to Provide for a Functionally-Impaired Person
	Division (A) Involuntary Manslaughter (with a purpose to satisfy sexual needs or desires of the offender)	2907.06	Sexual Imposition
		2907.07	Impositioning
		2907.08	Voyeurism
2905.01	Kidnapping (with a purpose to satisfy sexual needs or desires of the offender OR if the victim was a minor)	2907.09	Public Indecency
		2907.25	Prostitution
2905.02	Abduction (if the victim is a minor)	2907.31	Disseminating Matter Harmful to Juveniles
2907.321	Pandering Obscenity Involving a Minor For older adults: Division (A) (1) or (A) (3) For children: 2907.321	2907.32	Pandering Obscenity
		2923.12	Carrying Concealed Weapons
		2923.13	Having Weapons While Under Disability
2907.322	Pandering Sexually-Oriented Matter Involving a Minor For older adults: Division (A) (1) or (A) (3) For children: 2907.322	2925.02	Corrupting Another With Drugs
		2925.03	Drug Trafficking Offenses
		2925.11	Drug Abuse
2907.323	Illegal Use of a Minor in Nudity-Oriented Material or Performance For older adults: Division (A) (1) or (A) (2) For children: 2907.323	2907.04	Corruption of Minor
		2907.22	Promoting Prostitution
		2907.23	Procuring
2905.04	Child Stealing	2919.12	Unlawful Abortion
2905.05	Child Enticement	2919.22	Endangering Children
2907.21	Compelling Prostitution	2919.24	Contributing to the Unruliness or Delinquency of a Child
2919.22	Endangering Children	2925.04	Illegal Manufacturing of Drugs
2903.04	Involuntary Manslaughter (Division (A) offense with a purpose to gratify the sexual needs and desires of the offender)	2925.05	Funding Drug Trafficking
		2925.06	Illegal Administration of Distribution of Anabolic Steroids
2903.11	Felonious Assault (If done with a purpose to satisfy the sexual needs or desires of the offender.)	2905.12	Coercion
		2911.13	Breaking and Entering
2903.12	Aggravated Assault	2913.02	Theft, Aggravated Theft
2903.13	Assault	2913.31	Forgery
2903.21	Aggravated Menacing	2913.40	Medicaid Fraud
2905.01	Kidnapping (If done with a purpose to satisfy the sexual needs or desires of the offender OR if the victim was a minor)	2913.43	Securing Writings by Deception
		2913.47	Insurance Fraud
		2921.36	Prohibition of Conveyance of Certain Items onto Grounds of Detention Facility or Mental Health or Mental Retardation and Developmental Disabilities Facility

If a student has been convicted of or pled guilty to any two or a combination of two of the following offenses (or any substantially equivalent offense in any state), the student cannot participate in clinical education at many contracted agencies.

Based on Ohio Revised Code Offense

2913.02	Theft
2913.11	Passing Bad Checks
2913.21	Misuse of Credit Cards
2913.31	Forgery
2913.40	Medicaid Fraud

2913.47	Insurance Fraud
2913.51	Receiving Stolen Property
2913.03	Unauthorized Use of a Vehicle
2913.04	Unauthorized Use of Property; Unauthorized Access to Computer Systems
2913.11	Passing Bad Checks
2913.21	Misuse of Credit Cards
2925.13	Permitting Drug Abuse
2925.22	Deception to Obtain a Dangerous Drug
2925.23	Illegal Processing of Drug Documents

NOTE: If you have ever been designated as “sanctioned by the US Government”, it is unlikely that you will be able to participate at some or all clinical sites.

NOTE: FALSIFYING INFORMATION ON THIS SHEET, GIVING INACCURATE OR INCOMPLETE INFORMATION IS GROUNDS FOR DISMISSAL FROM THE PROGRAM.

By signing the form you are attesting to the following:

You understand that program faculty may or will see the results of any testing done.

You understand that you cannot be placed into clinical sites if you have a record indicating a guilty plea or conviction for the offenses indicated above/other felonies/violent crimes, but also that clinical sites may use different criteria to judge entry into their own site which is not under the control of the program. Some may consider the length of time elapsed since conviction, reparations, severity of the crime, expungement, minor versus major crimes, or other factors, while others may not.

FOOD AND BEVERAGES IN THE CLASSROOM/LAB

Food and beverages are not allowed in the classroom or laboratory setting by College policy.

GRADING POLICIES

Individual class grading policies may vary, and information will be included in the specific syllabus materials for each class on how grades will be assigned. Grades cannot be posted on paper outside classrooms, emailed, nor can grades be given over the phone. Students can log onto the LCCC website to view their grades.

In the PTA program in general, a grade of “C” or better is required in all the technical courses to be able to continue the program. See the current annual catalog or Program Coordinator/Director for additional information. A grade of “C” or better is required in all PTHA courses in the program. A student may fail (defined as less than a “C” grade) one PTHA course in their first year of the program and repeat it, and may fail and repeat one PTHA course in the second year of the program. Because courses in the technical/core part of the program are only offered at specific times each year, students will usually not be able to repeat the course until the following year, and would have to wait until the following year to be able to continue the program sequence, providing space for the student in the program is available the following year. (This cannot be guaranteed.) A second clinical course failure in either year of the program causes the student to be dismissed from the program.

Please be aware that the academic faculty are responsible for assigning the grade for clinical practicum courses, utilizing the feedback of the clinical faculty. Clinical faculty are never responsible for assigning student grades.

Also see the current annual College catalog for details on the grading system, grade point average cumulative (calculation), grade reports, and grade and course expectation appeals.

HEALTH REQUIREMENTS

- A health exam is required before entry to the first clinical course. Health exam forms are available at Allied Health and Nursing Office Desk. A health exam must be completed no earlier than 1 month prior to program entrance. TB testing is required annually.

Students must present evidence of certification in CPR in one and two man rescue, adult, child and infant CPR, usually termed “Healthcare Provider” status. Students are responsible for maintaining valid certification during the entire time frame of the technical phase of the program. Certification **MUST** be by the American Heart Association.

HEALTH INSURANCE

Hospitalization insurance at a student group rate is available for full-time students. Further information is available from Campus Services.

Allied Health students should understand that some clinical agencies may require that the student have personal health insurance coverage and that their education may be interrupted if they do not carry health insurance.

LAB COMPUTER/NOTEBOOK RULES:

You may not download any software, programs, images, documents, etc TO the notebook to be saved.

You may not import or save any software, programs, images, documents, etc TO the notebook to be saved by means OTHER than downloading, either, e.g. by flashdrives or other media.

You may NOT save files FROM the notebook without permission.

In other words – NOTHING is to be saved on the notebooks or from the notebooks, without prior authorization by program faculty. Only practice documentation, scenario documentation from competencies and practical exams may be temporarily saved using pre-existing templates and programs installed on the system.

Students may not “surf” the web for personal reasons, check email, play games, record video or audio, access social networking sites, or other non-professional uses for the notebooks.

Notebook computers may not be borrowed or removed from the lab for any reason.

Notebooks are not to be removed from the storage areas or utilized in the lab area without faculty supervision.

Notebooks are shared materials and access must be assured to ALL students. Be sensitive to the fact that they must be shared and utilized by others. Notebooks must remain on the desks/tables at all times unless otherwise instructed. Food and drink will remain at a safe distance from the notebooks. A student who damages a notebook by neglect, or failure to adhere to lab rules may be held liable for repair/replacement costs.

Violations of these rules are grounds for disciplinary action and disallowing the student from utilizing the notebooks. Because documentation resources, patient files and progress note formats are contained on the notebooks, being unable to utilize a notebook due to misuse or violations of the policies may mean that a student would be unable to gather information and complete all portions of a lab, assignment, or practical scenario – leading to failure for those assignments and tests.

LAB PRACTICE AVAILABILITY AND FACULTY SUPERVISION GUIDELINES

PTA Program laboratories are open for student practice during specific hours as announced at the beginning of each semester, outside of scheduled laboratory class times.

Some office hours can be held in the lab setting to allow students time to practice and ask questions with faculty present. Students may also arrange to have faculty members present on request for practice of specific skills or at specific times (based upon the availability of the faculty member). Students practicing skills requiring equipment should alert the faculty member responsible for the course that they wish to use a piece of equipment so that the faculty member can make sure the equipment is available to the student and also to be available for faculty supervision. A faculty member **MUST** be present when a student practices with certain pieces of equipment (e.g. electrical stimulation, ultrasounds, traction, etc.) .

OFFICE HOURS

All full time faculty on campus have office hours for making appointments. Generally, these are posted outside faculty offices.

Students are encouraged to pre-schedule appointments whenever possible with the faculty person. Walk-in appointments during office hours will be accommodated, provided that the faculty does not have a previous appointment. Some office hours may be held in the lab setting to allow students time to practice and ask questions with faculty present.

PARTICIPATION IN THE AMERICAN PHYSICAL THERAPY ASSOCIATION

Participation as a member of the APTA is not required of students, though it is very highly recommended. The APTA offers reduced rates for students while still providing them all the benefits of membership. Further information regarding the APTA will be provided during classroom courses, along with applications for membership. See www.apta.org for additional information.

PERSONAL APPEARANCE/GROOMING POLICIES

Students are expected to maintain a professional appearance at all times, as reflected by their manner of dress, personal grooming and hygiene. In all settings and cases, clothing should be neat, clean, well maintained, professional in appearance and appropriate in fit. Supportive shoes should be worn. Since fashions and trends can change, in all cases, the faculty reserve the right to specify correction of any appearance/hygiene concerns they perceive with individual students.

Clinical Practicum sites

Clothing worn while at Clinical Practicum sites is governed by the site's policies, however, in no case will informal clothing be considered appropriate (e.g. jeans, shorts, tank tops, T-shirts, etc.).

A white lab coat is required: White lab coat (long) or lab jacket (blazer style) with long sleeves. The uniform or lab coat should be free of stains and be laundered and pressed frequently. White lab coats or uniforms are not required to be worn on campus. Sites which discourage use of a lab coat may allow students to work without the coat.

A Picture Name Badge should be purchased in the Library and worn visibly on the upper body (e.g. on the lab coat). This must be purchased no later than the end of the first week of the first course.

Shirts, trousers and skirts/dresses should be plain (discrete patterns are acceptable along with solids).

Clean, polished, supportive shoes should be worn. In some clinical situations, clean and well-maintained low-top athletic shoes may be acceptable and the norm at the site, however, it would be preferable for the student to wear dress or work shoes. In no cases can a student be allowed to be in a clinical area in sandals, open-toed shoes, or other footwear providing inadequate protection and support.

Because of many patient's negative and/or allergic reactions to scents, it is preferable wear no colognes or perfumes. Also avoid soaps, creams, hairsprays or other grooming products with strong scents. Makeup should be conservative and professional.

Fingernails should be trimmed short (no more than 1/8 inch beyond fingertip) and be well maintained to facilitate safe and comfortable contact with others during palpation, massage, and other manual skills use. Clear nail polish or natural polish is preferred, but conservative colors without chips are permitted.

All jewelry should be kept to a minimum, as it can cause damage to patients or staff during treatments and must frequently be removed during treatments. Up to two studs (or no earrings at all) are permitted for pierced ears; other visible pierced jewelry (i.e. nasal, tongue, eyebrows, lip, etc.) is not permitted to be worn when at any Clinical Practicum site. A watch with a second hand is required (we recommend it be inexpensive and easily removable), and minimal or no rings (e.g. a simple band would be preferred for a wedding ring) are recommended. Jewelry must be removed during many procedures. Hair should be pulled away from the face and secured so that it does not interfere with procedures, practice and client care.

Tattoos may have to be covered while at clinical sites, as many sites have a "no visible tattoos" policy.

Classroom setting

In the classroom setting, no particular clothing is recommended, though students should remember that there may be times where the class leaves the classroom to go to a clinical site, or where clients may come to the classroom, and appropriate clinical site clothing is then required.

Laboratory setting

The clothing may depend on the situation, but generally, students should be able to easily work with each other on the techniques, while maintaining modesty as much as possible. In the majority of cases, a pair of loose fitting shorts with a T-shirt is appropriate. Women should wear a halter-type top when the trunk/shoulder needs to be exposed. **Students MUST come to EACH AND EVERY LAB DRESSED AND READY TO GO IN T-SHIRT AND SHORTS. Students should come to lab dressed and ready to participate. FAILURE TO DO SO MAY RESULT IN BEING SENT HOME TO CHANGE, LOSS OF POINTS, OR BEING COUNTED AS AN UNEXCUSED ABSENCE. Do not come dressed in "street" clothes and ask if you need to change into lab clothes. The answer is yes.**

Fingernails should be trimmed short (no more than 1/8 inch beyond fingertip) and be well maintained to facilitate safe and comfortable contact with others during palpation, massage, and other manual skills use. Hair should be pulled away from the face and secured so that it does not interfere with procedures, practice and client care.

All jewelry should be kept to a minimum, as it can cause damage to others during treatments and must frequently be removed during treatments. Studs (or no earrings at all) are recommended for any piercings, an inexpensive and easily removable watch with a second hand on the wrist (REQUIRED), and minimal or no rings (e.g. a simple band would be preferred for a wedding ring).

PRACTICAL EXAMS

The student will be given a skill or skills to demonstrate on another student or faculty member. The exam may use additional background material that will be supplied as part of the simulation. No notes, books, etc. are allowed in the practical area during testing. Students will be informed if there is a specific time limit for the procedure(s) being tested. Students who are late for their practical may have points deducted. Students may be evaluated on any or all of the following as appropriate for the practical: assessment of the patient, patient and treatment area preparation, appropriate use and care of equipment, correct use and completion of the procedure, feedback from the patient, and correct documentation of the procedure. Failure to adhere to any critical safety elements during a practical exam are cause for an automatic failure of the practical.

A student who fails to achieve at least 75% of the possible points on a lab practical MUST retake the exam. Written assignments in addition to another laboratory practical exam may be required at the discretion of the course instructor or tester. The scores from the 2 exams will be averaged as the score to be recorded for grading purposes. Should a student fail the practical a second time, the student may have the opportunity to take the practical one more time ONLY, providing they meet the following: a minimum of one hour of counseling/tutoring with hours of documented independent practice of lab skills for the course, and submission of a one page, typed paper for each of the 2 previous lab practical exams describing the techniques, sequencing, safety issues, etc. that they should have utilized in the test situation. Students MUST pass the practical exam by the third try to be able to continue in the PTHA course sequence, however the score remains the average of the first two exams. All exams must be completed by the end of the normal final exam period of the semester or the student may not continue in the course sequence.

Faculty reserve the right to videotape a laboratory practical exam at any time.

PROFESSIONAL LIABILITY INSURANCE

Students are required to have malpractice insurance, which is issued to them as part of normal course fees for their participation in scheduled course work. The fees for liability insurance are included and assessed as part of fees for specific courses. This malpractice insurance covers the student only during assigned clinical time and does not cover students during out of school employment. Students are not to obtain their own malpractice insurance. Insurance is in effect even if the college is not in regular session, provided that the student is scheduled by the program for a clinical practicum course experience. (For example a student is making up a missed day on a weekend, he/she is covered even if the college is not in session, or the student attends a clinical practicum on a “snow day” because he/she has a patient load scheduled and is able to make it to clinic but the college closes – he/she is covered.) Malpractice insurance issued by the school is never in effect for a student during any employment of the student.

QUALITY OF WRITTEN MATERIALS

Correct spelling, good legibility of handwriting, appropriate grammar, formats, reference citation, correct spelling and sentence structure is expected on all written materials at all times. All assignments are to be completed as instructed and submitted on time. All work must be original and the student's own.

Academic dishonesty of ANY sort, cheating, plagiarism, failure to cite quotes and sources, lifting phrases or ideas from the work of others, etc. will not be tolerated and are grounds for immediate dismissal from the program. See: <http://en.wikipedia.org/wiki/Plagiarism> for a discussion of plagiarism issues, definitions, how to avoid, etc.

PLEASE NOTE: Assignments not submitted on time as specified may have points deducted from their score up to a value of 10% of the value of the assignment per day (unless otherwise specified).

READMISSION AFTER LEAVING PROGRAM:

All cases

When eligible for readmission to the program/course sequence, students will usually need to wait until the following year to be able to continue the program sequence, providing space for the student in the

program is available the following year. (This cannot be guaranteed.) Students should speak with the program director about the process to apply for re-entry. Students must apply for readmission BEFORE the date of registration for the semester they wish to re-enter. Application for readmission includes a letter submitted to the Program Director, to be reviewed by the program faculty, which is to include a discussion the reason for previous withdrawal/leaving the program, the student's plan for success, correcting any issues/problems/deficiencies (if these were an issue in the student leaving the program), and how the student plans to be able to be able to successfully complete the program, and any other factors the student feels pertinent. These may be required to be documented on a "Learning Contract", as specified by program faculty and based on the perceived individualized needs of the student case in order to best address potential student success. Students may be required to demonstrate mastery of previously tested coursework to be allowed re-entry. Students must provide evidence of meeting the health requirements for program entry after any readmission. Students cannot assume that re-entry is automatic, but will be based on a variety of factors, including their status at leaving, reasons for desiring re-entry, compliance with readmission requirements, previous grades, previous generic abilities scores, space available in the program, and any other pertinent factors. Students who do not resume the program the following year will have their cases reviewed on an individual basis regarding their status and potential to re-enter the program, as well as any potential requirements before re-entry. Students who wish to re-enter MORE than one year after leaving the program may have to satisfactorily demonstrate mastery of previously passed material/courses before being allowed to re-enter the program at the point where he/she left the sequence. Inability to demonstrate mastery may require the student to repeat previously passed courses in order to resume the program sequence. Courses that are 4 years old or older generally are not acceptable and must be repeated, and cannot be "tested out of" or mastery demonstrated. Retaking or auditing the course(s) (if student was successful at the "B" grade or better) are acceptable.

Academic reasons

A student who fails (defined as less than a "C" grade) one PTHA course in the their first year of the program may repeat it, and may fail and repeat one PTHA course in the second year of the program. Because courses in the technical/core part of the program are only offered at specific times each year, students will usually not be able to repeat the course until the following year, and would have to wait until the following year to be able to continue the program sequence. A second PTHA course failure in either year of the program causes the student to be dismissed from the program, and causes the student not to be eligible for readmission.

Course withdrawals

A student who withdraws from an Allied Health and Nursing Division clinical course will be required to submit a Withdrawal Status Report Form from the course instructor to the Connections Center. This form is initiated in the Connections Center and reports if the student was passing or failing the course at the time of withdrawal. If the student was failing, this failure counts as if the student received a failing grade in the course for purposes of the course repetition/program continuance policies. If the student was not failing, the student may repeat the course and begin the technical sequence of course again the following year, on a space-available basis.

