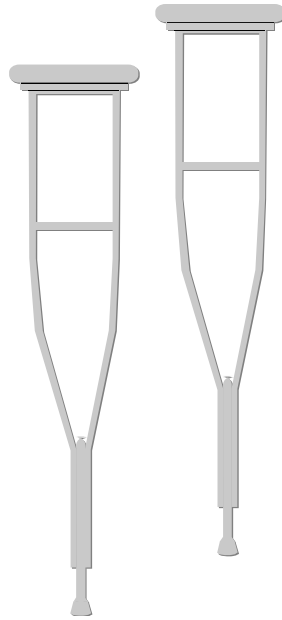


Physical Therapist Assistant

Program Handbook



2025 – 2026

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INTRODUCTION

This Physical Therapist Assistant (PTA) Program Handbook has been prepared to provide accurate information for faculty and students who are a part of the Gulf Coast State College Physical Therapist Assistant program. Students are held responsible for knowledge of all information contained in the Handbook. A statement to the effect that the student has received, read, and understands the contained information will be signed by the student and kept in the student's folder in the office of the Coordinator of the Physical Therapist Assistant Program.

The preparation and review of the information contained in this handbook was carried out with great care to ensure that all policies contained herein do not conflict with Gulf Coast State College policies. Should a question arise and an apparent conflict is uncovered, Gulf Coast policy may override program policy. That being said, this is a limited access program designed to prepare individuals for a career in healthcare, which requires daily attendance and a high level of professionalism. There are some policies that are more rigorous than what may be required of the typical student attending Gulf Coast State College. Students should become familiar with Gulf Coast State College policies as published in the [General Catalog](#) and in the [Gulf Coast State College Student Handbook](#) as well as the policies contained in this PTA Program Handbook.

Division of Health Sciences Mission Statement:

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

NON-DISCRIMINATION POLICY

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

What Is a Physical Therapist Assistant, and How Does a Physical Therapist Assistant Work With A Physical Therapist?

Physical therapy is a health profession that contributes to meeting the health needs of society through programs of prevention, rehabilitation, public education, and research. A statement defining physical therapy was adopted in 1993 by the Board of Directors of the American Physical Therapy Association:

"Physical therapy is the assessment, evaluation, treatment and prevention of physical disability, movement dysfunction and pain resulting from injury, disease, disability, or other health related conditions. Physical therapy includes: (1) the performance and interpretation of tests and measurements to assess pathophysiological, pathomechanical, electrophysiological, ergonomic, and developmental deficits of bodily systems to decide diagnosis, treatment, prognosis and prevention; (2) the planning, administration, and modification of therapeutic interventions that focus on posture, locomotion, strength, endurance, cardiopulmonary function, balance, coordination, joint mobility, flexibility, pain, healing and repair, and functional abilities in daily living skills, including work; and (3) the provision of consultative, educational, research and other advisory services.

The therapeutic interventions may include, but are not limited to the use of therapeutic exercise with or without assistive devices, physical agents, electricity, manual procedures such as joint and soft tissue mobilization, neuromuscular reeducation, bronchopulmonary hygiene, and ambulation/gait training".

Physical therapists practice in a variety of health care settings, including hospitals, ambulatory health clinics, home health, independent practices, specialized clinics, schools and institutions of higher education, research centers, industries, wellness and fitness centers, health maintenance organizations, extended-care facilities, and nursing homes. The trend of moving physical therapy into a comprehensive health care model is consistent with the expanded scope of physical therapy practice and changes occurring in the health delivery system, such as health care cost-containment programs, technological advances, and increasing public awareness of, and responsibility for, health and prevention programs.

As physical therapy has matured as a health profession, it has become more autonomous in its practice and less dependent on physicians for prescriptive referral and direction. As health professionals, physical therapists and physical therapist assistants work with physicians and other health-care providers in a collegial relationship. Physical therapists are movement experts who examine, diagnose, and treat movement dysfunction. They determine the needs of individuals who seek their services through the careful assessment of each individual. Physical therapists implement programs of care designed to meet the goals of each patient and assist individuals to reach their highest possible functional level. As professionals, physical therapists develop, promote, and maintain standards for practice and education. Currently, two levels of physical therapy practitioners, the physical therapist (PT) and the physical therapist assistant (PTA), perform the functions of the profession. The physical therapist earns a doctorate in physical therapy and may be a generalist or a specialist. The PT provides services to promote wellness and the prevention of disability. The physical therapist also provides

therapeutic services and related psychosocial support to individuals of all ages with musculoskeletal, neurological, sensorimotor, cardiopulmonary, vascular, and other physiological dysfunctions.

The PTA is an educated and licensed clinician. They deliver physical therapy services under the direction and supervision of the PT. The PTA must sit for a licensing examination after graduation prior to obtaining employment. Physical therapist assistants implement treatment for the patient designed by the physical therapist following examination and evaluation of the patient. The PTA will collect data and communicate any observed changes in the patient's condition that may require the physical therapist to modify the treatment program. PTs and PTAs work in a variety of clinical practice settings treating patients across the lifespan. Acute care is often delivered in the hospital; rehabilitation may take place in a separate rehabilitation setting or as part of home care. Physical therapy may also exist in private office practice settings, outpatient clinics, assisted living facilities, school settings, public health, the military, and more.

Many PTs continue their education to become specialists in a particular area of practice. Increasingly PTs participate in planned programs of continuing education or obtain advanced degrees to enhance professional skills and continue to meet public needs in a rapidly changing health-care arena. Physical therapist assistants may also continue their education by obtaining a baccalaureate degree in an allied field, and in some cases, PTAs will go on to become physical therapy students. It is important for the PTA student to understand that the technical courses offered in the physical therapist assistant program do not necessarily transfer for credit in a physical therapist education program. In some cases, the liberal arts component of the physical therapist assistant program may be accepted, but the student may be required to make up several prerequisites in order to be eligible for admission to a physical therapist education program. The PTA courses may not transfer to another college that offers the PTA curriculum. Although all CAPTE content must be covered in the total curriculum, programs have flexibility with course creation which limits transferability among institutions.

JOB DESCRIPTION

PHYSICAL THERAPIST ASSISTANT

General Description

The Assistant is a skilled clinician who performs physical therapy treatments and related duties as assigned by the physical therapist. This work is carried out under the direction of the physical therapist, who provides the assistant with supervision in accordance with state law.