Personal reasons

Students should apply to the Program Coordinator/Director in the event they find it necessary to leave the program due to personal reasons. If the student is eligible for readmission to the program/course sequence, they may re-enter the program the following year on a space-available basis.

Pregnancy

Pregnancy does not automatically exclude a student from participation in the program. It is recommended that the student inform all teaching faculty as soon as they suspect that they are pregnant, for safety reasons. Some clinical agencies may have specific policies regarding pregnancy for Physical Therapy staff in the workplace that may impact on the student's education. Some modifications in on-campus work may also be required. The student will be asked to provide written documentation from

their physician of record permitting them to continue with the program. If, in the student's, faculty's or physician's opinion, the pregnancy prevents the student from participating fully in the program, the student may voluntarily remove herself/be removed from the program, and will be considered eligible for readmission to the program/course sequence the following year on a space-available basis.

Family or personal medical leave

Students should apply to the Program Coordinator/Director in the event they find it necessary to leave the program due to the medical conditions of themselves or a family member. Documentation supporting the need for the leave can be requested by the Program Coordinator/Director. Students who have been granted family or personal medical leave will be considered eligible for readmission to the program/course sequence the following year on a space-available basis.

REASONS FOR DISMISSAL FROM THE PTA PROGRAM

Students may be dismissed from the program for violations of the Student Code of Conduct, the Academic Integrity Guidelines, and the Standards of Ethical Conduct for the Physical Therapist Assistant, academic dishonesty of any sort, failure of a laboratory practical or competency 3 times, failing to complete all clinical competency sheets in a semester, failing to meet the required developmental level for a clinical practicum experience on the CPI form, and failure to meet the appropriate level of development on the Generic Abilities Behavioral Criteria. Withdrawal from course may also cause dismissal (see Withdrawal and Course Withdrawals Guidelines), repeated absences/lateness (see Attendance policies), more than one PTHA course failure (less than a "C" in technical course) in either year of the program. Note that this list is not necessarily all inclusive, nor is it binding based on consideration of individual circumstances.

REGISTRATION

Registration for courses at Lorain County Community College will be held at places and times as announced through college publications, as well as online. It is the responsibility of each PTA student to register as per college policies found in the annual catalog or as announced/arranged through the program. Online registration is the preferred/encouraged method, though in-person registration is also available via the Connections Center.

RESOLUTION OF CLASSROOM PROBLEMS

In the Physical Therapist Assistant Program within the Division of Allied Health and Nursing, the students are **required** to follow the following lines of communication when attempting to resolve class-related issues, problems, give suggestions, determine procedures, etc. The student should first discuss the issue with the instructor of the course or clinical supervisor directly if the issue relates to a particular class. If the issue does not relate to a particular class, the student should discuss the issue with their assigned PTA Program advisor. If the issue remains unresolved, the next level that the student **MUST** discuss the issue with is the Program Coordinator/Director for the PTA Program (John T. Myers, P.T. ext. 7881), and the final level is the Director of the Division of Allied Health and Nursing (Mr. Frank Ward, ext. 4015). Faculty members have posted office hours for students to seek out an appointment, or can see a student as a "walk-in" if they are available. Likewise, the Program Coordinator/Director also maintains office hours and will see "walk-in" appointments as available. An appointment is usually necessary to see the Dean. Students are required to follow this chain of communication. If students have not spoken with the appropriate person in the chain and go to a higher level prematurely, they will be instructed to return to the appropriate person to discuss the issue.

Issues that cannot be solved in this manner will be referred to the policies noted in the current issue of the College catalog, with referral of the matter to the Office of the Vice President for Learner Services and Chief Academic Officer.

SAFETY

Students are not to practice or perform procedures, techniques or modalities on patients/themselves/each other/faculty without having been first trained, and certified as competent in them by a faculty member. Students may legitimately be trained by a clinical instructor in a Clinical practicum site, and that clinical instructor may take responsibility to verify the adequate performance of the student in the particular skill. Students who doubt their ability to perform a skill are responsible to ask for additional instruction, practice, direct supervision, assistance and/or feedback on the skill before performing it. Students should be knowledgeable about indications and contraindications, and safety procedures for any technique/modality/piece of equipment before using it with any person/patient. Additional specific information about safety issues is incorporated into the content of the courses.

Please note that during the program you will work on each other. This requires frequent touching of each other in a professional manner, and exposing your body in the class or lab setting. You will be learning and practicing with equipment that carries some potential for discomfort and even injury if improperly used. You also will be performing significant physical activities that also carry the potential for discomfort and injury. You need to be able to perform frequent lifting, carrying, upper and lower extremity movements, perform highly coordinated gross and fine motor movements, stand and walk while assisting another person physically, and a variety of other activities requiring strength and endurance. Additionally, you may be exposed to cadavers, wounds, deformities, and other stimuli that some members of the general public might find hard to handle. These may also present some risk to you via body substances and blood borne pathogens, though you will be trained in the procedures used to decrease this risk in clinical practice.

If at any time, for ANY reason, during a practice/class/lab session when a student or staff member is practicing a technique with you, or when you are performing a technique on another student or staff member, you may verbalize the word "STOP". All students and staff, having agreed upon this keyword, will immediately cease what they are doing. This allows each person involved the opportunity to retain complete control over any situation.

STANDARDS OF ETHICAL CONDUCT FOR THE PHYSICAL THERAPIST ASSISTANT

PTA students are expected to conform to the APTA's Standards of Ethical Conduct for the Physical Therapist Assistant. Students will be provided a copy and have ample opportunity for discussion of the code during the initial technical course in the PTA sequence. (See

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/Standards.pdf .)

Violations are grounds for program dismissal.

STUDENT EVALUATION OF THE PROGRAM

Students will be required to evaluate various components of the program, including all Clinical Practicum experiences, the overall program, and all faculty (full-time and adjunct).

These may take the form of surveys, Clinical Performance Instruments, course evaluations and others.

The appropriate use of course evaluations is critical to useful feedback. Student feedback is a valued part of evaluation of course content, faculty instruction style and other factors related to course evaluation.

These course evaluations are taken seriously by the faculty and college administration and community.

They are reviewed by the faculty member being evaluated/teaching the course content, his/her immediate supervisor, and depending on circumstances, may often be reviewed by teams of other faculty, administrators and highest levels of college administration in times of decisions related to tenure, promotion, continued employment, etc.

They become a part of the faculty member's annual performance appraisal as well as the permanent personnel record.

Therefore it is recommended that students take the evaluations seriously when completing them and understand the role these play in giving feedback to the instructor. Reading the questions carefully, giving thoughtful, constructive feedback is appreciated and encouraged. However, using the evaluation

for a personal vendetta or for a personal agenda can be extremely damaging to a faculty member's career, defeats the stated purpose of the tool, and steps outside the bounds of the professional behaviors expected of PTA students in their Generic Behaviors. The proper use of faculty evaluations is not to "get back at" a faculty member for some perceived issue, to vent in an anonymous fashion, or other non-professional issue, but instead to give legitimate constructive or positive feedback in a professional manner.

STUDENT PTA ASSOCIATION

The club is open to all students or alumni of LCCC, interested in the field of physical therapy.

TESTING MATERIALS

All testing materials are considered the property of the PTA Program. The release of testing materials is at the discretion of the class Instructor and PTA Program Director. Also see "Confidentiality".

USE OF HUMAN SUBJECTS - PTA PROGRAM GUIDELINES ON THE USE OF HUMAN SUBJECTS IN DEMONSTRATION AND PRACTICE FOR EDUCATIONAL PURPOSES

In providing physical therapy services for demonstration and practice in conjunction with the education of physical therapists assistants, the responsible physical therapist is accountable first and foremost to the individual receiving physical therapy. The physical therapist is also accountable for abiding by professional standards and ethics and the laws governing the practice of physical therapy in the jurisdiction where the service is rendered.

The physical therapist shall ensure services regardless of race, creed, color, gender, age, national or ethnic origin, sexual orientation, disability or health status. The physical therapist respects the rights of individuals referred or admitted to the physical therapy service. The individual referred or admitted to the physical therapy service has rights which include but are not limited to:

1. Selection of a physical therapist of one's own choosing to the extent that it is reasonable and possible.
2. Access to information regarding practice policies and charges for services.
3. Knowledge of the identity of the physical therapist and other personnel providing or participating in the program of care. Treating therapists and students will work in conjunction with or under the supervision of the primary therapist. This includes introduction of the PTA student by name and his/her student status.
4. Expectation that the referral source has no financial involvement in the service. If that is not the case, knowledge of the extent of any financial involvement in the service by the referring source.
5. Awareness of the physical therapy goals, desired outcomes, and procedures which are being rendered.
6. Receipt of information necessary to give informed consent prior to the initiation of services. The situational context of the education setting will be explained to the patient ahead of time, allowing for questions, and allowing for patient refusal without penalty or negative consequences for declining to participate. Patients must sign informed consents for any videotaping, photography or other recordings of the session.
7. Participation in decisions involving the physical therapy plan of care to the extent reasonable and possible.
8. Access to information concerning his/her condition.
9. Expectation that any discussion or consultation involving the case will be conducted discreetly and that all communications and other records pertaining to the care, including the sources of payment for treatment, will be treated as confidential.
10. Expectation of safety in the provision of services and safety in regard to the equipment and physical environment.

11. Timely information about impending discharge and continuing care requirements.
12. Refusal of physical therapy services.
13. Information regarding the practice's mechanism for the initiation, review, and resolution of patient complaints where requested.
14. Students will work directly with patients only after having been approved by their academic or clinical faculty on the skills to be used.

(Primary authorship comes from PHYSICAL THERAPY SERVICES: ACCESS, ADMISSION, AND PATIENTS' RIGHTS, APTA HOUSE OF DELEGATES POLICIES. Adapted for use within educational situations.)

WORKING WHILE IN THE PROGRAM

A general college guideline indicates that a student taking 12 or more hours (full-time) may work a maximum of 15 to 20 hours per week. Most PTA students find that it is difficult to work large numbers of hours while they are in the program. In addition, during some semesters, the academic and clinical load requires up to 40 hours per week of attendance during the day at classes, labs and/or clinicals, making daytime work impossible to maintain during those semesters. During those 40 hour/week semesters, considering the hours of education, and required study hours, many students find any significant work hours to be a difficult burden. Experience has shown that those students who attempt to complete the program while working a significant number of hours are often unsuccessful academically and fail to complete the program, or may be unsuccessful in attempting to pass their license exam. High rates of attrition or high failure rates on the license exam not only waste valuable time and resources for the student, but also for the program, and society and can put program accreditation at risk.

GENERAL POLICIES AND INFORMATION:

ACADEMIC ADVISING

Note that under certain conditions, or at certain key points in your college process, (e.g. before submitting a graduation request), you must see an advisor. Advisors are always available on an optional basis as well. See the Student Development section below for more information on services available, and the current semester course schedule publication for specific details on academic advising.

ACADEMIC INTEGRITY

Students are expected at all times to maintain academic ethics and honesty. Within the PTA Program, the highest ethical and academic standards are expected, as would also be expected in clinical practice. To this end, academic dishonesty, plagiarism, and any form of cheating are specifically prohibited. Anyone caught cheating on a quiz or exam will be given a "zero" for that quiz or exam and may be dismissed from the program. Anyone caught not doing their own work in the college class or laboratory will be given a "zero" for that assignment. Sharing materials without permission, including course materials, tests, material posted on the Angel system, lab competency or practical material, etc is considered a violation of academic integrity policies. Anyone caught performing any type of dishonesty at a clinical site will be subjected to an Unsatisfactory (U) clinical grade and immediate dismissal from the clinical site.

Unsafe behavior in the classroom, lab or clinical is grounds for immediate dismissal from the source and program. See the Code of Student Conduct printed in the current annual College catalog for specific examples. Offenses are subject to disciplinary actions as noted in the Code. Students found to be cheating or committing plagiarism of any kind can be temporarily or permanently removed from the classroom, lab and clinical setting pending investigation and resolution through the Code of Student Conduct.

ADDING/DROPPING COURSES

See the current College catalog for details on how to add/drop courses, deadlines, and fee/refund policies.

ADMISSION/ENROLLMENT

The College is committed to assist all who desire and can benefit from a college education. The College's open admission policy provides the opportunity to enroll in college courses to both high school graduates and non-high school graduates. See the annual College catalog for specific details. Note that admission to specific programs, including the Physical Therapist Assistant program, is selective and may be limited in number.

ALCOHOL/DRUGS

The possession or use of alcoholic beverages on the premises of LCCC or at an activity sponsored by the College, is strictly prohibited. A student under the influence of alcohol while on campus will be subject to disciplinary action governed by the "Student Code of Conduct". LCCC supports and promotes a drug-free campus environment. In accordance with the Drug-Free Schools and Communities Act Amendment of 1989, it is a violation of College regulations and pertinent state and federal statutes to unlawfully manufacture, possess, use and/or distribute illicit drugs and alcohol on the campus. Students expressing concerns about their use/abuse of substances will be offered a referral to a Student development Office counselor, the Nord Family Mental Health Center professionals, or the Family Services Association of Lorain County professionals (all on campus). A student on campus with the SMELL of alcohol on their breath (which can linger some time after the time of drinking) will be sent home if causing any disturbance or is felt to be a risk for injuring themselves or others. This is considered grounds for discipline. A student with the SMELL of alcohol on their breath in a clinical setting will be confronted, have the odor confirmed by another person, have the situation documented, be counseled and sent home. Students may also be required to abide by other policies as specified by the particular clinical site. This is grounds for discipline.

Students suspected to be under the influence of illegal drugs, will have their behaviors/appearance confirmed by another faculty or responsible person. If they present a disruption to the class, lab or campus proceedings, they will be removed from the immediate area or activity and campus services will be notified. If this occurs while in the clinical practicum setting, the clinical practicum's rules and regulations will apply, up to and including immediate and permanent dismissal from the clinical site, and/or mandatory drug testing. The student is subject to the agency's drug/alcohol testing policies as if the student were an employee.

APPLICATION PROCEDURE

The application process for admission to the College is detailed in the current annual college catalog as well as the current semester class schedule publication. In general, students make application to LCCC with the Application for Admission form, submit the application fee, have transcripts from high school and all previous colleges sent and evaluated, and complete the Placement Assessment process if not exempt (see publications for specific details). All Physical Therapist Assistant students must be admitted to the College through the normal procedures noted there. Additional information or questions can be addressed to the Connections Center at ext. 4032. Additionally, Physical Therapist Assistant students must make application for selective admission to the Physical Therapist Assistant Program, by filing a valid Program Application with the Connections Center.

AUDIO/VIDEOTAPING OF CLASSES

No classes can be audio or video taped without prior instructor permission. Violation is a breach of the Code of Student Conduct.

BOOKSTORE

The campus bookstore is located on the main level in the College Center building. Textbooks, class supplies, gift items, greeting cards, and clothing are available for purchase. Texts may be ordered online and will be delivered to the bookstore or home with 2 days.

BURSAR'S/BUSINESS OFFICE

The Bursar's/Business Office and Cashier are located on the first floor of the Bass library building and are open from 8:30 AM - 7:30 PM Mon.-Thurs. and 8:30 AM - 4:30 PM Fri. for payment of tuition and fees. Students who do not pay tuition in a timely fashion risk being dropped from classes.

CALENDAR – ACADEMIC

The College calendar can be found in the annual College catalog as well as on the LCCC website.

CAREER DEVELOPMENT AND PLACEMENT

See Student Development section.

CHILD CARE

The College operates a licensed Children's Center for students who have young children (ages 3-12), located in the north end of the Health, Physical Education and Recreation Building. Registration forms are available at the facility. Hours are:

- 7:30 AM - 8:30 PM Mon. - Thurs.
- 7:30 AM - 3:30 PM Fri.
- Summer hours M-F 7:30 - 3:30

Call the Children's Center at extension 4038 for more information. In addition, the Early Childhood Education Laboratory School is a model early education program for 18 months to 5 years olds open to LCCC student's children. Hours are: 7:30 AM - 5:30 PM Mon. - Fri. during the LCCC academic calendar. Call extension 4176 for more information.

CODE OF STUDENT CONDUCT

The College's goal is excellence in education and scholarly pursuit. It is the purpose of this code not only to protect the health, safety, welfare, and property of the College and its students, but to preserve the intellectual and educational atmosphere which prevails throughout the College community and to provide the opportunity for all members of the College community to attain their educational objectives.

The Board has adopted standards of conduct for the students and visitors to the campus and may provide for the suspension from classes, expulsion from the College and/or ejection from College property of persons who violate such regulations. In a collective sense, federal and state laws, the College's traffic and parking regulations, Board policy and College procedures provide guidance for College conduct. A comprehensive list of laws, ordinances, policies and procedures relating to on-campus conduct is available in the Office of Student Life during working hours. Violations of these standards, laws and guidelines will be subject to disciplinary action.

See the Code of Student Conduct printed in the current annual College catalog and website for specific details, including operational procedures, offenses, sanctions against individuals and organizations, limitations, appeals processes for disciplinary action and transfer decisions, examples of inappropriate behavior and additional procedures and provisions.

COMPUTER LABS

Thirty-two labs with a wide variety of computers for student use are located throughout the campus. Approximately 700 computers are available. Computer labs are available in the Library as well in many other locations. Hours vary by location. The second floor of our Health Sciences Building houses one such lab. Call the Library at ext. 4026 for details/locations and hours.

DEAN'S LIST

Students completing a minimum required number of credit hours with a cumulative grade point average of at least 3.5 will be recognized annually by the Vice President for Academic Affairs and Student Services. See the current annual College catalog for specific details.

DISABILITY SERVICES AND POLICIES

The College will make every effort to provide reasonable accommodations for students with special needs or disabling conditions. The College is responsible to ensure that students will not be discriminated against and to make reasonable accommodation for allowing students to participate in College programs and services from which they can benefit. Faculty often make adjustments without assistance, but both faculty and students can obtain the assistance and intervention of Lorain County Community College's Office for Special Needs Students. Students should consult with faculty and OSNS to make appropriate accommodations. Reasonable accommodations should be arranged and confirmed in writing with OSNS and with each individual instructor at the beginning of each semester. Students requiring accommodation for lecture and lab sections **MUST** inform the instructor of a course by the end of the first week of classes, and must present a copy of an official VISA from the Office of Special Needs. Typically, students are expected to perform at full duty without accommodation in the clinical setting, as if they were on the job. Call Theo Scott, OSNS Coordinator, at extension 4124 for additional information and assistance.