The Physical Therapist Assistant has many diversified career opportunities, not only in the selection of different types of institutions, but also in working with different age groups and disabilities.

Duties of the PTA performed under the direction and supervision of a PT include:

1. Assisting the physical therapist when performing tests, evaluations, and complex treatment procedures.
2. Assisting the therapist in consulting with family members, physicians and other health care professionals, as appropriate.
3. Assisting with the care of the physical therapy department and equipment.
4. Assisting the physical therapist with in-service programs and other meetings as assigned by the physical therapist.
5. Providing physical therapy treatments as directed by the physical therapist and ordered by the physician.
6. Use of therapeutic exercise, mechanical traction, therapeutic massage, compression, heat, cold, ultraviolet, water and electricity.
7. Measurement and adjustment of crutches, canes, walkers, and wheelchairs, and instruction in their use and care.
8. Instruction, motivation and assistance to patients and others in improving pulmonary function, learning and improving functional activities such as pre-ambulation, transfer, ambulation, and daily living activities, and the use and care of orthoses, prostheses, and supportive devices.

9. Performance, without interpretation, of selected measurement procedures such as range of joint motion, gross strength of muscle groups, length and girth of body parts, and vital signs.
10. Observing, recording and reporting to the therapist the conditions, reactions and responses of patients related to his/her assigned duties.
11. Modification of treatment procedures as indicated by patient response and within the limits specified in the plan of care, and reporting orally or in writing to the physical therapist.
12. Maintaining daily records of treatments. Documenting progress notes on patients as directed by the therapist.
13. Assisting with clerical and office duties as assigned.
14. Providing physical therapy services as directed by the licensed physical therapist.

The physical therapist assistant participates in routine administrative procedures required for physical therapy service.

ACCREDITATION STATUS

PHYSICAL THERAPIST ASSISTANT PROGRAM

The Physical Therapist Assistant Program at Gulf Coast State College is accredited by the Commission on Accreditation in Physical Therapy (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, VA 22305; telephone (703) 706-3245, email: accreditation@apta.org; website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call (850) 913-3312, or email mcumbaa@gulfcoast.edu. The APTA Commission on Accreditation in Physical Therapy Education granted the Gulf Coast State College Physical Therapist Assistant Program full accreditation on May 6, 1998 with continued accreditation in October 29, 2003. The program was reaccredited in 2013 and again in 2024, which extends through June 30, 3034.

Gulf Coast State College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award associate's and bachelor's degrees. GCSC has been accredited since 1962, and was recently reaffirmed in 2011. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions regarding the accreditation status of the institution or if there is evidence that appears to support Gulf Coast State College's significant non-compliance with a requirement or standard.

Gulf Coast State College is also a member of the American Association of Community Colleges, the Association of Florida Colleges, the American Council on Education, and the Council for Advancement and Support of Education.

PHILOSOPHY AND MISSION

The Physical Therapist Assistant Program of Gulf Coast State College perceives its commitment to education in three dimensions:

A legal obligation to uphold the philosophies, policies and procedures of the College.

An ethical obligation to the community, the physical therapy profession and the consumers of physical therapy to assure the competency of entry-level physical therapist assistants.

A moral obligation to enrolled students to provide quality education that will enable them to improve the quality of the lives they touch and to receive satisfaction from their care giving.

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

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

The program embraces the College's philosophy and SACS requirements for a minimum of 15 semester hours of curriculum in the general studies area. The College's mission is to graduate individuals who will interact successfully in both their career and social worlds; whose contribution to their career and to society will be professionally and personally fulfilling.

The program ensures that graduates have entry-level competencies in the field but also recognizes the value of and need to continue their education through reading, active participation in the profession, and attending continuing education courses/seminars. The program has been designed with approximately one quarter of the courses transferable to a baccalaureate program if graduates should choose to continue their education.

PTA Program Goals

1. Admitted program students will earn an Associate of Science degree specific to Physical Therapist Assistants.
2. Graduates will be prepared to apply for and pass the PTA licensing examination [NPTE] in order to obtain gainful employment.
3. Graduates will be competent in the skills necessary to perform evidence-based treatments as a PTA under the direction and supervision of a PT in a variety of settings.
4. Graduates will use current evidence to solve problems in a clinical setting while working equitably with patients, families, and other clinical staff of diverse backgrounds for the improvement of the patient's conditions.
5. Faculty will seek opportunities to be involved with professional associations, improve individual academic practice, and achieve tenure in order to improve academic excellence within the curriculum while fostering student success in the community.

PTA Program Level Outcomes

The program outcomes listed below support the goals and mission of the program. The program's success is based on the performance of students, graduates, and faculty. There are eight main outcomes that are measured by the performance of both students and graduates. There is one outcome (with multiple parts) that is measured by the performance of program faculty.

Upon completion of the Physical Therapist Assistant Program, the student/graduate will:

1. Exhibit professional conduct that embraces APTA's core values/ethical standards and reflects a commitment to meet expectations of the community and other members of the healthcare profession.
 - i. Evidenced by benchmarks (#1 & 4, 5 for students; #2 & 3 for graduates):
 1. 90% of students have satisfactory completion of performance criteria numbers 1) Professionalism: Ethical Practice, 2) Legal Practice, 3) Professionalism: Professional Growth, 4) Interpersonal: Communication, 5) Interpersonal: Inclusivity on the PTA Clinical Performance Instrument (CPI 3.0).
 2. 80% of program graduates respond with "Strongly Prepared" or "Adequately Prepared" to question #5A on the PTA Program Graduate Survey.
 3. 80% of employers respond with "Strongly Prepared" or "Adequately Prepared" to Questions # 8A on the Employer Survey.
 4. Each student completes at least 20 hours of community service outreach and 90% of students accurately reflect on APTA Core Values/Ethical Standards in PHT 2931.
 5. 90% of admitted students demonstrate professional behaviors, receiving less than three unprofessional (written warnings) throughout the program.
2. Safely and effectively implement appropriate interventions identified in the plan of care as directed by the supervising physical therapist.
 - i. Evidenced by benchmarks (#1, 2 for students; #2 & 3 for graduates):
 1. 90% of students that are successful on key practical examinations (PHT 2211L Final; PHT 2225L, and PHT 2226L) are successful with first attempt in clinical practice (PHT 2801, PHT 2810, and PHT 2820).
 2. 90% of students in two consecutive cohorts have satisfactory completion of performance numbers Technical/Procedural: 6) Clinical Reasoning, 7) Interventions: Therapeutic Exercise & Techniques, 8) Mechanical and Electrotherapeutic Modalities, 9) Functional Training and Application of Devices and Equipment, (achieves entry-level performance) on the PTA Clinical Performance Instrument (CPI 3.0) during terminal clinical experiences.
 3. 80% of graduates respond with "Strongly Prepared" or "Adequately Prepared" to Questions #5B on the Graduate Survey.
 4. 80% of employers respond with "Strongly Prepared" or "Adequately Prepared" to Questions #8B on the Employer Survey.
3. Perform appropriate data collection skills essential for carrying out the plan of care in order to quantify the patient's response to treatment and effectively