DISCRIMINATION

Statement of Non-discrimination: Lorain County Community College prohibits discrimination against individuals. The College supports provisions of nondiscrimination based on race, color, creed, religion, national origin, ancestry, age, sex, marital status, child-bearing status, handicap or sexual orientation in administration of its admission policies, employment practice, federal and state financial aid programs, procurement activities and other College administered programs. Inquiries should be directed to the Equal Opportunity Action Officer/Title IX Officer, ext. 7519. In addition, the PTA Program also prohibits discrimination against qualified individuals and supports the provisions of law specifying non-discrimination based on race, color, creed, religion, national origin, ancestry, age, sex, marital status, child-bearing status, handicap or sexual orientation.

DISMISSAL-ACADEMIC, AND PROBATION

A student is placed on academic probation when his/her cumulative grade point average drops below the established minimums and those who remain on probation may be dismissed as specified in the current College catalog. In addition, courses in the Physical Therapist Assistant Program require a grade of at least a "C" or better in order to continue in the sequence. See the current College catalog for full details, readmission information and appeals process.

DISMISSAL, NON-ACADEMIC

The faculty associated with any program retains the prerogative to recommend dismissal of a student to the Committee on Scholastic Standing, regardless of the student's cumulative grade point average. Valid supporting evidence that a student lacks a particular personal or professional characteristic and/or ability required, must accompany the recommendation for dismissal. The PTA Program supports the criteria used in the Generic Abilities Physical Therapy Professional Behaviors Assessment, for use in the academic, laboratory and clinical practicum areas. Failure to meet the Beginning Level criteria at the time of entry, Developing Level at any time during the program, or the Entry Level criteria by the time of the beginning of the final semester may be grounds for recommendation for dismissal. A student who fails to follow the normal "chain of command" for discussing issues, concerns, reporting problems, etc., may be recommended for dismissal from the program. A student is also subject to dismissal for social misconduct, unsafe conduct, violations of the Standards of Ethical Conduct for the PTA, violations of PTA Handbook policies and academic dishonesty at any time, regardless of academic standing. See the Code of Student Conduct section in the current College catalog.

EMERGENCIES/SAFETY PLANS

General information/Introduction:

When on the LCCC campus, you can call Campus Services Security at ext. 4444 or dial "0" for operator. If you do not have access to a regular college telephone, simply pick up any emergency campus phone. The phone will automatically ring at the Campus Services office -- it is not necessary to dial a number. In addition, the college is also wired to the county 911 system with wallplate phones located in prominent places in each building. These are the large "red button" phones. Simply press the red button to activate the system. It automatically dials into the county 911 system and acts as a speakerphone connecting you to the 911 operator. Only activate the 911 system phone if immediate need for Police, Fire Department or ambulance response is required.

When reporting an emergency situation, remember to furnish the following:

- the nature of the emergency - a brief description
- the location
- your name
- any additional information which would aid in handling the situation

Active Shooter Protocol

As per LCCC's Active Shooter Protocol, please adhere to response procedures below for responding to an Active Shooter in your building. If you can evacuate the area, please do so in as safe a manner as possible. **Along with the following guidelines, the "SAFE" area within the PT lab is identified as the equipment room. Faculty and students are to immediately gather within the equipment room, and remain there behind locked doors. Faculty will perform the following, requesting student assistance as needed:**

Secure your immediate area:

- Lock and/or barricade doors with any available object(s) (chairs, tables, desks, etc)
- Turn off lights
- Close blinds
- Block windows
- Turn off computer monitors
- Keep occupants calm, quiet, and out of sight by laying low to the ground
- Keep yourself out of sight and take adequate cover/protection (i.e. concrete walls, desks, chairs, tables, filing cabinets, etc.). Such cover may protect you from injury
- Silence cell phones
- Place signs in exterior windows to identify the location of injured persons

Contacting Authorities:

- Dial 911 or 9-9-1-1 from any campus telephone. Be aware that the 911 system will likely be overwhelmed.
- Program the Campus Security emergency line into cell phone for emergency use. Extension 4444 or 366.4444 (emergency line)

What to Report:

- Your specific location- building name and office/room number
- Number of people at your specific location
- Injuries- number injured, types of injuries
- Assailant(s)- location, number of suspects, race/gender, clothing description, physical features, type of weapon(s) (long gun or hand gun), backpack, shooter's identity if known, separate explosions from gunfire, etc

Un-Securing an area:

- Responding special forces will assist in un-securing and rescuing victims who are locked down; Consider risks before un-securing rooms
- Remember, the shooter will not stop until he/she is engaged by an outside force
- Attempts to rescue people should only be attempted if it can be accomplished without further endangering the persons inside a secured area.
- Consider the safety of masses –vs- the safety of a few
- If doubt exists for the safety of the individuals inside the room, the area should remain secured

Security Response:

- If possible, limit suspect(s) movement(s) by securing all unaffected buildings; evacuate victims to safety; provide master keys and logistical support to responding special forces and emergency medical services
- Facilitate basic first aid or triage injured victims if possible
- Assist law enforcement authorities with investigation

Bomb Threat:

When a bomb threat is received, obtain as much information as possible:

- location of bomb
- description of bomb
- time bomb will go off
- identity of caller (if given)
- description of caller's voice
- background noise noticed during call
- time call was received

Contact Campus Services immediately at ext. 4444, "0" (operator), or use an emergency phone. The Elyria Police Department will be summoned, and the Elyria Fire Department will be contacted. The following announcement will be made over the college public address system:

“Your attention please. This is not a test-- this is not a test. There is an emergency condition on campus. All buildings are to be evacuated immediately. Use the nearest exit and proceed to an area at least 100 yards from the nearest building.”

Physical Plant will be notified. A Campus Services vehicle will be dispatched to escort police and fire units to the proper building.

Crime On Campus:

If a crime occurs on campus (assault, robbery, theft, etc.), contact Campus Services immediately.

Furnish any pertinent information:

- location
- nature of incident
- description/identity of those involved

- whereabouts of victims
- whereabouts of perpetrators
- description of what transpired
- any related information

When reporting an incident of crime on campus, all information will be treated with appropriate confidentiality. Please identify yourself to Campus Services; your identity will be afforded all due confidentiality. Safety and security on campus is a cooperative effort -- the campus community are encouraged to report any criminal activity promptly.

Demonstration/Campus Disturbance:

If a demonstration or campus disturbance occurs, contact Campus Services immediately. Furnish pertinent information:

- location
- number of participants
- nature of the disturbance
- any other pertinent information

Campus Services personnel will respond immediately to the area of the disturbance.

Disruptive Behavior:

If a person (or persons) is (are) engaged in disruptive behavior on campus which escalates out of control, Campus Services should be contacted and summoned to the area. Please remain in the general area until Campus Services personnel arrive and give any details concerning the incident, such as:

- identity of the participants
- nature of the disruptive behavior
- location

Fire:

If there is a fire, evacuate the building/area immediately. Report any fires on campus to Campus Services immediately or activate the nearest fire alarm pull station. Be sure to indicate the location of the fire, including building, room number, floor level, etc.

Remain a safe distance away (100 yards) until Campus Services arrives to provide any pertinent direction and assistance as may be required. An announcement over the college public address system will direct occupants of the building(s) to evacuate the area.

Illness Or Injury/Emergency Medical Services/Cost Responsibility:

Contact the Campus Services office at extension 4444, or simply pick up the receiver of any emergency phone located throughout the campus, in case of illness or injury on campus. Indicate the nature of the illness or injury and what assistance is required (i.e., first aid, ambulance, etc.). Campus Services does not transport injured or stricken individuals to hospitals or emergency care centers. If you feel strongly that an ambulance is necessary and the injury illness is life-threatening and will require immediate transport to the hospital, use the red-button 911 phone to access the county 911 system and request immediate ambulance transport. Stay with the sick or injured person until appropriate help arrives and provide emergency personnel with any background information concerning the person's illness or injury. The cost for any care is borne by the individual and any insurance coverage they may have.

Power Failure -- Utility Interruption:

In the case of a power failure or utility interruption, remain in your classroom, lab, etc., and await the restoration of services. In most instances, disruptions of electrical service are of short duration and power is restored quickly. In the event utility service is interrupted for a prolonged period of time,

Campus Services and Physical Plant personnel will keep college departments and divisions informed so appropriate action can be taken.

Tornado/Severe Weather:

Stand clear of windows to avoid flying glass. Proceed to a tunnel or basement area if possible. If tunnels are not available, proceed to a first floor interior room. (In Allied Health and Nursing, access to the basement/tunnels is via the stairway to the Police Academy. First floor interior rooms without windows or exterior walls include the ultrasound lab, dental hygiene lab, clinical lab science lab, and nursing lab). Stand clear of exterior walls. Seek refuge under a table or desk and cover yourself with a coat or other such material.

If you are outside, lie flat on the ground in a depression and cover the back of your head and neck with your hands. Do not seek cover in an automobile or under a tree.

Campus Services monitors the National Weather Service weather forecast radio frequency channel during periods of severe weather. When a tornado/severe weather alert is issued for the Elyria area, Campus Services will announce this over the public address system. At that time, Campus Services personnel will proceed to unlock doors leading to the tunnel areas in campus buildings and direct people to safe areas.

EMPLOYMENT/PLACEMENT

The Employment and Career Services Center in College Center offers a variety of services including career planning, job search assistance, on-line job matching between your resume and job openings, and many free workshops. The Placement Office actively seeks employment notices from business and industry. Student employment opportunities for campus jobs are processed through the Placement Office. Call ext. 4076 for more information or to schedule an orientation or appointment.

EQUIPMENT SAFETY, USE, INSPECTION AND REPAIR

The proper use and maintenance of the campus, its facilities and equipment is the responsibility and obligation of every member of the College community. Instructors assume overall responsibility for the facilities and equipment they use. Any inappropriate action on the part of an individual or group of individuals will be brought to the attention of the Campus Services (Security) and the Division Director. Students are not to use, adjust or operate any piece of equipment until they have been properly trained by a faculty member on the piece of equipment. Equipment in regular use is examined monthly for obvious defects or problems in the PTA lab by the program faculty, and students are also expected to report any problems noted with any piece of equipment.

Equipment used in the PTA lab is checked yearly by a qualified firm for safety. Records are maintained in the Program Director's office. Equipment deemed unsafe in any way is immediately removed from service and repaired before being returned to use.

FACILITY HOURS

Campus buildings are open:

- 7:00 AM - 11:00 PM, Mon. through Thurs.
- 7:00 AM - 6:00 PM Fri.

The Division of Allied Health and Nursing Office is open:

- 7:30 AM - 7:30 PM, Mon. through Thurs.
- 7:30 AM - 5:00 PM Fri.

- PTA Program laboratories are open for student practice specific hours as announced at the beginning of each semester.

FINAL EXAM SCHEDULE

The schedule for final exam week for each semester is published in the annual College catalog, as well as in the semester class schedule.

FINANCIAL AID/SCHOLARSHIPS

Financial Aid typically consists of federal and state grants, scholarships, incentive awards, student loans, Federal Work, Study employment and other third party providers such as employers and social service agencies. One or more sources of financial aid may be available to students based on their enrollment status (see current annual College catalog for details on enrollment status classifications).

Eligibility and Application for Financial Aid:

Students are encouraged to apply early for all grants, scholarships and awards for which they may be eligible. Assistance is available through the Financial Services Center. The Free Application for Federal Student Aid (FAFSA) is the primary financial aid application used at LCCC. Scholarship and incentive award applications are separate from this form. All students who may wish to qualify for financial aid should complete this form. FAFSA applications are available in the Financial Services Center on the first floor of the College Center Building. Detailed information on eligibility for financial aid, enrollment and disbursement requirements, the student's rights and responsibilities, eligible academic programs, Satisfactory Academic progress regulations, and financial aid transcript requirements is available in the Financial Services Center.

Grants from Federal or State Agencies:

Grants are free dollars given to college students by the U.S. Department of education or by the State of Ohio and are awarded on the basis of financial need. Eligibility is determined by the appropriate funding agency, and completion of the FAFSA is required for these programs.

Federal Workstudy Program:

The program provides opportunities for students to earn money through federally sponsored part-time employment. Employment sites are available at LCCC and off-campus sites. Eligibility is need based according to federal definition. Completion of the FAFSA is required.

Student Loans:

LCCC participates in the Federal Family Education Loan program (FEEL), which includes a number of different loans. Loans are not free, but must be repaid. Repayment often begins 6 months after the student graduates or stops going to school. Typically, the expense period for loans runs through the 2 primary semesters of the academic year, but student loans may also be process for eligible semesters including the summer semester. Completion of the FAFSA and a pre-loan counseling appointment in the Financial Services Center are required to calculate loan eligibility.

Incentive Awards:

In addition to scholarships (see below), two types of privately funded incentive awards are available at LCCC: The LCCC Incentive Award for Non-Traditional Students, and the Minority Incentive Award. See the current annual catalog for more information or contact the Financial Services Center for information, eligibility and application information.

Scholarships:

A variety of scholarships are awarded and/or administered through the Financial Services Center. Some are processed and awarded through the high school guidance counselors, and others through the LCCC Financial Services Center. Application and eligibility processes can vary, and students are encouraged to see the current College annual catalog for additional information, as well as the Financial Services Center.

Contracts Related to Financial Aid:

Students should be aware that certain types of financial aid have contractual obligations attached to them. For example, these may include the repayment provisions for Student Loans, the working requirements for Work-study money, and may also be more individualized/complicated for private sources of aid.

Students should be aware that clinical agencies/companies may also make offers of financial aid to them under a variety of names and contractual terms. For example, the student might be offered a stipend or tuition money in exchange for signing a contract to work at a particular facility for a specified period of time after graduation and licensing. Contracts between an individual student and an individual agency/organization are not overseen by, or administered by the College. The school is not a party to the agreement, and is not bound to any conditions of the agreement. The contractual and legal implications of such contracts can be many and varied, and may include such things as restrictions to practice in a particular geographic area for a specified time, various penalties for attempting to break the contract, etc. The legality of some contract provisions has not been fully tested in the courts locally, but certain contract provisions have been at times upheld and other times overturned by lawyers acting on behalf of the parties (to the program coordinator's knowledge). Obviously the situation can be complicated, and those students considering entering into a contract related to financial aid (that is not overseen or administered by the College) are strongly encouraged to seek legal counsel before signing any contract. Students can obtain initial legal counsel through the Legal Aid Society from the Woman's Link Multi-Service Center by making an appointment at ext. 4035.

In addition, the APTA offers the following guidelines for fairness in offering student financial assistance in exchange for a promise of future employment (reprinted verbatim from APTA web site):

GUIDELINES: STUDENT/NEW GRADUATE EMPLOYMENT AGREEMENTS HOD G06-08-08-09 (Program 60) [Amend HOD G06-92-14-28] [Previously titled: Guidelines: Student and Employer Contracts] [Guideline]

These guidelines are designed to assist the student/new graduate in negotiating appropriate agreements that provide financial assistance in exchange for a promise of future employment.

1. A student's/new graduate's interests are best served by obtaining appropriate counsel prior to signing any agreement.
2. Any employment agreement should include and set forth in clear language:
 - A) A statement that the agreement must not interfere with the process and planning of the student's education.
 - B) Fair and reasonable terms for any repayment provisions to the employer of the student's/new graduate's education expenses.
 - C) Specific conditions under which the student/new graduate may choose to leave employment without penalty (eg, change of ownership).
 - D) Specific conditions under which repayment of part or all of the education-related expenses may be required (eg, personal choice).

E) A statement that if the student's/new graduate's employment is terminated by the employer, repayment of any employer-incurred education-related expenses should not be required unless the termination is for cause (eg, poor performance).

F) Reasonable restrictions in duration and geographic extent of any non-compete clause, if one is incorporated in the agreement.

3. The student's/new graduate's interests also are best served by:

A) Obtaining full disclosure of ownership of the practice.

B) Determining whether the practice is involved in any situation in which a referring practitioner can profit as a result of referring patients/clients for physical therapy.

C) Reviewing the American Physical Therapy Association policies on opposition to referral for profit (Ethical and Legal Considerations for Clinical Education, Financial Considerations in Practice, Opposition to Physician Ownership of Physical Therapy Services, and Referral Relationships).

D) Understanding that the student's/new graduate's educational program is not a party to the said agreement and is not bound by the terms of the agreement.

E) Understanding potential tax obligations for deferred income that may be incurred upon graduation or during employment as a result of the employer carrying out its obligation under the agreement.

F) Discussing the employer's policies regarding access to mentoring and regular collegial relationships and resources for professional growth and development.

G) Reviewing other applicable Association documents including American Physical Therapy Association Considerations for Practice Opportunities and Professional Development.

The PTA program is in full support of the language and spirit of the APTA House of Delegate Guidelines. The guidelines can be found online at:
http://www.apta.org/AM/Template.cfm?Section=Policies_and_Bylaws1&Template=/CM/HTMLDisplay.cfm&CONTENTID=52487

FINES-NONPAYMENT

Students with outstanding obligations will have grade reports and transcripts withheld.

FLOOR PLAN

See Appendix A for a copy of the floor plans for the health Sciences Building.

FOOD SERVICE

A cafeteria is located in the College Center Building. A “satellite” cafeteria is located at the northwest corner of the Health Sciences Building. Hours of operation are posted for each semester. Vending machines are available along many of the pedestrian bridges between buildings. Numerous restaurants and fast food areas are located within a short driving distance. Please note that food and beverages may not be consumed in classrooms, lecture halls or labs.

FORGIVENESS

The College recognizes that some students may not be able to overcome previously poor records in order to meet new career and educational goals and/or to meet graduation requirements. Under specific conditions, the student may petition to have grades of “D” or “F” not computed in the point average, and have the word “Forgiven” substituted for the former grades. The course(s) for which the student is

seeking forgiveness must not be needed for her/his new career or educational goals. Additional rules and restrictions apply.

For more information, see the Forgiveness Policy section in the annual College catalog. Forgiveness cannot be used for a “D” or “F” in the technical courses should the student wish to continue with the PTA program as their educational goal, and will cause the student to be subject to the procedures as noted under Grading Policies.

GRADES

See the current annual College catalog for details on:

The Grading System

Grade Point Average Cumulative (calculation)

Grade Reports

Grade and Course Expectation Appeals

GRADUATION

General Requirements

Students must meet the general graduation requirements as noted in the current annual College catalog, as well as fulfilling the specific requirements of the P.T. Assistant Program as specified in College publications.

Students **MUST** make an appointment one semester before planned graduation with the identified Allied Health counselor to verify that all courses have been met for degree fulfillment, and to complete an application for graduation, and pay the graduation fee.

Graduation with Honors

To qualify, a student must have an overall cumulative grade point average of 3.5 for all courses taken at LCCC. This grade point will include all original grades for all forgiven and repeated courses and all grades from institutions where the student was previously enrolled.

HAZARDOUS MATERIALS

See the Universal Precautions: General Guidelines for Hazard and Infection Control and OSHA Bloodborne Pathogen Standards Guidelines below, and the MSDS binder maintained in the lab.

HOUSING

LCCC is primarily a commuter institution designed to serve its own community. It does not provide on-campus housing or dormitories. The Women’s Link Office does provide referral services for housing for all students (male and female) and can be reached at extension 4035. Students performing a Clinical practicum out of town must arrange their own housing.

ID CARDS

Clinical ID cards and Library cards are issued at the Library by presenting a current class schedule.

INDIVIDUALIZED LEARNING SUPPORT CENTER (ILSC)

The ILSC provides free personalized academic support services to all currently enrolled students. It is located in the Learning resources center, and offers 3 major services: Tutoring (one-to-one, small study groups, walk-in help); students are entitled to 2 free hours of tutoring each week, and is available in all

subjects), Resources (specific course study guides, worksheets, computer use, audio programs and textbooks), and Make-up testing arranged with the instructor. For more information call extension 7297.

LIBRARY/LEARNING RESOURCES DIVISION

The Library is located in the Bass Learning Resources Center. The Library is fully automated, and its computerized catalog is part of the OhioLINK computer network of libraries and electronic information resources, providing access to databases and the catalogs of over 80 university and college catalogs in Ohio. The library website is at www.library.lorainccc.edu

The on-campus library holdings include approximately 114,000 volumes, and about 650 periodicals, journals and newspapers, and compact discs. Along with standard reference works are titles directly supporting course offerings in professional and technical areas. A large selection of Allied Health books, periodicals and other materials is available, including those specifically related to the field of Physical Therapy. An Allied Health librarian is available to you who specializes in resources specific to the Allied health disciplines, if you wish specialized help.

The library facility itself includes a circulation/information center, reference section, periodical and microfilm reading areas/lounges, faculty reading lounge, reserve room, library processing area, offices, tutoring services areas, testing services, numerous individual and cluster study carrels, computer labs, and other carrels connected to the closed circuit television system. There are 20 networked computers available, with 22 online public access catalogs.

Library cards are issued free of charge upon presentation of a current class schedule. presentation of a current class schedule.

Library hours:

- 7:30 AM - 10:00 PM Mon.-Thurs.
- 7:30 AM - 4:30 PM Fri.
- 10:00 AM - 4:00 PM Sat.
- Noon - 5:00 PM Sun.

(Note: summer semester hours may vary, call the Library at ext. 4026 for details.)

LIBRARY HOLDINGS, INSTRUCTIONAL MATERIALS AVAILABLE FOR INDEPENDENT STUDY

All circulating materials are available for loan to be used for independent study. Reference and non-circulating materials can still be used for independent study within the Learning center complex. Materials located in the OhioLINK database are also available for independent study by ordering through the computer network or a circulation librarian. See Appendix C for a listing of some of the Allied Health and Physical Therapy resources available.

LOCKERS

Locker rentals can be arranged at the College Bookstore in the College Center Building, and can be rented at any time during the semester. See the current college catalog or the bookstore for more information.

Lockers for changing clothing before and after PTA lab classes are available. Their location will be pointed out during orientation, and procedures explained at that time.

LOST AND FOUND

The Lost and Found is located in the Campus Services Office. Contact Campus Services for more information at ext. 4053.

OSHA BLOODBORNE PATHOGEN STANDARDS GUIDELINES

The full content of the OSHA Bloodborne Pathogens Standards is available in the Exposure Control Plan section of the Policies and Procedures Book in the Program Director/Coordinator's office. It can also be accessed via the internet (at <http://www.osha-slc.gov>).

Bloodborne Pathogens/Bloodborne Infectious Diseases Guidelines

Lorain County Community College promotes the rights of persons with communicable diseases to education and employment, while providing a safe and healthy environment for the College's students and employees. The College will make all reasonable accommodations to persons infected with Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) and to educate/employ/continue to employ persons so infected. As appropriate, faculty and staff will be provided training and/or information regarding bloodborne pathogens, universal precautions, and work practice controls.

The College will be flexible in its response to incidents of disease at the College, evaluating each occurrence in light of all applicable federal, state and local laws, its general policy and the latest information available. A Case Review Committee consisting of a health practitioner, the Division Director (in cases involving students), and the Director of Human Resources will be available to meet to consider reported occurrences of disease.

The College affords a broad range of academic opportunities in diverse health care fields. Instruction in some health care fields may require communicable disease precautions against exposure to blood or body fluids. Blood and body fluids are defined as blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluids, amniotic fluid, saliva, other body fluids containing visible blood, human tissue or organs other than intact skin, 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.

Each Division of the College in which activities may be reasonably anticipated to have a risk of exposure to blood or other potentially infectious materials will develop a written bloodborne infectious disease policy and distribute same to employees and students. The Division of Allied Health and Nursing has a policy and procedure established.

Action will be guided by the most recent medical evidence, the federal regulations of the Rehabilitation Act, state law, guidelines from the Centers for Disease Control (CDC), the Public Health Services, the American College Health Association, and the State of Ohio Department of Health.

The College will not routinely screen all members of the College community for communicable diseases unless and until required to do so by law, because communicable diseases may have different modes of transmission and should be evaluated on an individual basis.

The Federal Rehabilitation Act prohibits discrimination against qualified individuals by employers and those who provide services with the assistance of federal funding. Under federal law, the College as an employer and a provider of educational services must make reasonable accommodations for handicapped individuals, including those with communicable diseases.

The College maintains standards of confidentiality regarding medical information about students or employees that are protected by the Family Education Rights and Privacy Act of 1974. This Act requires that no specific or detailed information concerning symptoms or diagnoses be provided to staff,

administrators, or family members without the express written permission of the student/employee. Only individuals at the College with a legitimate need to know will have knowledge of the existence of students and/or employees with communicable diseases. The issues of a safe working environment can best be resolved by adequate educational programming.

Occupational Exposure Policy

Protocol For Occupational Exposure: All student/faculty are given a copy of the Division of Allied Health and Nursing Infection Control Policy, and also the Protocol for Occupational Exposure.

General Policy:

1. All faculty and students must follow Universal Precautions while treating all clients and while performing all tasks and procedures during which occupational exposure may take place.
2. The use of gowns, aprons or lab coats is required when splashes from body fluids are likely to occur. Disposable gloves will be worn whenever there is a potential for contact with contaminated materials.
3. The use of masks and protective eyewear or face shields is required when contamination of mucosal membranes (eyes, mouth, and nose) with body fluids may occur, e.g., aerosolization.

Occupational Exposures:

Examples of occupational exposures include:

- Puncture wound from a contaminated instrument or needle.
- Contamination of any open wound, non-intact skin, or the mucous membranes by blood or other bodily fluids.
- Exposure to the client's blood or other bodily fluids on unbroken skin is not considered a significant occupational exposure.

Post-exposure evaluation and follow-up is voluntary but students, clients, and faculty are urged to comply.

Anyone refusing post-exposure evaluation and follow-up must sign an "Informed Refusal Form" provided by the Division of Allied Health and Nursing.

Post-Exposure Protocol:

Note that clinical facilities may have additional post-exposure protocols that must be followed.

1. Immediately cleanse the area thoroughly with soap and water.
2. Report incident to instructor or Division of Allied Health and Nursing office.
3. Complete "Clinical Injury Form" with the instructor (faculty).
4. The source of the exposure should be identified if possible, and if able, informed consent received for testing for Hepatitis B and HIV antibodies done.
5. The department recommends the student (and client when possible) be tested for Hepatitis B and HIV. Students can be tested at the local Health Department or can contact his/her physician or go to the nearest emergency department.
6. If needed, (based on testing) it is recommended that students should receive the Hepatitis B vaccine series. Students may also be encouraged by the site to receive a dose of Hepatitis B Immune Globulin in some cases. Students should discuss this with the testing site. Additionally, in some cases for significant exposure to HIV, medication prophylaxis may be recommended by the physician/site.
7. It is recommended the student be tested periodically during the next twelve months. The student should again be tested at 6 weeks, 6 months and 12 months after exposure.
8. Counseling regarding post-exposure is available through Nord Center, Family Services, and Women's Link on campus, as well at all testing sites.

OSHA Standards and Guidelines:

Students will receive initial training in the OSHA Standards from a knowledgeable instructor before their first clinical skills course or Clinical practicum experience, and annually thereafter while in the program. This will include the following:

1. Where the Standards can be accessed and explained.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. Explanation of the modes of transmission of bloodborne diseases.
4. An explanation of the exposure control plan, and where they can obtain a copy.
5. Information on how to recognize tasks that might involve exposure to potentially infectious materials.
6. Instruction in the use and limitations of methods to prevent or reduce exposure.
7. Information on the types, use, location, removal, handling, decontamination and disposal of personal protective equipment.
8. Information on the hepatitis B vaccine, efficacy, safety, administration, benefits, and how to obtain it.
9. Information on actions to take and persons to contact in case of emergency related to potentially infectious materials.
10. Information on post-exposure policies and procedures. (See Protocol for Occupational Exposure)
11. An explanation of commonly encountered biohazard warning labels.
12. A question and answer session.

Students should be aware of the following guidelines:

1. Students should not eat, drink, smoke, apply makeup or lip balm, or handle contact lenses in an area where there is a reasonable likelihood of occupational exposure. Students should clarify clinical versus non-clinical areas with the Clinical Practicum sites.
2. Clinical practicum sites may have refrigerators, freezers, shelves, cabinets or countertops where chemicals, blood or other potentially hazardous materials are kept. These are not to be used for the storage of food or personal items.
3. Each clinical site normally maintains a book containing safety information on all chemicals used on the site. Material Data Safety Sheets are the most commonly encountered form of documentation of this information. Containers holding hazardous materials/chemicals should be labeled with (at a minimum) the name of the chemical contained.

Universal precautions: General Guidelines For Hazard And Infection Control:

All student/faculty are given a copy of the Division of Allied Health and Nursing Infection Control Policy, also the Protocol for Occupational Exposure.

Universal Precautions:

All employees and students must follow Universal Precautions while treating all clients, patients, staff and other students, and while performing all tasks and procedures during which occupational exposure may occur. Treat all clients as if they were potentially infectious.

Barriers:

Use of the barrier techniques involves placing a barrier between the source of infectious agents and the points of entry for those infectious agents in the health care worker. Barriers are provided by clinical sites at no cost to the student. Types of barriers include:

- a. **Gloves:** worn to prevent direct skin contact with blood, saliva, and mucous membranes, or when touching items or surfaces that may be contaminated with blood, body fluids or secretions. Gloves are for single client use only.

- b. **Masks:** are worn to protect from inhaling certain microbes and airborne droplets of the client's fluids, i.e. sputum, emesis, or blood. They may also be used in reverse to protect immune-compromised patients from nosocomial infections. When used to prevent microbial infection transmission, special types of masks may be required, and are provided by the facility. Masks should also be used whenever there is any danger of splashing of bodily fluids into the face. Some masks incorporate a faceshield in their design, which functions as eye protection.
- c. **Eye protection:** either prescription glasses with side shields or protective goggles with side shields must be worn whenever there is any danger of splashing of bodily fluids into the face.
- d. **Uniforms/clothing:** In cases where exposure to bodily substances might be anticipated, street/clinical clothes should be covered by a disposable gown, washable gown provided by the facility, or other clothing barrier. Each facility may have different equipment/barriers and rules/procedures that should be followed. In no case should a student leave the immediate clinical area, nor move to another patient, with contaminated clothing. Facilities are required to launder any clothing grossly soiled with blood or other potentially infectious materials.
- e. **Ventilation devices:** May include mouthpieces, resuscitation bags, pocket masks and other devices designed to allow a barrier during ventilation support.

Environment Precautions:

If possible, use disposable treatment materials.

Cover environmental surfaces to decrease the need for surface disinfection.

All contaminated materials (including laundry, bodily fluids/secretions/excretions) should be placed into bags which should be sealed. Follow facility regulations which may include use of special bags and labeling, and may include different procedures for laundry, equipment and disposable supplies.

Handwashing:

Handwashing should be done regularly, preferably with warm water and an antimicrobial soap. Hands should be washed between each patient, before and after handling food, after handling common equipment, after use of the restroom, and after removal of gloves.

Surface Disinfection:

Any contaminated surface should be cleaned immediately if possible to avoid cross-contamination. Follow facility protocols. In general, any substantive organic matter is removed, the surface washed and then disinfected with a commercial product designed for the purpose, or a 1:10 dilution of chlorine bleach. The surfaces should be visibly damp from the disinfectant and allowed to air dry for maximum effectiveness.

Additional Guidelines: Students should be aware of the following guidelines:

1. Students should not eat, drink, smoke, apply makeup or lip balm, or handle contact lenses in an area where there is a reasonable likelihood of occupational exposure. Students should clarify clinical versus non-clinical areas with the Clinical Practicum sites.
2. Clinical practicum sites may have refrigerators, freezers, shelves, cabinets or countertops where chemicals, blood or other potentially hazardous materials are kept. These are not to be used for the storage of food or personal items.
3. Each clinical site normally maintains a book containing safety information on all chemicals used on the site. Material Data Safety Sheets are the most commonly encountered form of documentation of this information. Containers holding hazardous materials/chemicals should be labeled with (at a minimum) the name of the chemical contained

PARKING

Ample parking is available around the campus in the surface lots 1-6 and 8-13. Yellow/orange striped spaces are reserved for Faculty and Staff only, by permit. Permits are not required for student and visitor parking. Handicapped parking is available in lots 1,2,5,7,10,12 and 13 and where indicated by the handicapped symbol. Van access spots are additionally marked with a letter "V". Motorcycle parking is available in lots 8, 10 and 12.

Students may be responsible for parking fees at some clinical agency sites.

SCHOLARSHIPS

See FINANCIAL AID/SCHOLARSHIPS.

SECURITY

Security is provided by the Campus Services Dept., located on the first floor of the Campus Center Building, ext. 4053. SEE RELATED POLICIES: EMERGENCIES/SAFETY PLANS, LOST AND FOUND, PARKING.

SEXUAL HARASSMENT

LCCC is committed to a consistent effort in maintaining an environment free of sexual harassment and all forms of sexual intimidation and exploitation. In its goal to create an environment for all students, employees and visitors which is fair and free of coercion, the College has adopted a sexual harassment policy with accompanying procedures as the basis for community education and complaint resolution. Sexual harassment cannot and will not be tolerated at LCCC. Sexual harassment is a form of discrimination in violation of College policy and Title VII of the Federal Civil Rights Act of 1964 (as amended), Title IX of the 1972 Educational Amendments and Section 4112 of the Ohio revised Code.

Inquiries and complaints should be directed to the equal Opportunity Action Office, College Center Room 224, or ext. 4049.

SMOKING POLICY

LCCC is a smoke-free environment. There are designated areas outside of buildings for people who wish to smoke. Failure to adhere to the policy will result in disciplinary action.

SNOW AND BAD WEATHER

When severe weather strikes the area, students are advised to consider the conditions in their immediate area concerning the safety of travel. Conditions can vary significantly within the service area of the College and decisions regarding College operations are made on the general status of the overall service area. Students are responsible for their own safety and travel decisions. All coursework is the continuing responsibility of students, and a choice to be absent from a course for any reason does not exonerate students from the full responsibility to complete all coursework.

When classes are canceled on the LCCC campus, and the College is closed because of inclement weather, announcements are transmitted on all AM, FM, and TV stations in the northeast Ohio area as well as posted on the college website.

Announcements are made through the following radio stations:

WBEA (Elyria)	107.3 FM	WLKR (Norwalk)	1510 AM
WEOL (Elyria)	930 AM	WMMS (Cleveland)	100.7 FM
WRKG (Lorain)	1380 AM	WGAR (Cleveland)	1220 AM

WZLE (Lorain)	104.9 FM	WTAM (Cleveland)	1100 AM
WOBL (Oberlin)	1570 AM		

Should LCCC close the campus due to inclement weather students are not required to attend Clinical Practicums, but should base their decisions on the prevailing road and weather conditions in their particular geographic area, as well as keeping in mind that patients and clinical sites may be depending on them. Professional liability insurance IS in effect whether or not the college has closed for the day due to weather. Students can verify closure of the college by listening to local radio, and/or watching local television news releases.

SPECIAL NEEDS STUDENTS

The College will make every effort to provide reasonable accommodations for students with special needs or disabling conditions. The College is responsible to ensure that students will not be discriminated against and to make reasonable accommodation for allowing students to participate in College programs and services from which they can benefit. Faculty often make adjustments without assistance, but both faculty and students can obtain the assistance and intervention of Lorain County Community College's Office for Special Needs Students. (ext. 4058). Any special needs should be communicated to the course instructor before the beginning of the first class. Needs that require equipment not already acquired by the student will be addressed to the Office for Special Needs. The Office for Special Needs serves students with physical, emotional and learning-disability needs. Students requiring accommodation for any lecture or lab **MUST** inform the instructor of a course by the end of the first week of classes, and must present a copy of an official VISA from the Office of Special Needs. VISAs are not typically considered valid in the clinical setting, and these are handled individually through the OSNS.

SPORTS AND RECREATION

A variety of structured and non-structured recreational and sporting activities are available to students each semester. Interested student should consult the current College catalog for more information or contact the Division of Health, Physical Education and recreation at extension 4028.

STUDENT DEVELOPMENT

The Office of Student Development, Transfer and Placement has advisors and counselors available to assist students with educational planning, career consideration, personal and social concerns and short-term crisis intervention. A variety of testing is provided in order to assist students in gaining a better understanding of their aptitudes, values, abilities and interests. Various group counseling experiences are offered including classes in personal development, career development, job seeking, learning techniques and college survival skills. The Office maintains a career library with occupational and transfer information.

STUDENT LIFE DIVISION

The Student Life Division is the center for all student sponsored events at the College. Located in this area are the director of the Division of Student Life, the Student Senate, the Program Board, the student newspaper The Collegian, and student club and organization offices. The Student Senate is the student government organization through which students have a voice in campus affairs. The Program Board consists of students interested in programming cultural, educational and social activities, and also serves as a means of communication among the different student organizations. For a listing of current student organizations/clubs, see the Student Life Division Office in College center, or the LCCC website.