modify treatments within the plan of care.

- i. Evidenced by benchmarks (#1 for students; #2 & 3 for graduates):
 1. 90% of students have satisfactory completion (achieves entry-level performance) for performance criteria numbers 6) Technical/procedural: Clinical Reasoning, 10) Business: Documentation on the PTA Clinical Performance Instrument during the terminal clinical experiences.
 2. 80% of graduates respond with "Strongly Prepared" or "Adequately Prepared" to Questions #5C on the Graduate Survey.
 3. 80% of employers respond with "Strongly Prepared" or "Adequately Prepared" to Questions #8C on the Employer Survey.
4. Efficiently submit effective documentation that supports ethical & legal delivery of skilled physical therapy services.
 - i. Evidenced by benchmarks (#1 for students; #2 & 3 for graduates):
 1. 90% of students have satisfactory completion (achieve entry-level performance) for performance criteria numbers 10) Business: Documentation, 11) Business: Resource Management on the PTA Clinical Performance Instrument during the terminal clinical experiences.
 2. 80% of graduates respond with "Strongly Prepared" or "Adequately Prepared" to Questions #5D on the Graduate Survey.
 3. 80% of employers respond with "Strongly Prepared" or "Adequately Prepared" to Questions #8D on the Employer Survey.
5. Demonstrates effective (legal and ethical) resource management in a clinical setting.
 - i. Evidenced by benchmarks (#1 for students; #2 3, & 4 for graduates):
 1. 90% of students have satisfactory completion (achieve entry-level performance) for performance criteria numbers 11) Business: Resource Management on the PTA Clinical Performance Instrument during the terminal clinical experiences.
 2. 80% of graduates respond with "Strongly Prepared" or "Adequately Prepared" to Questions #5E on the Graduate Survey.
 3. 80% of employers respond with "Strongly Prepared" or "Adequately Prepared" to Questions #8E on the Employer Survey.
 4. 90% of graduates obtain gainful employment (within 6 months of licensure, if seeking).
6. Communicates proficiently, equitably, and inclusively with the patient/caregiver, physical therapist, and healthcare team.
 - i. Evidenced by benchmarks (#1 for students; #2 & 3 for graduates):
 1. 90% of students have satisfactory completion (achieve entry-level performance) for performance criteria numbers 4) Interpersonal: Communication, 5) Interpersonal: Inclusivity on the PTA Clinical Performance Instrument 3.0 during the terminal clinical experiences.
 2. 80% of graduates respond with "Strongly Prepared" or "Adequately Prepared" to Questions #5F on the Graduate Survey
 3. 80% of employers respond with "Strongly Prepared" or "Adequately Prepared" to Questions #8F on the Employer Survey.

7. Make sound clinical decisions using evidence to solve patient-care scenarios during didactic, laboratory and clinical practice.
 - i. Evidenced by benchmarks (#1 & 2 for students; #3, 4, & 5 for graduates):
 1. 80% of cohort achieves satisfactory completion of the PTA exit exam on first attempt and content/systems analysis meet (or fall within range of) the national average for each category.
 2. 90% of cohort achieve entry-level performance for performance criteria numbers 3) Professionalism: Professional Growth, and Technical/Procedural: 6) Clinical Reasoning, 7) Interventions: Therapeutic Exercise and Techniques, and 8) Interventions: Mechanical and Electrotherapeutic Modalities on the PTA Clinical Performance Instrument 3.0 during the terminal clinical experiences.
 3. 80% of employers respond with "Strongly Prepared" or "Adequately Prepared" to Questions #5G on the Employer Survey.
 4. Each cohort has at least a 90% NPTE pass rate for ultimate attempts and an 80% NPTE pass rate on the first attempt.
 5. 80% of graduates state they are "Strongly Prepared" or "Adequately Prepared" for questions #8G on the Graduate Survey

8. Educate patients, families, caregivers, and members of the health care team using relative instruction methods commensurate with the needs of the learner.
 - i. Evidenced by benchmarks (#1 students; #2 & 3 graduates):
 1. 90% of cohort exhibit satisfactory completion of skill number 4) Interpersonal: Communication, 5) Interpersonal: Inclusivity, Technical/Procedural: 6) Clinical Reasoning, 7) Interventions: Therapeutic Exercise and Techniques, 9) Functional Training and Application of Devices and Equipment on the PTA Clinical Performance Instrument during the terminal clinical experiences.
 2. 80% of graduates respond with "Strongly Prepared" or "Adequately Prepared" to Questions #5H on the Graduate Survey.
 3. 80% of employers respond with "Strongly Prepared" or "Adequately Prepared" to Questions #8H on the Employer Survey.

PTA Program Outcomes also have a faculty component which is necessary for the program to meet program goals and mission. They are as follows:

9.(1) Core faculty will be involved in at least one professional association (e.g. APTA, FPTA, FCCE and/or AFC, etc.) and demonstrate service to the campus/community.

9.(2) Core and adjunct faculty will demonstrate academic excellence in the curriculum by meeting expectations (80% of faculty scoring "3" or higher) annually in the areas below. Any area that falls below a "3" will require a remedial plan in the subsequent year as applicable.

- a. Teaching performance –Provides evidenced-based instruction & enthusiastic about subject matter and demonstrates flexibility with different learning styles.
- b. Course Management – Complies with approved course syllabi, consults course coordinator when needed, challenges students to engage in active learning & use critical thinking; provides course assessments that apply to course content.
- c. Accessible/Timeliness – Available to students before/after class, encourages students to

seek assistance when needed; complies with office hours, responds to email, returns phone calls in a timely manner.