STUDENT LOUNGE AREAS

A wide variety of student lounge areas are available, with different facilities and uses/guidelines. Informal lounges are located in open areas of hallways in the health Sciences Building (and other buildings). Lounges are also available on the linked walkways between building attaching to Health Sciences. A Vending area and lounge is located on the link with the Physical and Social Sciences Building. Lounges are available in various locations in the Campus Center Building (including a game room), and in the Library.

STUDENT PARTICIPATION IN GOVERNANCE

See Student Life Division section above.

STUDENT RECORDS

Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act of 1974 provides student access to information about themselves, permits challenges to the information, and limits the release of such information about students without the student's explicit written consent. LCCC is committed to the Act in its entirety. Copies of procedures can be obtained from the Admission and Connections Center.

Access to Student Records

A student's record, with certain exceptions including directory information as noted below, will not be released without prior written consent of the student. See the current College catalog for details.

Disclosure of Education Records

LCCC will disclose information for a student's educational records only with the written consent of the student, with certain exceptions. Exceptions are specified in the current College catalog.

Directory Information

LCCC designates personally identifiable information contained within the student's education record as "directory information" so that the College may, at its discretion, disclose this information without the student's prior written consent. This information is student name, home address and telephone number, date of birth, major field of study, participation in officially recognized activities, current enrollment status (including dates of attendance, full or part time, withdrawal status). A student may restrict the publication and release of this directory information by filing a written request with the Connections Center. In addition, the following information is always considered releasable: previous dates of attendance, degrees and awards received (to include honors), previous educational agencies or institutions attended. The complete policy regarding the collection, retention and dissemination of information about a student is available in the Connections Center.

Students should keep the College Connections Center, secretary in the Division of Allied health and Nursing Office, and PTA Program Director informed of any changes in their name, address or phone.

Record Retention Policy

LCCC retains the official academic record (transcript) of enrollment and credit earned at LCCC for 100 years after the student's last enrollment at LCCC. Three years following any term of enrollment, the student's transcript is the final, indisputable record of academic achievement.

STUDY AREAS

Space available for learning outside classroom time includes the lounges as specified above (see STUDENT LOUNGE AREAS); Library areas including the periodical and reading areas/lounges, individual and cluster study carrels, computer labs, and other carrels connected to the closed circuit

television system. In addition, classrooms are available for use as study areas as long as a class is not scheduled to meet during that period. The PTA lab is available by arrangement with the faculty.

SUBSTANCE ABUSE

LCCC supports and promotes a drug-free campus environment. In accordance with the Drug-Free Schools and Communities Act Amendment of 1989, it is a violation of College regulations and pertinent state and federal statutes to unlawfully manufacture, possess, use and/or distribute illicit drugs and alcohol on the campus. Students expressing concerns about their use/abuse of substances will be offered a referral to a Student Development Office counselor, the Nord Family Mental Health Center social service professionals, or the Family Services Association of Lorain County social service professionals (all on campus). Students believed to be under the influence of alcohol or other mood-altering substances not prescribed for them can be removed from classes and referred to Campus Services and the procedures under the Code of Student Conduct.

TESTING SERVICES

See Student Development section.

TRANSFER STUDENTS

The Ohio Board of Regents, following a directive from the Ohio General Assembly, developed a statewide policy to facilitate movement of students and transfer credits from one college or university to another. The State policy will avoid duplication of course requirements and enhance student mobility throughout Ohio's higher education system. Admission to a given institution, however, does not guarantee that a transfer student will be automatically admitted to all majors, minors or fields of concentration at that institution. See the transfer section in the current annual college catalog for full details or contact the division of Student Development, Transfer and Placement at ext. 4033. Transfer students meeting the necessary criteria and policies for Selection and Admission to the College/Program will be considered without prejudice.

Students wishing to transfer successful courses completed from other PT/PTA programs must submit transcripts, tests, papers and work completed, and other documentation demonstration successful completion of the course along with course descriptions and syllabi to adequately describe course content. Should the course be determined to meet one of our courses in content and standards, students may attempt to pass our practical and final exams for that course to gain transfer credit. For courses in the major field (PTA) to transfer, they must be from an accredited PT or PTA program (CAPTE if USA, or appropriate accrediting agency if other country) and an accredited college or university recognized by the USDE (or similar agency appropriate to the country). Other health care/degree programs (e.g. exercise physiology, kinesiology, athletic science, massotherapy, etc.) are not acceptable. The coursework in question was completed with a grade of "C" or better and is no more than 5 years old. Students must apply in writing for the credit, providing sufficient evidence (copies of transcripts, college catalogs, syllabi from previous institutions, etc) to demonstrate mastery of at least 80% of the content area of an equivalent LCCC PTA course. This may be accomplished by combining more than one course from the original institution (e.g. two or three courses from the original institution may be used to demonstrate mastery of the material from an LCCC course.) Students will be counseled regarding the content area of the LCCC course and offered the opportunity to take time to obtain and review course materials on their own. Students must arrange to take, and pass at a score of 70% or higher, a written comprehensive examination covering the content area of the course for which credit is desired. If the course also includes a laboratory component, students will also be asked to complete a practical exam component, with a passing score of 75% or better. Courses that are prerequisite courses for a later course in a sequence must be completed by either the transfer method or traditional methods in order before progressing to the next course in the sequence.

Students who were dismissed from a PT or /PTA program for an academic failure of 2 or more courses or a single clinical failure may apply for admission to the PTA program at LCCC starting from the beginning of the program, along with any other entry cohort, with no advanced entry standing.

Students dismissed from a PT or PTA for violations of professional behaviors, academic dishonesty, violations of codes of student conduct, violations of codes of conduct for PT/PTA's, will be considered on a case-by-case basis and students will be required to start from the beginning of the program, along with any other entry cohort, with no advanced entry standing.

As per LCCC policy (see college catalog), a minimum of 20 credits of the degree must be obtained by courses taken at LCCC. In addition, the last course taken for credit must be taken at LCCC in order to be granted a degree from LCCC.

TUITION AND FEES

Current tuition and fees are listed in the class schedule published each semester. Fees are subject to change without prior notice. All debt obligations are payable in full on or before the designated fee due date. Fee structures are listed in the current college semester schedule tabloid and website.

TUTORING

See Individualized learning Support Center.

VETERANS

See the current College catalog, or contact the Veteran's Certifying Official at extension 4032 for additional help or information.

WEAPONS

While concealed weapons are legal in Ohio with proper permits, they are NOT allowed by law on campus under any circumstances, and are also prohibited from all clinical sites.

APPENDIX A HEALTH SCIENCES BUILDING FIRST FLOOR

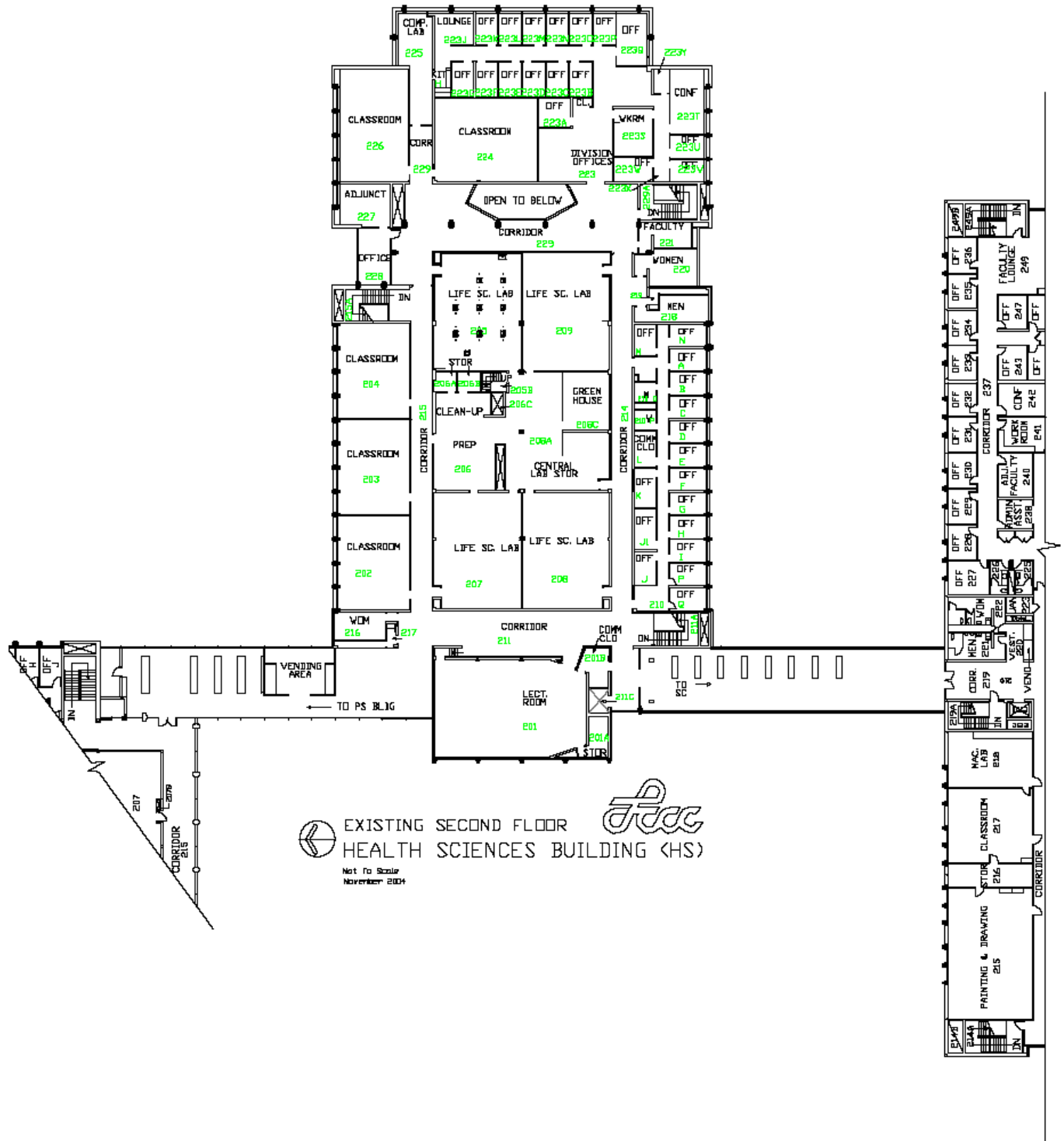


EXISTING FIRST FLOOR
HEALTH SCIENCES BUILDING (HS)

Not To Scale
November 2004



HEALTH SCIENCES BUILDING SECOND FLOOR



APPENDIX B

Lorain County Community College
Division of Allied Health and Nursing
Physical Therapist Assisting Program

Learning Resources

BOOKS

Title	Author	Call #
A Comprehensive Manual of Physical Education Activity		796 D587
ACSM's Guide for Exercise Testing and Prescription	American College of Sports Medicine	
Aids to Independent Living; Self-help for the Handicapped		362.43 L918
Alternative Healing: The Complete A-Z Guide		615.503 B972
Amputations and Prosthetics	May, Bella	617.5 M466
Animal Physiotherapy: Assessment, Treatment and Rehabilitation of Animals	Domholdt, Elizabeth	ISBN-10: 0721600298
Aquatic Exercises Therapy	Bates, A.	615.853 B329
Aquatic Therapy Programming	Koury, Joanne	
The art of massage : a practical manual for the nurse, the student and practitioner	Kellogg, John	615.822 K29 (2 c)
Assessment in Occupational Therapy and Physical Therapy	VanDeusen, Julia	616.0754 A844
Atypical Orthopedic Radiographic Procedures		617.3 W335
Basic Medical Terminology		610.14 F534
Basic Nutrition and Diet Therapy		615.854 W727b9
Beard's Massage	DeDomenico, Giovanni	615.822 D299
Black's Medical Dictionary		610.3 B631m37
Book of body repair and maintenance	M Moffat and S Vickery	613.7 m695
Burn Care & Rehabilitation: Principles and Practice	Richard, R.	617.106 R513
Brunstrom's Clinical Kinesiology	Smith, L.	612.76 S654
Cardiopulmonary Physical Therapy : a Guide to Practice	Irwin and Teckin	ISBN-10: 0323018408
Cardiovascular and Pulmonary Physical Therapy : an Evidence-based Approach	DeTurk and Cahalin	ISBN-10: 007159812X
Cardiovascular/respiratory Physiotherapy	Smith and Ball	ordered
Clinical Management Notes and Case Histories in Cardiopulmonary Physical Therapy	Reid and Chung	ISBN-10: 1556425686
Clinical Kinesiology for Physical Therapist Assistants	Lippert, Lynn	612.76 L765
Closed Kinetic Chain Exercise	Ellenbecker, Todd	
Complimentary Therapies in rehabilitation: Holistic Approaches for Prevention and Wellness	Davis, Carol ed.	
Diccionario Ingles-Espanol y Espanol-Ingles de med		610.3 R934 (de medico)
Differential Diagnosis in Physical Therapy	Goodman and Snyder	
Disability and Rehabilitation: Legal, Clinical, and Self-Concepts and Measurements	Nagi, Saad Zaghoul	362 N148
Documentation for Physical Therapist Assistants	Lukan, Marianne	615.82 L954
Dorland's Illustrated Medical Dictionary		610.3 D711d26
Electrotherapy Explained	Robertson/Ward/Low/Reed	ISBN: 0750688432
Ethical dimensions in the health professions	Ruth Purtilo	174.2 P986
Essentials of Cardiopulmonary Physical Therapy	(Hillegass & Sadowsky, ed)	616.1 E78
Encyclopedia & Dictionary of Medicine, Nursing, and ...		610.3 M647e5
Evidenced Based Rehabilitation: A Guide to Practice	Law, Mary ed.	
Facilitated Stretching	McAtee, Robert	

Fitness and Sports Medicine: An Introduction		613.7 N671
Fitness in American Culture: Images of Health		613.71 F546
Functional Neurorehabilitation Through the Lifespan	Bertoti	ISBN 0-8036-1107-2
Fundamentals of Nursing: A Framework for Practice		610.73 B592f2
Fundamental Orthopedic Management	Shankman	
A Guide to Success: Physical Therapist Assistant's Review for Licensure	Giles, Scott	
Griffith's 5 Minute Clinical Consult	Dambro	
Griffith's 5 Minute Pediatric Clinical Consult	Dambro	
Guide to Culturally Competent Health Care	Purnell & Paulanka	
Handbook of Cardiovascular Nursing		610.73691 H236
Health Care Terms		362.103 S632
Health Professional & Patient Interaction	Purtilo, Ruth	610.696 P986
Hodgkin's Disease		610.14 P252h
Illustrated Guide to Orthopedic Nursing		610.73677 F245
Illustrated Medical Dictionary		610.3 D711d27
Illustrated Medical Dictionary		610.3 D752m3
Intramural and Recreation Programs for Schools		371.892 K64
Introduction to Physical Therapy, 3rd Edition	Pagliarulo	ISBN: 0323032842
Kinesiology Foundations for PTA's and OTA's	Snyder/Conner/Lorenz	ISBN 1-4018-1791-2
Kinesiology of the Musculoskeletal System : Foundations for Physical Rehabilitation	Neumann	ISBN 0323039898
Learning Medical Terminology Step by Step		610.14 Y69L5
The Making of American Physical Education		613.7 W534
Manual for Functional Training	Palmer, M.	
Manual of Physical Medicine and Rehabilitation	Tan	615.82 T161
Massage for Sport	Watt, Joan	
Measurement of Joint Motion: A Guide to Goniometry	Norkin, C.	612.75 N841
Medical Dictionary		610.3 S812m25
Medical Spelling Guide: A Reference Aid		610.14 J66
Medical Terminology: A Systems Approach		610.14 G997
The Medical Word Finder: A Reverse Medical Dictionary		610.3 H217
Melloni's illustrated dictionary of the musculoskeletal system	Melloni, John	
Mosby's basic science for soft tissue and movement therapies	Sandy Fritz	612 F919
Mosby's Field Guide to Physical Therapy	Mosby	978-0-323-06386-9
Mosby's Medical, Nursing, and Allied Health Dictionary		610.3 M894m3
Mosby's PDQ for wound care : practical, detailed, quick	Cain, Joanna	617.1 M894
Motivating People to be Physically Active	Marcus, Bess	
Netter's essential physiology	Mulroney, Susan E.	612 M961.
Neurological Rehabilitation	Umphred	978-0-323-03306-0
Neuroscience : fundamentals for rehabilitation	Laurie Lundy-Ekman	612.8 L962
The Nursing Process in the Care of Adults		610.73677 M929n3
Orthopaedic Nursing		610.73677 M214
Orthopedic Physical Assessment	Magee, David	617.3 M191o3
Orthopaedic Surgery		617.3 G822
Orthopedic and Sports Physical Therapy		616.7 077
The Orthopedic Clinics of North America		077
Orthopedic Physical Assessment		617.3 M191
Orthotics: A Comprehensive Clinical Approach	Edelstein and Bruckner	
Orthotics and Prosthetics in Rehabilitation, 2nd Edition	Lusardi/Nielsen	ISBN: 0750674792
Orthotics in Functional Rehabilitation of the Lower Limb	(Nawoczenski, D., ed)	617.9 077
Otitic Meningitis		610.14 P252o