- d. Associated Administrative Duties/Behavior – Complies with GCSC and PTA Program policies, attends mandatory meetings, treats colleagues and staff with respect, submits documents on time.
- e. Professional Development Activities – Maintain and provides annual documentation of current training, licensure, and credentials. Participates in continuing education opportunities related to teaching and content areas. Performs self-evaluations with respect to teaching in the PTA program annually.
- f. Professionalism – demonstrates ethical and academic integrity/APTA's value-based behaviors. Core faculty participate in service opportunities on campus/in the community.

9.(3) Clinical faculty will demonstrate clinical excellence by meeting the following expectations:

- a. 80% Clinical Instructors will score a “3” or higher as surveyed by the students using the PTA Student Assessment of the Clinical Instructor on item #22.
- b. Clinical Instructors will be evaluated by the DCE and meet the following criteria: #1 100%, #3 80%, #4. 80%, #6. 80% give feedback at least weekly, #8. 100% on the Midterm Clinical Site Contact Form; 80% CIs respond favorably on the CI Survey.
- c. Professional Development Activities – The goal is to have at least 30% of program Clinical Instructors (CIs) credentialed by the APTA. Individual advising/development for CIs will occur for any issue identified by the DCE, or if there are reports from two consecutive students for any issue. If the same issue is identified for 5 CIs on #10 of the Mid-term Clinical Site Contact Form, then a group education activity may be offered by the DCE for CIs collectively.

GULF COAST STATE COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM CURRICULUM

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

Spring Semester		Credit Hours
BSC 2086	Anatomy and Physiology II	3
BSC 2086L	Anatomy and Physiology II Lab	1
PHT 1124	Functional Human Motion	2
PHT 1124L	Functional Human Motion Lab	1
PHT 1220	Introduction to Therapeutic Exercise	3
PHT 1220L	Therapeutic Exercise Lab	2
PHT 1131	Assessment, Measurement, and Documentation	1
PHT 1131L	Assessment, Measurement, and Documentation Lab	2
	Civic Literacy Req (POS 2041, AMH 2010 or AMH 2020)	3
		Total = 18 hrs

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

Sophomore Year		
Fall Semester		Credit Hours
PHT 2801	PTA Clinical Practice I	2
PHT 2225	Therapeutic Interventions II: Orthopedic Disabilities	3
PHT 2225L	Therapeutic Interventions II Lab	2
PHT 2226	Therapeutic Interventions III: Neurologic Disabilities	3
PHT 2226L	Therapeutic Interventions III Lab	2
		Total = 12 hrs
Spring Semester		Credit Hours
PHT 2931	Seminar	2
PHT 2810	PTA Clinical Practice II	4
PHT 2820	PTA Clinical Practice III	4
		Total = 10 hrs
		Program total = 74 hrs

Important to note:

- All courses must be completed with a “C” or higher.
- Any course with PHT must be completed in the sequence listed and is only offered in the semester listed.
- Any course that does not begin with “PHT” must be completed by the end of the summer semester, prior to clinical placement. There is a new Civic Literacy requirement that requires students to pass a competency exam (in addition to completion of the course) in order to receive an A.S. degree in the state of Florida.
- The fifth semester (Spring II) only has 10 credits, although there are 14 weeks of clinical work (40 hours/week) required. This may impact full-time status for financial aid purposes.

GULF COAST STATE COLLEGE ACADEMIC POLICIES

I. Attendance/Tardiness/Absences

- A. It is the strong desire of the faculty and staff of Gulf Coast State College that all students successfully complete every course in which they are registered. Regular attendance and responsibility for class work are two of the most significant factors for success in college. Students are urged to begin each course determined to be present, punctual, and prepared for every class meeting, and are urged to seek additional help from instructors when needed.

All students are expected to attend every class or clinical (and be present on-time) unless an illness or an emergency occurs. If absence or tardiness is unavoidable due to these circumstances, the student is required to notify the Physical Therapist Assistant Program at (850) 913-3312, and if applicable the clinical agency assigned, prior to the tardiness or absence.

An excused absence or tardy will be awarded in appropriate circumstances. The course instructor will determine if the absence is excused or unexcused. Attendance records are extremely important as the college is audited by the Veterans Administration and obligated to report attendance under a number of other programs. See [GCSC's financial aid website](#) for further information.

Students who are absent from class in excess of the equivalent of one-eighth of a term (4-6 classes in a regular three-hour course in a regular semester) without permission of the instructor shall be withdrawn from the course:

- The student will receive a "W" if prior to the published deadline
- or-
- The student will receive an "F" if after the published deadline.

Excessive tardiness will result in the accumulation of unexcused absences. After three episodes of tardiness in the same course, one absence will be accumulated. From this point forward, for every 2 episodes of tardiness that occur, one absence will be added to the total number of absences. A tardy/unexcused absence is documented as a professionalism infraction in the student's file. For every three infractions accrued in the program (in any course), an additional 5 hours of community service will be required for the portfolio in PHT 2931. This will be tracked by the student on their portfolio and reviewed during advising meetings each year.

The effect of absences upon grades is determined by the instructor. It is important that the student is aware of each instructor's absence policy. The policy can be found in the syllabus for each PTA course.

- B. The student is responsible for all work missed during absences. It is expected that the student will contact the instructor of the course to make arrangements for class work missed. Make-up work for extended illness or emergency absence is required. Make-up work for announced tests, reports, projects, etc., for valid absences will be permitted or an alternate opportunity provided. Make-up work or quizzes for unannounced activities are at the discretion of the instructor. Missed work may be assigned a grade of zero. Work missed must be completed in order to progress in the program. This ensures the student is competent in the required coursework. (Refer to the syllabus concerning completion of missed work.)
- C. Clinical attendance is expected as assigned. The student has the responsibility to be in the PT agency at the specified time. If the student cannot be present or will be late it is mandatory that they call the clinical supervisor and the PTA program at Gulf Coast State College. Any time missed during a clinical rotation (even if it is just one hour) must be approved by the DCE. The student must fill out the Clinical Leave of Absence Form (Appendix B). If a student has been injured during the program or elects to have a surgery, clearance (a physical form with technical standards) must be updated four weeks prior to beginning date of the scheduled clinical experience. If injury should occur during this time frame, the DCE must be notified immediately, and clearance to resume the clinical must be obtained. This may delay the scheduled clinical experience and/or graduation.

II. **Academic Standards**

A. Grading Policy

Letter grades are assigned for all credit courses, with the exception of clinical courses (PHT2801, PHT2810 & PHT2820) which will receive a Pass/Fail. Number equivalents are as follows: A (90-100); B (80-89); C (70-79); D (60-69); and F (0-59). In addition, the following letter grades are used where appropriate: W (Withdrawal), I (Incomplete), and N (Audit). A grade of "I" may be assigned a student failing to complete the class work on schedule. The incomplete grade will be changed to "F" if not removed within 30 calendar days from the end of the term in which the grade was earned.

Failure in Physical Therapist Assistant courses necessitating extension of the program beyond the normal two years may increase the time away from clinical skills significantly. At the discretion of the instructors, it may be required that the student attend these courses on an audit basis to refresh the skills prior to clinical internship, or to pass a comprehensive skills practicum.

The final letter grade is determined by the total number of points that the

student earns on quizzes, tests, competency exams, papers, reports etc. as assigned in the individual course. Some courses require a minimum pass rate for each quiz/test given; please refer to the syllabus for specific requirements within each course.

B. Examinations

Instructors are free to develop their own examinations but are encouraged to use a variety of methods to assess student progress. The number and type of examinations may vary from course to course and will be specified in the course syllabus.

A final examination is required in each course and is given according to the published college schedule. **Final examinations for lecture courses must be passed with at least a 70%, or an additional attempt with remedial coursework will be required in order to pass/complete the course.** Lecture courses have written/computerized examinations; laboratory courses have practical examinations which may include written examinations; and clinical courses have their own type of skill assessment requirements which are documented using computerized software. If courses in the PTA program are completed prior to the end of the academic term, the final examinations will be scheduled by the instructor of the course at the appropriate time. Except under emergency circumstances, students may not be excused from these examinations. If a student is unable to appear, it is his responsibility to inform the instructor prior to the scheduled examination and to request an "I". An "I" (incomplete) grade means the student has not completed course requirements due to circumstances, which judged by the instructor, were beyond the student's control. The student must personally request an incomplete grade. It is not granted automatically. Each instructor will work with the student to schedule make-up exams pending approval.

Incomplete grades must be removed no later than 30 calendar days after the term in which the incomplete was granted or the grade will be changed to an "F". Students may not continue in the sequenced progression of PHT courses until the grade of "I" is removed from their record (or the instructor has submitted paperwork for a grade change request from an "I" to a "C" or higher). If a student receives an "I" in a course, this would need to be resolved prior to the last day of drop/add in the subsequent term.

C. Individual Lab Practical Exam Grade Determination & Retake Policy:

1. **All standards will be assigned a total possible score.** The points earned will be computed into a numerical grade by dividing the points earned by the total possible points. An exam may include

both written and practical components.

2. **Each lab practical has critical safety elements and required critical skill components of the skill set that must be passed with a level “3” in order to pass the practical.** A critical safety element is a portion of the skill which is intended to prevent or mitigate injury. A critical skill component is an essential part of the skill that must be completed for the skill to be effective. These elements are listed under the “3” category in **bold** for each lab rubric. **In general, when applicable, red denotes a critical safety element and blue denotes a critical skill component.**
3. **A student must earn a C (70) or higher and meet all critical safety elements/critical skill components with a level “3” in order to pass the exam.**

Passing Requirements

- To pass a practical exam, students must achieve a score of 70% or higher and meet all critical safety elements and skill components.

Retake Policy for Full Practical Exam

- If a student scores below 70% on a practical exam, they must retake the entire exam on a date set by the instructor.
- The retake must score above 70% and meet all critical safety and skill requirements.
- Scores from the initial and retake exams are averaged, with a maximum final grade of 70%.

Retake Policy for Critical Elements or Skills

- If a student fails a critical safety element or skill component, they must retake only that portion to demonstrate competency.
- Retaking a portion of the exam results in an overall grade deduction:
 - Second attempt: Maximum grade of 85%.
 - Third attempt: Maximum grade of 75%.

Maximum Attempts

- Students are allowed a maximum of three attempts (one initial and two retakes) for any practical exam or its components in laboratory courses.
- After two attempts on the same exam, the student is placed on probation (see Policy F for probationary status details).
- Failing an exam after three attempts may result in course failure

if core faculty determine safety or competency concerns.

Retake Policy and Its Impact on Program Status

- Across all courses in a semester, students are limited to a total of four retakes (full or partial practical exams).
- Before any retake, students and faculty must complete and sign the Practical Retake Examination Form (Appendix T) to track retakes per semester.
- Accumulating four retakes in a semester places the student on probation.
- Exceeding four retakes in a semester may lead to dismissal from the program. Students who exceed this limit may choose to continue their courses for the remainder of the semester or discontinue enrollment. Either way, no additional retakes are permitted in a semester once a student reaches four retakes.

4. **A student functioning as the patient may lose points on their examination for cueing their classmates, assisting inappropriately, or failing to participate in a realistic patient scenario during a practical examination. The student could also be dismissed from the program if they are involved in a cheating incident.**

5. **Evaluation Criteria for Laboratory Practical Exam:**

The student will demonstrate laboratory competency in the application of selected treatment skills and functions in simulated clinical situations.

Given (A-C or C & D)

- A. A diagnosis which appropriately includes application of the selected treatment. (Ex: Dx: L Hip Osteoarthritis s/p Total Hip Arthroplasty. Tx: The student must select the appropriate exercises based on the POC)
 - B. A physical therapy plan of care that includes an explicit statement of goals of treatment, precautions, frequency and duration of treatment, and pre-selected method and instrumentation.
 - C. An array of equipment commonly used in physical therapy.
 - D. Name of an intervention or specific skill (e.g. Body Mechanics, w/c mobility)
- In accordance with acceptable practice standards the students' demonstration of the treatment or skill will be:

- A. Consistent with treatment goals.
- B. Appropriate to the body part being treated.
- C. Comfortable and safe for the "patient".
- D. Comfortable and safe for the PTA.
- E. Clearly, concisely and correctly explained to the "patient" using terminology that they understand and that reduces anxiety.
- F. In compliance with patient precautions and established infection control procedures.
- G. Safely and efficiently administered to the correct area.
- H. Of proper dosage/intensity.
- I. Achieving optimal neurophysiological response.
- J. Responsive to changes in the "patient's" physical and mental status and tolerance of treatment.
- K. Adequately documented with clarity, brevity and legibility.