The Oxford Companion to Medicine		610.3 098
Paget's Disease of Bone		610.14 P252p
Pathology Implications for the Physical Therapist	Goodman/Boissonnault/Fuller	
Pediatric Physical Therapy	Tecklin, J	
Photo Atlas of Nursing Procedures		610.73 S974p3
Physical Agents in Rehabilitation	Cameron	ordered
Physical Agents: Theory & Practice for the Physical Therapist Assistant	Behrens, B.	615.82 B421
Physical Rehabilitation: Assessment & Treatment	O'Sullivan, S.	615.82 O85
Physical Rehabilitation - Evidence-Based Examination, Evaluation, and Intervention	Cameron, Monroe	978-0-7216-0361-2
Physical Therapist Assistant Exam Review	Tenpenny	ISBN 1-4018-1403-4
Physical Therapy for Children	Campbell, Suzann	615.82 P5776
Physical Therapy for Sports		615.82 P578
The Physiology of the Joints: annotated diagrams of mechanics of the lower limb	Kapandjii and Kandel	ordered
Physiotherapy : a psychosocial approach	(French, ed)	615.82 P5784
Principles and Techniques of Patient Care	Pierson, Frank	615.82 P624
Professionalism in physical therapy : history, practice & development	Laura Lee Swisher	615.82 S979
The PTA Handbook: Keys to Success In School and Career	Curtis & DeCelle Newman	
Quick Reference to Physical Therapy	Pauls, Julie A.	615.82 P332.
The Radiology Word Book		616.0757 I41
Rheumatological Physiotherapy	David and Lloyd	ordered
Reach For It: A Handbook of Health, Exercise		613.70446 C791
Rehabilitation Research: Principles and Applications	Domholdt, Elizabeth	ISBN-10: 0721600298
The Rehabilitation Specialist's Handbook	Rothstein, J.	615.82 R847
Saunders's Manual of Physical Therapy Practice	(Myers, ed.)	615.82 S257
The Scientific and Clinical Application of Elastic Resistance	Page, Phillip	
Scientific Foundations and Principles of Practice in Musculoskeletal Rehabilitation	Magee, Zachazewski, Quillen	978-1-4160-0250-5
Selected Articles on Dance from the Journal of ..		793.3 J86
Soft Tissue Pain & Disability	Calliet, Rene	616.0472 C134
Spinal Cord Injury: Functional Rehabilitation	Somers, Martha F.	617.482 S694
The Sports Medicine Bible: Prevent, Detect,		617.1027 M623
The Sports Medicine Book		617.1027 M675
Taber's Cyclopedic Medical Dictionary		610.3 T113
Techniques in Musculoskeletal Rehabilitation	Prentice and Voight	
Therapeutic Exercise: Foundation & Techniques	Kisner, Carolyn	615.82 K61
Therapeutic Exercise: moving Toward Function	Hall and Brody	
Therapeutic Modalities for Athletic Training	Denegar, Craig	
Understanding Medical Terminology		610.14 F878u7
Wound Healing: Alternatives in Management	McCulloch, J.	617.14 W9382
Wound Management, Principles and Practices	Betsy Myers	
Working with Orthopedic Patients		610.73677 W926
Your Career in Physical Medicine	Weiss, Robert	

CD-ROM/Videodisc/Software

Title
Clinical Medicine - CD ROM
Bereavement Support Strategies-videodisc
Davis' Electronic Drug Guide-software
Establishing Rapport and Trust-software

Interactive Medical Terminology-software
Language of Medicine-software
Physical examination: Interviewing and Taking a Health History-videodisc
Radiologic Anatomy-software
Taber's Cyber Guide-software

PERIODICALS

Title	Author	Call #
AAOHN Journal: Official Journal of the American		A1104
AD Nurse		A191
Advancing Clinical Care: Official Journal of NOA		A2444
The American Journal of Nursing		A513n
Annals of Internal Medicine		A613
Applied Radiology		A652
Applied Radiology and Nuclear Medicine		A6521
Archives of Physical medicine and Rehabilitation		A6732
The Australian Journal of Physiotherapy		A938
The Canadian Journal of Nursing Research		C2124
Cancer Nursing		C2152
Cardio-vascular Nursing		C267
Case Studies in Emergency Medicine		C338
Clinical Laboratory Science: Journal of the ...		C6408
Clinical Symposia		C641
Dimensions of Critical Care Nursing: DCCN		D582
Focus of Critical Care		F653
Geriatric Nursing		G369
Heart and Lung		H436
International Nursing Review: Official Journal		I616
JAMA: The Journal of the American Medical Association		A51375
Journal of Back and Musculoskeletal Rehabilitation		J8589
JCU: Journal of Clinical Ultrasound		J86252
JOGN Nursing		J11
Journal of Cultural Diversity		J86354
Journal of Gerontological Nursing		J8684
Journal of Health and Social Behavior		J8688
The Journal of Nursing Care		J8856
The Journal of Nursing Education		J886
Journal of Obstetric, Gynecologic, and Neonatal		J111
The Journal of Practical Nursing		J8862
Journal of Psychiatric Nursing and Mental Health		J8864
Journal of Psychosocial Nursing and Mental Health		J8865
Journal of Rehabilitation		J8867
Journal of Ultrasound in Medicine		J8985
Laboratory Medicine		L123
The Lancet		L247
MCN, the American Journal of Maternal Child Nursing		M478
The Medical Clinics of North American		M489
Minority Nurse Newsletter		M666
The New England Journal of Medicine		N5318
New Mobility. Spinal Network's New Mobility		N53192
Nursing		N9736
Nursing Care		N9738
The Nursing Clinics of North America		N974
Nursing Forum		N9744
Nursing Management		N9745

Nursing Outlook		N9746
Nursing Papers. Perspectives in Nursing		N9747
Nursing Research		N9748
Nursing Times		N975
Occupational Health Nursing		O149
Orthopedic Nursing		O775
Patient Care		P298
Perspectives in Biology and Medicine		P4677
Physical Therapy-Journal of the American Physical Therapy Association		P57785
The Physician and Sportsmedicine		P57786
Practical Nursing		P895
PT Bulletin		P9752
PT-Magazine of Physical Therapy		P975
The Regan Report on Nursing Law		R333
Rehabilitation Literature		R345
RN		R1108
Sports Medicine Digest		S7644
Topics in Emergency Medicine		T674
Electronic Journal Center (EJC) Titles		
Acta Biotheoretica Springer Netherlands, Dordrecht http://journals.ohiolink.edu/ejc/journal.cgi?issn=15728358		
Advances in Health Sciences Education Springer Netherlands, Dordrecht http://journals.ohiolink.edu/ejc/journal.cgi?issn=15731677		
Annals of Behavioral Medicine Springer-Verlag, New York http://journals.ohiolink.edu/ejc/journal.cgi?issn=15324796		
Infection Urban & Vogel, Munich http://journals.ohiolink.edu/ejc/journal.cgi?issn=14390973		
International Journal of Health Care Finance and Economics Springer-Verlag, New York http://journals.ohiolink.edu/ejc/journal.cgi?issn=15736962		
International Journal of Sports Science & Coaching Ingenta / Multi-Science Publishing Co Ltd http://journals.ohiolink.edu/ejc/journal.cgi?issn=17479541		
Journal of Exercise Science & Fitness Elsevier Science http://journals.ohiolink.edu/ejc/journal.cgi?issn=1728869x		
Medicine, Health Care and Philosophy Springer Netherlands, Dordrecht http://journals.ohiolink.edu/ejc/journal.cgi?issn=15728633		
Modern Rheumatology Springer-Verlag, Tokyo http://journals.ohiolink.edu/ejc/journal.cgi?issn=14397609		
Journal of Headache and Pain Springer-Verlag, Milan http://journals.ohiolink.edu/ejc/journal.cgi?issn=11292377		

VIDEOTAPES

Title	Author	Call #
ACLS Skills Review		Circulation Desk
Advanced Airway Management		Circulation Desk
Advanced Shock Management		Circulation Desk
Aerobics		Circulation Desk
The Application of Heat and Cold		610.73 A652
Assessment of the Trauma Patient		Circulation Desk
Basic Clinical Skills, Surgical Drains		Circulation Desk
Basic Shock Management		Circulation Desk

Breaking the Chain of Surgical Wound Infections		Circulation Desk
Chest Injuries		Circulation Desk
Children in Traction		610.7362 C536
Code: Cardiac Arrest		Circulation Desk
Crutchwalking an Overview		617.307 C957
Eat Smart		Circulation Desk
Infection Control and Sterile Technique		Division*
Care of Patients with Casts, Part 2		610.73677 N9742
Traction Checks and Balances		617.307 T759
Universal Precautions		Division*

APPENDIX C

Standards of Ethical Conduct for the Physical Therapist Assistant

See:

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/Standards.pdf

APPENDIX D

GENERIC ABILITIES BEHAVIORAL CRITERIA

1. COMMITMENT TO LEARNING	
Beginning Level	<ul style="list-style-type: none"> • Identifies problem • Formulates appropriate questions • Identifies and locates appropriate resources • Demonstrates a positive attitude (motivation) toward learning • Offers own thoughts and ideas • Identifies need for further information
Developing Level (builds on preceding level)	<ul style="list-style-type: none"> • Prioritizes information needs • Analyzes and subdivides large questions into components • Seeks out professional literature • Sets personal and professional goals • Identifies own learning needs based on previous experiences • Plans and presents an in-service, research or case studies • Welcomes and/or seeks new learning opportunities
Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Applies new information and re-evaluates performance • Accepts that there may be more than one answer to a problem • Recognizes the need to and is able to verify solutions to problems • Reads articles critically and understands limits of application to professional practice • Researches and studies areas where knowledge base is lacking

Post-Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Questions conventional wisdom • Formulates and re-evaluates position based on available evidence • Demonstrates confidence in sharing new knowledge with all staff levels • Modifies programs and treatments based on newly-learned skills and considerations • Consults with other allied health professionals and physical therapists for treatment ideas • Acts as mentor in area of specialty for other staff
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2. INTERPERSONAL SKILLS

Beginning Level	<ul style="list-style-type: none"> • Maintains professional demeanor in all clinical interactions • Demonstrates interest in patients as individuals • Respects cultural and personal differences of others; is non-judgmental about patients' lifestyles • Communicates with others in a respectful, confident manner • Respects personal space of patients and others • Maintains confidentiality in all clinical interactions • Demonstrates acceptance of limited knowledge and experience
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continued ...

2. INTERPERSONAL SKILLS (continued)	
Developing Level (builds on preceding level)	<ul style="list-style-type: none"> • Recognizes impact of non-verbal communication and modifies accordingly • Assumes responsibility for own actions • Motivates others to achieve • Establishes trust • Seeks to gain knowledge and input from others • Respects role of support staff
Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Listens to patient but reflects back to original concern • Works effectively with challenging patients • Responds effectively to unexpected experiences • Talks about difficult issues with sensitivity and objectivity • Delegates to others as needed • Approaches others to discuss differences in opinion • Accommodates differences in learning styles
Post-Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Recognizes role as a leader • Builds partnerships with other professionals • Establishes mentor relationships

3. COMMUNICATION SKILLS	
Beginning Level	<ul style="list-style-type: none"> • Demonstrates understanding of basic English (verbal and written); uses correct grammar, accurate spelling and expression • Writes legibly • Recognizes impact of non-verbal communication: maintains eye contact, listens actively • Maintains eye contact
Developing Level (builds on preceding level)	<ul style="list-style-type: none"> • Utilizes non-verbal communication to augment verbal message • Restates, reflects and clarifies message • Collects necessary information from the patient interview
Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Modifies communication (verbal and written) to meet the needs of different audiences • Presents verbal or written message with logical organization and sequencing • Maintains open and constructive communication • Utilizes communication technology effectively • Dictates clearly and concisely
Post-Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Demonstrates ability to write scientific research papers and grants • Fulfills role as patient advocate • Communicates professional needs and concerns • Mediates conflict

4. EFFECTIVE USE OF TIME AND RESOURCES	
Beginning Level	<ul style="list-style-type: none"> • Focuses on tasks at hand without dwelling on past mistakes • Recognizes own resource limitations • Uses existing resources effectively • Uses unscheduled time efficiently • Completes assignments in timely fashion
Developing Level (builds on preceding level)	<ul style="list-style-type: none"> • Sets up own schedule • Coordinates schedule with others • Demonstrates flexibility • Plans ahead
Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Sets priorities and reorganizes as needed • Considers patient's goals in context of patient, clinic, and third party resources • Has ability to say "No" • Performs multiple tasks simultaneously and delegates when appropriate • Uses scheduled time with each patient efficiently
Post-Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Uses limited resources creatively • Manages meeting time effectively • Takes initiative in covering for absent staff members • Develops programs and works on projects while maintaining case loads • Follows up on projects in timely manner • Advances professional goals while maintaining expected workload

5. USE OF CONSTRUCTIVE FEEDBACK	
Beginning Level	<ul style="list-style-type: none"> • Demonstrates active listening skills • Actively seeks feedback and help • Demonstrates a positive attitude toward feedback • Critiques own performance • Maintains two-way communication
Developing Level (builds on preceding level)	<ul style="list-style-type: none"> • Assesses own performance accurately • Utilizes feedback when establishing pre-professional goals • Provides constructive and timely feedback when establishing pre-professional goals • Develops plan of action in response to feedback
Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Seeks feedback from clients • Modifies feedback given to clients according to their learning styles • Reconciles differences with sensitivity • Considers multiple approaches when responding to feedback
Post-Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Engages in non-judgmental, constructive problem-solving discussions • Acts as conduit for feedback between multiple sources • Utilizes feedback when establishing professional goals • Utilizes self-assessment for professional growth

6. PROBLEM SOLVING	
Beginning Level	<ul style="list-style-type: none"> • Recognizes problems • States problems clearly • Describes known solutions to problem • Identifies resources needed to develop solutions • Begins to examine multiple solutions to problems
Developing Level (builds on preceding level)	<ul style="list-style-type: none"> • Prioritizes problems • Identifies contributors to problem • Considers consequences of possible solutions • Consults with others to clarify problem
Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Implements solutions • Reassesses solutions • Evaluates outcomes • Updates solutions to problems based on current research • Accepts responsibility for implementing solutions
Post-Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Weighs advantages • Participates in outcome studies • Contributes to formal quality assessment in work environment • Seeks solutions to community health-related problems

7. PROFESSIONALISM	
Beginning Level	<ul style="list-style-type: none"> • Abides by APTA Code of Ethics • Demonstrates awareness of state licensure regulations • Abides by facility policies and procedures • Projects professional image • Attends professional meetings • Demonstrates honesty, compassion, courage and continuous regard for all
Developing Level (builds on preceding level)	<ul style="list-style-type: none"> • Identifies positive professional role models • Discusses societal expectations of the profession • Acts on moral commitment • Involves other health care professionals in decision-making • Seeks informed consent from patients
Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Demonstrates accountability for professional decisions • Treats patients within scope of expertise • Discusses role of physical therapy in health care • Keeps patient as priority
Post-Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Participates actively in professional organizations • Attends workshops • Actively promotes the profession • Acts in leadership role when needed • Supports research

8. RESPONSIBILITY	
Beginning Level	<ul style="list-style-type: none"> • Demonstrates dependability • Demonstrates punctuality • Follows through on commitments • Recognizes own limits
Developing Level (builds on preceding level)	<ul style="list-style-type: none"> • Accepts responsibility for actions and outcomes • Provides safe and secure environment for patients • Offers and accepts help • Completes projects without prompting
Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Directs patients to other health care professionals when needed • Delegates as needed • Encourages patient accountability
Post-Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Orients and instructs new employees/students • Promotes clinical education • Accepts role as team leader • Facilitates responsibility for program development and modification

9. CRITICAL THINKING	
Beginning Level	<ul style="list-style-type: none"> • Raises relevant questions • Considers all available information • States the results fo scientific literature • Recognizes “holes” in knowledge base • Articulates ideas
Developing Level (builds on preceding level)	<ul style="list-style-type: none"> • Feels challenged to examine ideas • Understands scientific method • Formulates new ideas • Seeks alternative ideas • Formulates alternative hypotheses • Critiques hypotheses and ideas
Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Exhibits openness to contradictory ideas • Assesses issues raised by contradictory ideas • Justifies solutions selected • Determines effectiveness of applied solutions
Post-Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Distinguishes relevant from irrelevant patient data • Identifies complex patterns of associations • Demonstrates beginning intuitive thinking • Distinguishes when to think intuitively vs. analytically • Recognizes own biases and suspends judgmental thinking • Challenges others to think critically

10. STRESS MANAGEMENT	
Beginning Level	<ul style="list-style-type: none"> • Recognizes own stressors or problems • Recognizes distress or problems in others • Seeks assistance as needed • Maintains professional demeanor in all situations
Developing Level (builds on preceding level)	<ul style="list-style-type: none"> • Maintains balance between professional and personal life • Demonstrates effective affective responses in all situations • Accepts constructive feedback • Establishes outlets to cope with stressors
Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Prioritizes multiple commitments • Responds calmly to urgent situations • Tolerates inconsistencies in health-care environment
Post-Entry Level (builds on preceding levels)	<ul style="list-style-type: none"> • Recognizes when problems are unsolvable • Assists others in recognizing stressors • Demonstrates preventative approach to stress management • Establishes support network for self and client • Offers solutions to the reduction of stress within the work environment

P T A PROGRAM POLICY ON GENERAL EDUCATION OUTCOMES:

Lorain County Community College believes that the role of education is the development of the whole person. The General Education Program at the College will enable students to develop the knowledge, skills, values and beliefs important for all college graduates. The General Education Outcomes are designed to ensure that all graduates will:

1. Develop the professional competence necessary to function effectively within their chosen academic disciplines and career.
2. Develop technological literacy and demonstrate knowledge of the applications of technology in everyday life.
3. Understand methods of scientific inquiry.
4. Develop an appreciation for and understanding of the humanities.
5. Develop an understanding of the history of the diverse social, economic, and political models of society.
6. Develop precision, clarity, and fluency in writing.
7. Develop accuracy, conciseness, and coherence in spoken communication.
8. Apply mathematical concepts to solve quantitative problems.
9. Develop critical thinking and logical reason skills for problem solving.
10. Develop an awareness and understanding of gender, ethnic, minority, multi-cultural, and global issues.
11. Develop an appreciation were in an understanding of the benefits of a healthy, active and well-balanced life-style.

The PTA program is in full support of these Outcomes, and promotes their attainment through the program components. These Outcomes are assessed as part of the College Program review Process.

APPENDIX F

SUMMARY OF THE HIPAA PRIVACY RULE

HIPAA Compliance Assistance

OCR PRIVACY BRIEF

SUMMARY OF THE HIPAA PRIVACY RULE

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SUMMARY OF THE HIPAA PRIVACY RULE

Introduction

The *Standards for Privacy of Individually Identifiable Health Information* (“Privacy Rule”) establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services (“HHS”) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). 1 The Privacy Rule standards address the use and disclosure of individuals’ health information—called “protected health information” by organizations subject to the Privacy Rule — called “covered entities,” as well as standards for individuals' privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights (“OCR”) has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to

cover the variety of uses and disclosures that need to be addressed.

This is a summary of key elements of the Privacy Rule and not a complete or comprehensive guide to compliance. Entities regulated by the Rule are obligated to comply with all of its applicable requirements and should not rely on this summary as a source of legal information or advice. To make it easier for entities to review the complete requirements of the Rule, provisions of the Rule referenced in this summary are cited in notes at the end of this document. To view the entire Rule, and for other additional helpful information about how it applies, see the OCR website:

<http://www.hhs.gov/ocr/hipaa>. In the event of a conflict between this summary and the Rule, the Rule governs.