➤ **The performance evaluation criteria shall be:**

3- Performs all functions and tasks with mastery. Demonstrates efficiency and skill in the preparation, adjustment and use of all materials and equipment. Operates in a confident and professional manner. Is well organized in communication and actions. Demonstrates awareness of personal and patient safety at all times.

2 - One verbal cue is needed from the instructor to perform required functions competently and maintain safety in a clinically acceptable manner.

1- Needs multiple prompts from instructor. Disorganized and/or inefficient. Uses minimum care in safety. Needs improvement.

0 -Performs required tasks or functions in an unacceptable manner. Lacks knowledge of procedures and/or equipment. Inattentive to safety or infection control issues. Actions and/or appearance unprofessional.

6. Overview of general components of the required skills:

Preparation of treatment area. Gathering, preparation and adjustment of necessary supplies and equipment.

- Recognize supply/equipment and treatment area needs including
- patient safety and privacy

- Recognize need for adjustment of equipment
- Apply safety rules for preparation/adjustment of equipment and treatment area including infection control/wearing personal protective equipment (PPE).

Preparing the patient for treatment

- Introduce yourself as a student PTA and identify the patient
- Explain the general procedure
- Assist the patient as necessary into an appropriate treatment area
- Position patient for comfort, security and access
- Drape patient appropriately and use curtains for privacy if necessary

Administration of treatment/demonstration of skill

- Explanation of procedure with thoroughness and at an appropriate level for patient understanding
- Demonstration of appropriate guarding/safety techniques
- Proper body mechanics
- Instructions/teaching of skills to patient and/or family
- Implementation/modification of treatment/technique as indicated by patient's response/supervising PT within the POC as directed by the supervising PT.

Infection Control

- Proper disposal of contaminated linen/supplies
- Disinfection of treatment area and equipment (including handwashing)
- Proper storage of equipment/supplies

Documentation

- Consistent with established policies and procedures following ethical and legal guidelines
- Includes all necessary information
- Meets accepted standards of clarity, brevity, timely and legibility

D. Progress Standards (See also the GCSC [General Catalog](#))

The student must pass all courses required by the program (PHT courses and general studies courses) with a minimum grade of "C". In addition, each competency exam must be passed with a minimum grade of "C". A grade of "C" is interpreted as "the student meets the minimum standards for competency". See General Format for Laboratory Competency Evaluation pages 16-20.

To continue in the PTA program students must successfully complete all prerequisites as detailed in the course descriptions. Students are

encouraged to seek input from core faculty whom also serve as program advisors. There are two required advising sessions in the program to ensure students are meeting program requirements for successful completion. One session is required in the second semester (first spring term), the other session is required in the fourth semester (second fall term). Please refer to the Professional Activity Portfolio (appendix) for details on the requirements for those advising sessions. All general education courses and HSC 1531, must be completed by the end of the third term (summer session) prior to progressing to clinical experiences.

E. Academic Warning

Students will be given an indication of their academic standing mid-semester through the posting of mid-term grades and/or with a verbal warning from the instructor.

The clinical component of a health-related program is recognized as academic in nature. Therefore, decisions regarding a student's progress within a clinical component are within the professional assessment and judgment of the appropriate faculty member. Any student who does not exhibit the knowledge, behavior skills or ethics deemed necessary for the health, safety or welfare of patients may be suspended or dismissed from the program.

F. Probation (See also the GCSC General Catalog)

1. A student who does not achieve the predetermined clinical competencies, in the judgment of the faculty member assigned to the academic/clinical setting, will be placed on probation status.
2. When a student is placed on probation, the student will be counseled by the appropriate faculty member and will receive written notice of the program clinical deficiencies. Please refer to PTA Program Counseling Record provided as an Appendix.
3. The written report will provide steps for individualized remedial activity toward achieving predetermined competencies, which the student is expected to fulfill within an established time period.

- (a.) If the student achieves the predetermined competencies, the student will be removed from probation status.
- (b.) If the student does not achieve the predetermined competencies, the faculty member will discuss the student's progress with the program coordinator, who may refer the student to a faculty review committee.

G. Suspension (See also the GCSC [General Catalog](#)). Suspension results in a student's withdrawal from the program, and further participation in academic or clinical settings is suspended until remedial activity is achieved.

- 1. If a student or faculty member indicates the student is unable to move forward in the program, suspension may be considered. The request will be referred to the faculty committee.
- 2. During any meeting of the faculty committee where suspension of a student is to be considered, the student will be given notice of the meeting no less than 24 hours prior to the meeting. The student will be permitted to attend that portion of the meeting during which the student's suspension is presented and will be permitted to respond verbally and in writing to any of the reasons given for suspension by the faculty member who referred the matter.
- 4. The committee, after considering the faculty member's recommendation and the student's response, shall, by a majority vote, make a recommendation to the program coordinator to do one of the following:
 - (a.) recommend the student continue with current cohort
 - (b.) place the student on suspension
 - (c.) extend probation status if relevant, and complete an additional written report describing new expectations.
 - (d.) recommend dismissal (see part H.)

Upon receiving the committee's recommendation, the program coordinator will take appropriate action.

5. A student who is suspended shall be informed of any program deficiencies, which must be corrected in order to resume the program at a future date. The committee will review supporting documentation and determine if the student has corrected deficiencies/met competency requirements needed to resume the program.