Links to the OCR Guidance Document are provided throughout this paper. Provisions of the Rule referenced in this summary are cited in endnotes at the end of this document. To review the entire Rule itself, and for other additional helpful information about how it applies, see the OCR website:

<http://www.hhs.gov/ocr/hipaa>.

Statutory & Regulatory Background

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of HHS to publicize standards for the electronic exchange, privacy and security of health information. Collectively these are known as the *Administrative Simplification* provisions.

HIPAA required the Secretary to issue privacy regulations governing individually identifiable health information, if Congress did not enact privacy legislation within OCR Privacy Rule Summary 2 Last Revised 05/03

three years of the passage of HIPAA. Because Congress did not enact privacy legislation, HHS developed a proposed rule and released it for public comment on November 3, 1999. The Department received over 52,000 public comments. The final regulation, the Privacy Rule, was published December 28, 2000.²

In March 2002, the Department proposed and released for public comment modifications to the Privacy Rule. The Department received over 11,000 comments. The final modifications were published in final form on August 14, 2002.³ A text combining the final regulation and the modifications can be found at 45 CFR Part 160 and Part 164, Subparts A and E on the OCR website:

<http://www.hhs.gov/ocr/hipaa>.

Who is Covered by the Privacy Rule

The Privacy Rule, as well as all the Administrative Simplification rules, apply to health plans, health care clearinghouses, and to any health care provider who transmits health information in electronic form in connection with transactions for which the Secretary of HHS has adopted standards under HIPAA (the “covered entities”). For help in determining whether you are covered, use the decision tool at: <http://www.cms.hhs.gov/hipaa/hipaa2/support/tools/decisionsupport/default.asp>.

Health Plans. Individual and group plans that provide or pay the cost of medical care are covered entities.⁴ Health plans include health, dental, vision, and prescription drug insurers, health maintenance organizations (“HMOs”), Medicare, Medicaid, Medicare+Choice and Medicare supplement insurers, and long-term care insurers (excluding nursing home fixed-indemnity policies). Health plans also

include employer-sponsored group health plans, government and church-sponsored health plans, and multi-employer health plans. There are exceptions—a group health plan with less than 50 participants that is administered solely by the employer that established and maintains the plan is not a covered entity. Two types of government-funded programs are not health plans: (1) those whose principal purpose is not providing or paying the cost of health care, such as the food stamps program; and (2) those programs whose principal activity is directly providing health care, such as a community health center,⁵ or the making of grants to fund the direct provision of health care. Certain types of insurance entities are also not health plans, including entities providing only workers' compensation, automobile insurance, and property and casualty insurance.

Health Care Providers. Every health care provider, regardless of size, who electronically transmits health information in connection with certain transactions, is a covered entity. These transactions include claims, benefit eligibility inquiries, referral authorization requests, or other transactions for which HHS has established standards under the HIPAA Transactions Rule.⁶ Using electronic technology, such as email, does not mean a health care provider is a covered entity; the transmission must be in connection with a standard transaction. The Privacy Rule covers a health care provider whether it electronically transmits these transactions directly or uses a billing service or other third party to do so on its behalf. Health care providers include all "providers of services" (e.g., institutional providers such as hospitals) and "providers of medical or health services" (e.g., non-institutional providers such as physicians, dentists and other practitioners) as defined by Medicare, and any other person or organization that furnishes, bills, or is paid for health care.

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Health Care Clearinghouses. *Health care clearinghouses* are entities that process nonstandard information they receive from another entity into a standard (i.e., standard format or data content), or vice versa.⁷ In most instances, health care clearinghouses will receive individually identifiable health information only when they are providing these processing services to a health plan or health care provider as a business associate. In such instances, only certain provisions of the Privacy Rule are applicable to the health care clearinghouse's uses and disclosures of protected health information.⁸ Health care clearinghouses include billing services, repricing companies, community health management information systems, and value-added networks and switches if these entities perform clearinghouse functions.

Business

Associates

Business Associate Defined. In general, a business associate is a person or organization, other than a member of a covered entity's workforce, that performs certain functions or activities on behalf of, or provides certain services to, a covered entity that involve the use or disclosure of individually identifiable health information. Business associate functions or activities on behalf of a covered entity include claims processing, data analysis, utilization review, and billing.⁹ Business associate services to a covered entity are limited to legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services. However, persons or organizations are not considered business associates if their functions or services do not involve the use or disclosure of protected health information, and where any access to protected health information by such persons would be incidental, if at all. A covered entity can be the business associate of another covered entity.

Business Associate Contract. When a covered entity uses a contractor or other nonworkforce member to perform "*business associate*" services or activities, the Rule

requires that the covered entity include certain protections for the information in a business associate agreement (in certain circumstances governmental entities may use alternative means to achieve the same protections). In the business associate contract, a covered entity must impose specified written safeguards on the individually identifiable health information used or disclosed by its business associates.¹⁰ Moreover, a covered entity may not contractually authorize its business associate to make any use or disclosure of protected health information that would violate the Rule. Covered entities that have an existing written contract or agreement with business associates prior to October 15, 2002, which is not renewed or modified prior to April 14, 2003, are permitted to continue to operate under that contract until they renew the contract or April 14, 2004, whichever is first.¹¹ Sample business associate contract language is available on the OCR website at:

<http://www.hhs.gov/ocr/hipaa/contractprov.html>. Also see OCR “Business Associate” Guidance.

What Information is Protected

Protected Health Information. The Privacy Rule protects all “*individually identifiable health information*” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information “*protected health information (PHI)*.”¹²

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“*Individually identifiable health information*” is information, including demographic data, that relates to:

- the individual’s past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual,

and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual.¹³ Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

The Privacy Rule excludes from protected health information employment records that a covered entity maintains in its capacity as an employer and education and certain other records subject to, or defined in, the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.

De-Identified Health Information. There are no restrictions on the use or disclosure of de-identified health information.¹⁴ De-identified health information neither identifies nor provides a reasonable basis to identify an individual. There are two ways to de-identify information; either: 1) a formal determination by a qualified statistician; or 2) the removal of specified identifiers of the individual and of the individual’s relatives, household members, and employers is required, and is adequate only if the covered entity has no actual knowledge that the remaining information could be used to identify the individual.¹⁵

General Principle for Uses and Disclosures

Basic Principle. A major purpose of the Privacy Rule is to define and limit the

circumstances in which an individual's protected health information may be used or disclosed by covered entities. A covered entity may not use or disclose protected health information, except either: (1) as the Privacy Rule permits or requires; or (2) as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing.¹⁶

Required Disclosures. A covered entity must disclose protected health information in only two situations: (a) to individuals (or their personal representatives) specifically when they request access to, or an accounting of disclosures of, their protected health information; and (b) to HHS when it is undertaking a compliance investigation or review or enforcement action.¹⁷ See [OCR "Government Access" Guidance](#).

Permitted Uses and Disclosures

Permitted Uses and Disclosures. A covered entity is permitted, but not required, to use and disclose protected health information, without an individual's authorization, for the following purposes or situations: (1) To the Individual (unless required for access or accounting of disclosures); (2) Treatment, Payment, and Health Care Operations; (3) Opportunity to Agree or Object; (4) Incident to an otherwise permitted use and disclosure; (5) Public Interest and Benefit Activities; and OCR Privacy Rule Summary 5 Last Revised 05/03

(6) Limited Data Set for the purposes of research, public health or health care operations.¹⁸ Covered entities may rely on professional ethics and best judgments in deciding which of these permissive uses and disclosures to make.

(1) To the Individual. A covered entity may disclose protected health information to the individual who is the subject of the information.

(2) Treatment, Payment, Health Care Operations. A covered entity may use and disclose protected health information for its own treatment, payment, and health care operations activities.¹⁹ A covered entity also may disclose protected health information for the treatment activities of any health care provider, the payment activities of another covered entity and of any health care provider, or the health care operations of another covered entity involving either quality or competency assurance activities or fraud and abuse detection and compliance activities, if both covered entities have or had a relationship with the individual and the protected health information pertains to the relationship. See [OCR "Treatment, Payment, Health Care Operations" Guidance](#).

Treatment is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.²⁰

Payment encompasses activities of a health plan to obtain premiums, determine or fulfill responsibilities for coverage and provision of benefits, and furnish or obtain reimbursement for health care delivered to an individual²¹ and activities of a health care provider to obtain payment or be reimbursed for the provision of health care to an individual.

Health care operations are any of the following activities: (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f)

business management and general administrative activities of the entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the covered entity.²²

Most uses and disclosures of psychotherapy notes for treatment, payment, and health care operations purposes require an authorization as described below.²³

Obtaining “consent” (written permission from individuals to use and disclose their protected health information for treatment, payment, and health care operations) is optional under the Privacy Rule for all covered entities.²⁴ The content of a consent form, and the process for obtaining consent, are at the discretion of the covered entity electing to seek consent.

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(3) Uses and Disclosures with Opportunity to Agree or Object. Informal permission may be obtained by asking the individual outright, or by circumstances that clearly give the individual the opportunity to agree, acquiesce, or object. Where the individual is incapacitated, in an emergency situation, or not available, covered entities generally may make such uses and disclosures, if in the exercise of their professional judgment, the use or disclosure is determined to be in the best interests of the individual.

Facility Directories. It is a common practice in many health care facilities, such as hospitals, to maintain a directory of patient contact information. A covered health care provider may rely on an individual’s informal permission to list in its facility directory the individual’s name, general condition, religious affiliation, and location in the provider’s facility.²⁵ The provider may then disclose the individual’s condition and location in the facility to anyone asking for the individual by name, and also may disclose religious affiliation to clergy. Members of the clergy are not required to ask for the individual by name when inquiring about patient religious affiliation.

For Notification and Other Purposes. A covered entity also may rely on an individual’s informal permission to disclose to the individual’s family, relatives, or friends, or to other persons whom the individual identifies, protected health information directly relevant to that person’s involvement in the individual’s care or payment for care. ²⁶This provision, for example, allows a pharmacist to dispense filled prescriptions to a person acting on behalf of the patient. Similarly, a covered entity may rely on an individual’s informal permission to use or disclose protected health information for the purpose of notifying (including identifying or locating) family members, personal representatives, or others responsible for the individual’s care of the individual’s location, general condition, or death. In addition, protected health information may be disclosed for notification purposes to public or private entities authorized by law or charter to assist in disaster relief efforts.

(4) Incidental Use and Disclosure. The Privacy Rule does not require that every risk of an incidental use or disclosure of protected health information be eliminated. A use or disclosure of this information that occurs as a result of, or as “incident to,” an otherwise permitted use or disclosure is permitted as long as the covered entity has adopted reasonable safeguards as required by the Privacy Rule, and the information being shared was limited to the “minimum necessary,” as required by the Privacy Rule.²⁷ See [OCR “Incidental Uses and Disclosures” Guidance](#).

(5) Public Interest and Benefit Activities. The Privacy Rule permits use and disclosure of protected health information, without an individual’s authorization or permission, for 12 national priority purposes.²⁸ These disclosures are permitted, although not required, by the Rule in recognition of the important uses made of health information outside of the health care context. Specific conditions or limitations

apply to each public interest purpose, striking the balance between the individual privacy interest and the public interest need for this information.

Required by Law. Covered entities may use and disclose protected health information without individual authorization as *required by law* (including by OCR Privacy Rule Summary 7 Last Revised 05/03 statute, regulation, or court orders).²⁹

Public Health Activities. Covered entities may disclose protected health information to: (1) public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect; (2) entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and postmarketing surveillance; (3) individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law; and (4) employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), or similar state law.³⁰ See [OCR “Public Health” Guidance](#); [CDC Public Health and HIPAA Guidance](#).

Victims of Abuse, Neglect or Domestic Violence. In certain circumstances, covered entities may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.³¹

Health Oversight Activities. Covered entities may disclose protected health information to health oversight agencies (as defined in the Rule) for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.³²

Judicial and Administrative Proceedings. Covered entities may disclose protected health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.³³

Law Enforcement Purposes. Covered entities may disclose protected health information to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official’s request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person’s death, if the covered entity suspects that criminal activity caused the death; (5) when a covered entity believes that protected health information is evidence of a crime that occurred on its premises; and (6) by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.³⁴

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Decedents. Covered entities may disclose protected health information to

funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions authorized by law.³⁵

Cadaveric Organ, Eye, or Tissue Donation. Covered entities may use or disclose protected health information to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.³⁶

Research. “Research” is any systematic investigation designed to develop or contribute to generalizable knowledge.³⁷ The Privacy Rule permits a covered entity to use and disclose protected health information for research purposes, without an individual’s authorization, provided the covered entity obtains either: (1) documentation that an alteration or waiver of individuals’ authorization for the use or disclosure of protected health information about them for research purposes has been approved by an Institutional Review Board or Privacy Board; (2) representations from the researcher that the use or disclosure of the protected health information is solely to prepare a research protocol or for similar purpose preparatory to research, that the researcher will not remove any protected health information from the covered entity, and that protected health information for which access is sought is necessary for the research; or (3) representations from the researcher that the use or disclosure sought is solely for research on the protected health information of decedents, that the protected health information sought is necessary for the research, and, at the request of the covered entity, documentation of the death of the individuals about whom information is sought.³⁸ A covered entity also may use or disclose, without an individuals’ authorization, a limited data set of protected health information for research purposes (see discussion below).³⁹ See [OCR “Research” Guidance](#); [NIH Protecting PHI in Research](#).

Serious Threat to Health or Safety. Covered entities may disclose protected health information that they believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat). Covered entities may also disclose to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal.⁴⁰

Essential Government Functions. An authorization is not required to use or disclose protected health information for certain essential government functions. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.⁴¹

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Workers’ Compensation. Covered entities may disclose protected health information as authorized by, and to comply with, workers’ compensation laws and other similar programs providing benefits for work-related injuries or illnesses.⁴² See [OCR “Workers’ Compensation” Guidance](#).

(6) Limited Data Set. A limited data set is protected health information from which certain specified direct identifiers of individuals and their relatives, household members, and employers have been removed.⁴³ A limited data set may be used and disclosed for research, health care operations, and public health purposes, provided the recipient enters into a data use agreement promising specified safeguards for the

protected health information within the limited data set.

Authorized Uses and Disclosures

Authorization. A covered entity must obtain the individual's written authorization for any use or disclosure of protected health information that is not for treatment, payment or health care operations or otherwise permitted or required by the Privacy Rule.⁴⁴ A covered entity may not condition treatment, payment, enrollment, or benefits eligibility on an individual granting an authorization, except in limited circumstances.⁴⁵

An authorization must be written in specific terms. It may allow use and disclosure of protected health information by the covered entity seeking the authorization, or by a third party. Examples of disclosures that would require an individual's authorization include disclosures to a life insurer for coverage purposes, disclosures to an employer of the results of a pre-employment physical or lab test, or disclosures to a pharmaceutical firm for their own marketing purposes.

All authorizations must be in plain language, and contain specific information regarding the information to be disclosed or used, the person(s) disclosing and receiving the information, expiration, right to revoke in writing, and other data. The Privacy Rule contains transition provisions applicable to authorizations and other express legal permissions obtained prior to April 14, 2003.⁴⁶

Psychotherapy Notes⁴⁷. A covered entity must obtain an individual's authorization to use or disclose psychotherapy notes with the following exceptions⁴⁸:

- The covered entity who originated the notes may use them for treatment.
- A covered entity may use or disclose, without an individual's authorization, the psychotherapy notes, for its own training, and to defend itself in legal proceedings brought by the individual, for HHS to investigate or determine the covered entity's compliance with the Privacy Rules, to avert a serious and imminent threat to public health or safety, to a health oversight agency for lawful oversight of the originator of the psychotherapy notes, for the lawful activities of a coroner or medical examiner or as required by law.

Marketing. Marketing is any communication about a product or service that encourages recipients to purchase or use the product or service.⁴⁹ The Privacy Rule carves out the following health-related activities from this definition of marketing:

- Communications to describe health-related products or services, or payment for them, provided by or included in a benefit plan of the covered entity making the communication;
- Communications about participating providers in a provider or health plan network, replacement of or enhancements to a health plan, and health-related products or services available only to a health plan's enrollees that add value to, but are not part of, the benefits plan;
- Communications for treatment of the individual; and
- Communications for case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, health care providers, or care settings to the individual.

Marketing also is an arrangement between a covered entity and any other entity whereby the covered entity discloses protected health information, in exchange for direct or indirect remuneration, for the other entity to communicate about its own products or services encouraging the use or purchase of those products or services. A covered entity must obtain an authorization to use or disclose protected health information for marketing, except for face-to-face marketing communications

between a covered entity and an individual, and for a covered entity's provision of promotional gifts of nominal value. No authorization is needed, however, to make a communication that falls within one of the exceptions to the marketing definition. An authorization for marketing that involves the covered entity's receipt of direct or indirect remuneration from a third party must reveal that fact. See [OCR "Marketing" Guidance](#).

Limiting Uses and Disclosures to the Minimum Necessary

Minimum Necessary. A central aspect of the Privacy Rule is the principle of "minimum necessary" use and disclosure. A covered entity must make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request.⁵⁰ A covered entity must develop and implement policies and procedures to reasonably limit uses and disclosures to the minimum necessary. When the minimum necessary standard applies to a use or disclosure, a covered entity may not use, disclose, or request the entire medical record for a particular purpose, unless it can specifically justify the whole record as the amount reasonably needed for the purpose. See [OCR "Minimum Necessary" Guidance](#).

The minimum necessary requirement is not imposed in any of the following circumstances: (a) disclosure to or a request by a health care provider for treatment; (b) disclosure to an individual who is the subject of the information, or the individual's personal representative; (c) use or disclosure made pursuant to an authorization; (d) disclosure to HHS for complaint investigation, compliance review or enforcement; (e) use or disclosure that is required by law; or (f) use or disclosure required for compliance with the HIPAA Transactions Rule or other HIPAA Administrative Simplification Rules.

Access and Uses. For internal uses, a covered entity must develop and implement policies and procedures that restrict access and uses of protected health information based on the specific roles of the members of their workforce. These policies and procedures must identify the persons, or classes of persons, in the workforce who need access to protected health information to carry out their duties, the categories of protected health information to which access is needed, and any conditions under which they need the information to do their jobs.

Disclosures and Requests for Disclosures. Covered entities must establish and implement policies and procedures (which may be standard protocols) for *routine, recurring disclosures, or requests for disclosures*, that limits the protected health information disclosed to that which is the minimum amount reasonably necessary to achieve the purpose of the disclosure. Individual review of each disclosure is not required. For non-routine, non-recurring disclosures, or requests for disclosures that it makes, covered entities must develop criteria designed to limit disclosures to the information reasonably necessary to accomplish the purpose of the disclosure and review each of these requests individually in accordance with the established criteria.

Reasonable Reliance. If another covered entity makes a request for protected health information, a covered entity may rely, if reasonable under the circumstances, on the request as complying with this minimum necessary standard. Similarly, a covered entity may rely upon requests as being the minimum necessary protected health information from: (a) a public official, (b) a professional (such as an attorney or

accountant) who is the covered entity's business associate, seeking the information to provide services to or for the covered entity; or (c) a researcher who provides the documentation or representation required by the Privacy Rule for research.

Notice and Other Individual Rights

Privacy Practices Notice. Each covered entity, with certain exceptions, must provide a notice of its privacy practices.⁵¹ The Privacy Rule requires that the notice contain certain elements. The notice must describe the ways in which the covered entity may use and disclose protected health information. The notice must state the covered entity's duties to protect privacy, provide a notice of privacy practices, and abide by the terms of the current notice. The notice must describe individuals' rights, including the right to complain to HHS and to the covered entity if they believe their privacy rights have been violated. The notice must include a point of contact for further information and for making complaints to the covered entity. Covered entities must act in accordance with their notices. The Rule also contains specific distribution requirements for direct treatment providers, all other health care providers, and health plans. See [OCR "Notice" Guidance](#).

□ **Notice Distribution.** A covered health care provider with a *direct treatment relationship* with individuals must deliver a privacy practices notice to patients starting April 14, 2003 as follows:

- Not later than the first service encounter by personal delivery (for patient visits), by automatic and contemporaneous electronic response (for electronic service delivery), and by prompt mailing (for telephonic service delivery);
- By posting the notice at each service delivery site in a clear and prominent place where people seeking service may reasonably be expected to be able to read the notice; and
- In emergency treatment situations, the provider must furnish its notice as soon as practicable after the emergency abates.

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Covered entities, whether *direct treatment providers* or *indirect treatment providers* (such as laboratories) or *health plans* must supply notice to anyone on request.⁵² A covered entity must also make its notice electronically available on any web site it maintains for customer service or benefits information.

The covered entities in an *organized health care arrangement* may use a joint privacy practices notice, as long as each agrees to abide by the notice content with respect to the protected health information created or received in connection with participation in the arrangement.⁵³ Distribution of a joint notice by any covered entity participating in the organized health care arrangement at the first point that an OHCA member has an obligation to provide notice satisfies the distribution obligation of the other participants in the organized health care arrangement.

A health plan must distribute its privacy practices notice to each of its enrollees by its Privacy Rule compliance date. Thereafter, the health plan must give its notice to each new enrollee at enrollment, and send a reminder to every enrollee at least once every three years that the notice is available upon request. A health plan satisfies its distribution obligation by furnishing the notice to the "named insured," that is, the subscriber for coverage that

also applies to spouses and dependents.

□ **Acknowledgement of Notice Receipt.** A covered health care provider with a direct treatment relationship with individuals must make a good faith effort to obtain written acknowledgement from patients of receipt of the privacy practices notice.⁵⁴ The Privacy Rule does not prescribe any particular content for the acknowledgement. The provider must document the reason for any failure to obtain the patient's written acknowledgement. The provider is relieved of the need to request acknowledgement in an emergency treatment situation.

Access. Except in certain circumstances, individuals have the right to review and obtain a copy of their protected health information in a covered entity's *designated record set*.⁵⁵ The "designated record set" is that group of records maintained by or for a covered entity that is used, in whole or part, to make decisions about individuals, or that is a provider's medical and billing records about individuals or a health plan's enrollment, payment, claims adjudication, and case or medical management record systems.⁵⁶ The Rule excepts from the right of access the following protected health information: psychotherapy notes, information compiled for legal proceedings, laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access, or information held by certain research laboratories. For information included within the right of access, covered entities may deny an individual access in certain specified situations, such as when a health care professional believes access could cause harm to the individual or another. In such situations, the individual must be given the right to have such denials reviewed by a licensed health care professional for a second opinion.⁵⁷ Covered entities may impose reasonable, cost-based fees for the cost of copying and postage.

Amendment. The Rule gives individuals the right to have covered entities amend their protected health information in a designated record set when that information is inaccurate or incomplete. ⁵⁸ If a covered entity accepts an amendment request, it must make reasonable efforts to provide the amendment to persons that the individual has identified as needing it, and to persons that the covered entity knows might rely on the information to the individual's detriment.⁵⁹ If the request is denied, covered entities must provide the individual with a written denial and allow the individual to submit a statement of disagreement for inclusion in the record. The Rule specifies processes for requesting and responding to a request for amendment. A covered entity must amend protected health information in its designated record set upon receipt of notice to amend from another covered entity.

Disclosure Accounting. Individuals have a right to an accounting of the disclosures of their protected health information by a covered entity or the covered entity's business associates.⁶⁰ The maximum disclosure accounting period is the six years immediately preceding the accounting request, except a covered entity is not obligated to account for any disclosure made before its Privacy Rule compliance date. The Privacy Rule does not require accounting for disclosures: (a) for treatment, payment, or health care operations; (b) to the individual or the individual's personal representative; (c) for notification of or to persons involved in an individual's health care or payment for health care, for disaster relief, or for facility directories; (d) pursuant to an authorization; (e) of a limited data set; (f) for national security or intelligence purposes; (g) to correctional institutions or law enforcement officials for certain purposes regarding inmates or individuals in lawful custody; or (h) incident to otherwise permitted or required uses or disclosures. Accounting for disclosures to health oversight agencies and law enforcement officials must be temporarily suspended on their written representation that an accounting would likely impede their activities.

Restriction Request. Individuals have the right to request that a covered entity restrict use or disclosure of protected health information for treatment, payment or health care operations, disclosure to persons involved in the individual's health care or payment for health care, or disclosure to notify family members or others about the individual's general condition, location, or death.⁶¹ A covered entity is under no obligation to agree to requests for restrictions. A covered entity that does agree must comply with the agreed restrictions, except for purposes of treating the individual in a medical emergency.⁶²

Confidential Communications Requirements. Health plans and covered health care providers must permit individuals to request an alternative means or location for receiving communications of protected health information by means other than those that the covered entity typically employs.⁶³ For example, an individual may request that the provider communicate with the individual through a designated address or phone number. Similarly, an individual may request that the provider send communications in a closed envelope rather than a post card.

Health plans must accommodate reasonable requests if the individual indicates that the disclosure of all or part of the protected health information could endanger the individual. The health plan may not question the individual's statement of endangerment. Any covered entity may condition compliance with a confidential communication request on the individual specifying an alternative address or method of contact and explaining how any payment will be handled.

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Administrative Requirements

HHS recognizes that covered entities range from the smallest provider to the largest, multi-state health plan. Therefore the flexibility and scalability of the Rule are intended to allow covered entities to analyze their own needs and implement solutions appropriate for their own environment. What is appropriate for a particular covered entity will depend on the nature of the covered entity's business, as well as the covered entity's size and resources.

Privacy Policies and Procedures. A covered entity must develop and implement written privacy policies and procedures that are consistent with the Privacy Rule.⁶⁴

Privacy Personnel. A covered entity must designate a privacy official responsible for developing and implementing its privacy policies and procedures, and a contact person or contact office responsible for receiving complaints and providing individuals with information on the covered entity's privacy practices.⁶⁵

Workforce Training and Management. Workforce members include employees, volunteers, trainees, and may also include other persons whose conduct is under the direct control of the entity (whether or not they are paid by the entity).⁶⁶ A covered entity must train all workforce members on its privacy policies and procedures, as necessary and appropriate for them to carry out their functions.⁶⁷ A covered entity must have and apply appropriate sanctions against workforce members who violate its privacy policies and procedures or the Privacy Rule.⁶⁸

Mitigation. A covered entity must mitigate, to the extent practicable, any harmful effect it learns was caused by use or disclosure of protected health information by its workforce or its business associates in violation of its privacy policies and procedures or the Privacy Rule.⁶⁹

Data Safeguards. A covered entity must maintain reasonable and appropriate administrative, technical, and physical safeguards to prevent intentional or unintentional use or disclosure of protected health information in violation of the Privacy Rule and to limit its incidental use and disclosure pursuant to otherwise permitted or required use or disclosure.⁷⁰ For example, such safeguards might

include shredding documents containing protected health information before discarding them, securing medical records with lock and key or pass code, and limiting access to keys or pass codes. See [OCR “Incidental Uses and Disclosures” Guidance](#).

Complaints. A covered entity must have procedures for individuals to complain about its compliance with its privacy policies and procedures and the Privacy Rule.⁷¹ The covered entity must explain those procedures in its privacy practices notice.⁷² Among other things, the covered entity must identify to whom individuals can submit complaints to at the covered entity and advise that complaints also can be submitted to the Secretary of HHS.

Retaliation and Waiver. A covered entity may not retaliate against a person for exercising rights provided by the Privacy Rule, for assisting in an investigation by HHS or another appropriate authority, or for opposing an act or practice that the person believes in good faith violates the Privacy Rule.⁷³ A covered entity may not

require an individual to waive any right under the Privacy Rule as a condition for obtaining treatment, payment, and enrollment or benefits eligibility.⁷⁴

Documentation and Record Retention. A covered entity must maintain, until six years after the later of the date of their creation or last effective date, its privacy policies and procedures, its privacy practices notices, disposition of complaints, and other actions, activities, and designations that the Privacy Rule requires to be documented.⁷⁵

Fully-Insured Group Health Plan Exception. The only administrative obligations with which a fully-insured group health plan that has no more than enrollment data and summary health information is required to comply are the (1) ban on retaliatory acts and waiver of individual rights, and (2) documentation requirements with respect to plan documents if such documents are amended to provide for the disclosure of protected health information to the plan sponsor by a health insurance issuer or HMO that services the group health plan.⁷⁶

Organizational Options

The Rule contains provisions that address a variety of organizational issues that may affect the operation of the privacy protections.

Hybrid Entity. The Privacy Rule permits a covered entity that is a single legal entity and that conducts both covered and non-covered functions to elect to be a “hybrid entity.”⁷⁷ (The activities that make a person or organization a covered entity are its “covered functions.”⁷⁸) To be a hybrid entity, the covered entity must designate in writing its operations that perform covered functions as one or more “health care components.” After making this designation, most of the requirements of the Privacy Rule will apply only to the health care components. A covered entity that does not make this designation is subject in its entirety to the Privacy Rule.

Affiliated Covered Entity. Legally separate covered entities that are affiliated by common ownership or control may designate themselves (including their health care components) as a single covered entity for Privacy Rule compliance.⁷⁹ The designation must be in writing. An affiliated covered entity that performs multiple covered functions must operate its different covered functions in compliance with the Privacy Rule provisions applicable to those covered functions.

Organized Health Care Arrangement. The Privacy Rule identifies relationships in which participating covered entities share protected health information to manage and benefit their common enterprise as “organized health care arrangements.”⁸⁰ Covered entities in an organized health care arrangement can share protected health information with each other for the arrangement’s joint health care operations.⁸¹

Covered Entities With Multiple Covered Functions. A covered entity that performs multiple covered functions must operate its different covered functions in compliance with the Privacy Rule provisions applicable to those covered functions.⁸² The covered entity may not use or disclose the protected health information of an individual who receives services from one covered function (e.g., health care provider) for another covered function (e.g., health plan) if the individual is not involved with the other function.

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Group Health Plan disclosures to Plan Sponsors. A group health plan and the health insurer or HMO offered by the plan may disclose the following protected health information to the “plan sponsor”—the employer, union, or other employee organization that sponsors and maintains the group health plan⁸³:

- Enrollment or disenrollment information with respect to the group health plan or a health insurer or HMO offered by the plan.
- If requested by the plan sponsor, summary health information for the plan sponsor to use to obtain premium bids for providing health insurance coverage through the group health plan, or to modify, amend, or terminate the group health plan. “Summary health information” is information that summarizes claims history, claims expenses, or types of claims experience of the individuals for whom the plan sponsor has provided health benefits through the group health plan, and that is stripped of all individual identifiers other than five digit zip code (though it need not qualify as de-identified protected health information).
- Protected health information of the group health plan’s enrollees for the plan sponsor to perform plan administration functions. The plan must receive certification from the plan sponsor that the group health plan document has been amended to impose restrictions on the plan sponsor’s use and disclosure of the protected health information. These restrictions must include the representation that the plan sponsor will not use or disclose the protected health information for any employment-related action or decision or in connection with any other benefit plan.

Other

Provisions:

Personal

Representatives

and Minors

Personal Representatives. The Privacy Rule requires a covered entity to treat a “personal representative” the same as the individual, with respect to uses and disclosures of the individual’s protected health information, as well as the individual’s rights under the Rule.⁸⁴ A personal representative is a person legally authorized to make health care decisions on an individual’s behalf or to act for a deceased individual or the estate. The Privacy Rule permits an exception when a covered entity has a reasonable belief that the personal representative may be abusing or neglecting the individual, or that treating the person as the personal representative could otherwise endanger the individual.

Special case: Minors. In most cases, parents are the personal representatives for their minor children. Therefore, in most cases, parents can exercise individual rights, such as access to the medical record, on behalf of their minor children. In certain exceptional cases, the parent is not considered the personal representative. In these situations, the Privacy Rule defers to State and other law to determine the rights of parents to access and control the protected health information of their minor children.

If State and other law is silent concerning parental access to the minor's protected health information, a covered entity has discretion to provide or deny a parent access to the minor's health information, provided the decision is made by a licensed health care professional in the exercise of professional judgment. See [OCR "Personal Representatives" Guidance](#).

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State Law

Preemption. In general, State laws that are contrary to the Privacy Rule are preempted by the federal requirements, which means that the federal requirements will apply.⁸⁵ "Contrary" means that it would be impossible for a covered entity to comply with both the State and federal requirements, or that the provision of State law is an obstacle to accomplishing the full purposes and objectives of the Administrative Simplification provisions of HIPAA.⁸⁶ The Privacy Rule provides exceptions to the general rule of federal preemption for contrary State laws that (1) relate to the privacy of individually identifiable health information and provide greater privacy protections or privacy rights with respect to such information, (2) provide for the reporting of disease or injury, child abuse, birth, or death, or for public health surveillance, investigation, or intervention, or (3) require certain health plan reporting, such as for management or financial audits.

Exception Determination. In addition, preemption of a contrary State law will not occur if HHS determines, in response to a request from a State or other entity or person, that the State law:

- Is necessary to prevent fraud and abuse related to the provision of or payment for health care,
- Is necessary to ensure appropriate State regulation of insurance and health plans to the extent expressly authorized by statute or regulation,
- Is necessary for State reporting on health care delivery or costs,
- Is necessary for purposes of serving a compelling public health, safety, or welfare need, and, if a Privacy Rule provision is at issue, if the Secretary determines that the intrusion into privacy is warranted when balanced against the need to be served; or
- Has as its principal purpose the regulation of the manufacture, registration, distribution, dispensing, or other control of any controlled substances (as defined in 21 U.S.C. 802), or that is deemed a controlled substance by State law.

Enforcement and Penalties for

Noncompliance

Compliance. Consistent with the principles for achieving compliance provided in the Rule, HHS will seek the cooperation of covered entities and may provide technical assistance to help them comply voluntarily with the Rule.⁸⁷ The Rule provides processes for persons to file complaints with HHS, describes the responsibilities of covered entities to provide records and compliance reports and to cooperate with, and permit access to information for, investigations and compliance reviews.

Civil Money Penalties. HHS may impose civil money penalties on a covered entity of \$100 per failure to comply with a Privacy Rule requirement.⁸⁸ That penalty may not exceed \$25,000 per year for multiple violations of the identical Privacy Rule requirement in a calendar year. HHS may not impose a civil money penalty under specific circumstances, such as when a violation is due to reasonable cause and did

not involve willful neglect and the covered entity corrected the violation within 30 days of when it knew or should have known of the violation.

Criminal Penalties. A person who knowingly obtains or discloses individually identifiable health information in violation of HIPAA faces a fine of \$50,000 and up to one-year imprisonment.⁸⁹ The criminal penalties increase to \$100,000 and up to five years imprisonment if the wrongful conduct involves false pretenses, and to \$250,000 and up to ten years imprisonment if the wrongful conduct involves the intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain, or malicious harm. Criminal sanctions will be enforced by the Department of Justice.

Compliance

Dates

Compliance Schedule. All covered entities, except “small health plans,” must be compliant with the Privacy Rule by April 14, 2003.⁹⁰ Small health plans, however, have until April 14, 2004 to comply.

Small Health Plans. A health plan with annual receipts of not more than \$5 million is a small health plan.⁹¹ Health plans that file certain federal tax returns and report receipts on those returns should use the guidance provided by the Small Business Administration at 13 Code of Federal Regulations (CFR) 121.104 to calculate annual receipts. Health plans that do not report receipts to the Internal Revenue Service (IRS), for example, group health plans regulated by the Employee Retirement Income Security Act 1974 (ERISA) that are exempt from filing income tax returns, should use proxy measures to determine their annual receipts.⁹²

See [What constitutes a small health plan?](#)

Copies of the Rule & Related Materials

The entire Privacy Rule, as well as guidance and additional materials, may be found on our website, <http://www.hhs.gov/ocr/hipaa>.

I have successfully completed the OSHA and HIPAA training programs, accept and agree to take full responsibility for the policies and information contained in the OSHA requirements and HIPAA privacy rules.

Student Name (Please Print)

Student Number

Student Signature

Date

**THIS COPY IS TO
BE SIGNED AND
RETURNED TO THE
PROGRAM
DIRECTOR**

**LORAIN COUNTY COMMUNITY COLLEGE
DIVISION OF ALLIED HEALTH AND NURSING**

VERIFICATION SHEET

Please read carefully the statement below. This form must be signed by the student, removed from the handbook, and returned to the Program Director/Coordinator, no later than the end of the first week of classes. Failure to do so means that students may not continue to attend classes, labs or clinical, and any absences are considered unexcused.

I have read, understood, accept and agree to take full responsibility for the policies, information and rules of conduct in the student handbook.

Student Name (Please Print)

Student Number

Student Signature

Date

I have successfully completed the OSHA and HIPAA training programs, accept and agree to take full responsibility for the policies and information contained in the OSHA requirements and HIPAA privacy rules.

Student Name (Please Print)

Student Number

Student Signature

Date

**THIS COPY IS TO BE SIGNED AND
RETAINED BY THE STUDENT AS
PART OF THE CLINICAL
PRACTICUM BINDER**