H. Dismissal – Removal from the program

1. A student who has been on probation, suspension, violates the PTA Professional Behavior Policy (General Policies, I), fails a drug screening, fails to report any incident that may alter background check results, or does not meet predetermined academic/clinical competencies will be evaluated by the faculty committee and may be dismissed from the program. Students who are dismissed from the program are ineligible for program readmission until the next cohort begins in the fall semester.
2. At any meeting of the faculty committee at which dismissal of a student is to be considered, the student will be given notice of the meeting no less than 24 hours prior to the meeting. The student will be permitted to attend that portion of the meeting during which the student's dismissal is presented and will be permitted to respond verbally and in writing to any of the reasons given for dismissal by the faculty member who referred the matter.
3. The committee, after considering the faculty member's recommendation and the student's response, shall by a majority vote, make a recommendation to the program coordinator to do one of the following:
 - (1) return the student to "normal" status if indicated;
 - (2) place the student on probation status, as set forth above; or
 - (3) place the student on suspension status, as set forth above; or
 - (4) dismiss the student.

Upon receiving the committee's recommendation, the program coordinator will take appropriate action.

I. Readmission - Re-entering the program at a specified time. Readmission is not guaranteed.

1. Students who receive a "D", "F", or "W" in any PHT course or whose overall GPA falls below 2.0 may apply for readmission when the course is offered again if space is available.
2. A student who has been academically dismissed may be readmitted **one time only**. Students who fail to obtain a "C" or better for the same course for the second time will be dismissed from the program. A student who has been dismissed for a violation of the PTA professionalism policy or a GCSC Code of Conduct may not be granted readmission.
3. Students who fail to obtain a minimum grade of "C" for two different PHT courses will be dismissed from the program and will be ineligible for readmission.
4. Readmission must occur within one year and is possible only if essential elements of the curriculum are unchanged.
5. Conditions of readmission, including validation of competencies in PHT courses, will be determined by the admissions committee.
6. Applicants must complete readmission application forms and/or file a letter with the coordinator of the PTA program indicating their desire to be readmitted.
7. A readmission interview by the PTA coordinator or other PTA faculty member may be required.

J. Removal from a Clinical Experience

Notwithstanding the above, if at any time, the faculty believe that a student's level of performance, attitude, knowledge, or any other action or lack of action are such that real or potential detriment exists for patient care, the student will be removed from a clinical site.

Violation of policies regarding confidentiality of information or professional behavior may result in dismissal from the program.

If, in the judgment of the PTA faculty or the Vice President of Academic Affairs, a student's attitude or conduct on or off campus

reflects unfavorably upon the college, the student may be requested to withdraw and possibly dismissed from the physical therapist assistant program.

K. Appeal of Dismissal

Any student who is suspended or dismissed from a program may appeal the decision through the Academic Grievance Procedures established by Gulf Coast State College (see [General Catalog](#)).

L. Withdrawals ("W" grades) (See [General Catalog](#))

DO NOT WITHDRAW FROM ANY REQUIRED COURSES without speaking to the program coordinator or assistant coordinator!!

Any student withdrawing from a scheduled course should first speak to their program advisor. Although the course in question may be offered in a subsequent semester, the class schedule for physical therapist assistants usually prohibits them from taking it. Also, withdrawal from a course may disrupt the sequencing of progression due to the prerequisite requirements for most PHT courses. Withdrawal from a course may essentially withdraw a student from the Physical Therapist Assistant program, as they may not take PHT courses out of sequence.

****All general education courses and technical courses outlined in the curriculum through the summer term must be completed before a student will be permitted to attend clinical training in fall II and spring II terms.**

Students, either passing or failing, who voluntarily withdraw from the program, have no guarantee of reinstatement to the program. Readmission will be dependent on space available. Students requesting consideration of readmission must make written request to the Program Coordinator on the readmission application or by letter. Including a letter of intent with a re-application may be required to demonstrate success.

Students may withdraw from a course by completing a Withdrawal Form and submitting it to the Office of Enrollment Services, prior to the scheduled withdrawal deadline published in the college catalog. Student withdrawals initiated prior to the withdrawal deadline date will be recorded as a "W".

Administrative withdrawals are processed by instructors for excess absences. A student who is withdrawn by an instructor at any time

before the published withdrawal deadline will receive a grade of "W". After the published withdrawal deadline, the student will receive the letter grade earned. The withdrawal deadline for an off-term or condensed term is one week after midterm.

All students receiving any kind of financial aid should contact the Financial Aid office to ensure that withdrawals will not adversely affect their aid.

M. Degree Requirements

To be awarded the Associate in Arts Degree, the Associate in Science Degree, or a Certificate, a student must complete one of the published curricula, earn a grade point average of 2.00 (C) on all work attempted at Gulf Coast State College (transfer students must have an overall 2.00 GPA), complete a graduation evaluation with the program advisor, and make application for graduation by the published date during the semester of graduation. A minimum of 15 semester hours must be completed at Gulf Coast State College in order to receive a degree or a certificate.

Course requirements for Associate in Science Degrees will vary from program to program as to the content, number of hours required for graduation, and the number of required physical education courses. Associate in Science Degree candidates should follow the published curriculum of their elected programs.

Physical Therapist Assistants must pass all 74 credit hours of courses required in the PTA curriculum with a grade of "C" or better and a "P" for all clinical courses (PHT2801, PHT2810, PHT2820). Students must also pass a Civics Literacy examination, following completion of a Civics Literacy course.

Comprehensive Examination

In order to evaluate the minimal level of competence needed to practice, a final comprehensive examination is given at the end of the second year. Students must pass this examination with a 70% or at/above the national average, to graduate on-time. This exam is administered and recorded as a grade for the course PHT 2931.

Should the student fail the comprehensive examination, remediation will be required and graduation may be delayed. The student will need to meet with core faculty (within 24-48 hours) to review the initial exam results and schedule a second attempt. The second attempt should occur no earlier than 72 hours to allow time for remediation. Re-takes will be scheduled in the testing center following consultation with the student and typically require 72 hours to schedule. The student will receive an incomplete "I" as a final grade for PHT 2931, until the remedial work and second attempt have been completed by the student. An incomplete will turn into an "F" after 30 calendar days.

Students that do not complete these requirements within the stated time frame may not graduate from the program.

PTA students must successfully complete all academic coursework, including all clinical coursework, which includes taking the exit exam in order to be eligible to graduate and take the National Physical Therapy Assistant Examination.

There is a six time life limit for taking the NPTE per the FSBPT, and a five time life limit for taking the NPTE in the state of Florida. After three failed attempts, Florida requires remediation training before any additional attempts are permitted. Initial licensing requirements in the state of Florida also require passage of the Florida Laws and Rules Examination.

In Florida, students must apply to the state for licensure, which carries a cost of \$180.00. Students must also apply to the Federation of State Boards of Physical Therapy, in order to take the NPTE, which carries a cost of \$485.00 + testing center fees. The Florida Laws exam also carries a cost of \$65.00 + testing center fees. In essence, students will need to be prepared to pay a minimum of \$730.00 + testing center fees, in order to be licensed in the state of Florida.

NC-SARA PTA Program Disclosure Statement

Gulf Coast State College Physical Therapist Assistant Program is accredited by the Commission on Accreditation in Physical Therapy Education. This disclosure is strictly limited to GCSC's determination of whether the PTA program, if successfully completed, would be sufficient to meet the educational licensure requirements in a State, as defined as 34 C.F.R. § 600.2. GCSC cannot provide verification of an individual's ability to meet licensure requirements unrelated to its educational programming.

This disclosure does not provide any guarantee that any particular state licensure entity will approve or deny your application. Furthermore, this disclosure does not account for changes in state law or regulation that may affect your application for licensure and occur after this disclosure has been made. Enrolled students and prospective students are strongly encouraged to contact their state's licensure entity to review all licensure or certification requirements imposed by their state(s) of choice.

In accordance with 34 C.F.R. § 668.43, GCSC has determined the PTA program meets the educational licensure requirements for all 50 states, the District of Columbia, and the US protectorates, as defined in 34 C.F.R. § 600.2.

It is strongly encouraged that students, applicants, and prospective students determine any additional requirements for licensure in the State in which they seek to be licensed. Information regarding state licensure can be found at:
<https://www.fsbpt.org/Free-Resources/Licensing-Authorities-Contact-Information>

This is also a helpful site for information from FSBPT about licensure requirements in each state:
<https://www.fsbpt.net/lrq/Home/LicensureByExamRequirement>

If you need assistance or have any questions, please contact Melinda Cumbaa at mcumbaa@gulfcoast.edu or (850) 913-3312.

Instructor's Responsibilities to the Students

1. Be on time for classes and hold classes for the required scheduled period of time. No classes will be canceled without the permission of the Coordinator. The Coordinator's classes may be canceled with permission of the Chair of Health Sciences.
2. Be prepared with significant lecture and/or discussion material and well-organized laboratory procedures.
3. Remain in the classroom or laboratory during scheduled classes, except in the case of an obvious emergency.
4. Prepare a syllabus for each class, listing office hours, assignments, lecture and lab topics, text and related resource materials and requirements of the course.
5. Be fair and impartial in the treatment of students.
6. Be available during scheduled office hours.
7. Be familiar with, and adhere to, college policies and procedures.
8. Be familiar with, and adhere to, CAPTE accreditation guidelines.
9. Adhere to the Core Values for the PT/PTA and Ethical Conduct as described by APTA.
10. Be familiar with, and adhere to, all Physical Therapist Assistant Program policies and procedures.
11. Meet with all advisees as requested or as necessary throughout the semester.
12. Keep informed of college happenings through attendance at required meetings and participation on college committees.
13. Keep informed of changes within the profession of Physical Therapy and keep the curriculum updated to incorporate these changes.

Responsibilities of the Student to the Instructor

1. Adhere to all policies of Gulf Coast State College and the Physical Therapist Assistant program as published in the respective program handbooks.
2. Be committed to attendance of all classes and laboratory sessions except in the case of a dire emergency or illness. If you get hurt or are injured, notify your instructor immediately. Be on time.
3. Put in the hours of study it takes to come to class prepared. Be attentive in class and participate in the learning process.
4. Seek help from the instructor immediately when encountering difficulty with course material. Most skills will build on previously acquired skills. If you don't learn them as you go along you can become hopelessly lost. Your instructors want every one of you to succeed, so please ask for help if you need it!
5. Take your career decision seriously. This doesn't mean a little laughter along the way is inappropriate, but your commitment to evidence-based learning will reflect in your patient care. You will have responsibility for other people's welfare when you graduate. Think - who would you want caring for you? Someone who knows 75% or someone who knows 90%? **Health care careers are serious business!**

CLINICAL POLICIES

I. Attendance/Tardiness/Absences

- A. Clinical attendance is expected as assigned. The student has the responsibility to be at the clinical site at the specified time. If the student cannot be present or will be late it is mandatory that they (1) call the clinical supervisor at the agency and (2) call the Physical Therapist Assistant program at Gulf Coast State College by 8:30 a.m. (DCE or a designated individual).
- B. Since placements are provided by the agency at time and expense to themselves (they provide the training and take supervisory responsibility without compensation from the college) we attempt to disrupt their schedule as little as possible. Therefore, you are expected to be present for the days you are assigned, taking lunch and coffee breaks as assigned by the clinic. The working hours for a clinical experience will be the working hours of the agency to which the student is assigned and may vary from one clinical site to another.
- C. Holidays and vacations are at the discretion of the clinical agency. Should the college have a scheduled holiday or vacation period, which the clinical agency does not observe, the student is required to report to the facility as usual. Remember, you are a guest of the agency and they are providing you with clinical training for no fee. The agency schedule takes priority over the college schedule.
- D. In the event of an emergency situation, where the college is required to close/cancel classes, the student will not be required to report to the clinical facility. It is the student's responsibility to notify the clinical instructor of the excused & required absence from the clinical experience.
- E. All missed clinical hours in excess of one day per clinical course must be made up, regardless of the reason for the absence. It will be the student's responsibility to fill out the leave request and schedule make-up hours with the clinical center. The leave request and make-up schedule must be approved by the DCE prior to being completed. For liability reasons, no unapproved make-up time will be permitted.

II. Qualifications for Clinical Placement

Academic Standing

In order to qualify for placement in a health care facility, the student must:

- 1. Be at least 18 years of age.
- 2. Maintain an overall cumulative grade point average of 2.0.
- 3. Have passed all required courses (including both PHT courses and general

studies courses) with a “C” or better and must have a sophomore standing in the college.

4. Provide current, valid cards/certifications in CPR (BLS) and First Aid from the American Heart Association, American Red Cross, National Safety Council. Students are required to get these cards on their own; they are not part of the curriculum. Copies of the cards/certificates must be submitted with the compliance packet documentation, prior to the second semester of the program.
5. Provide documentation of a negative TB test annually. If positive, must provide evidence of a clear chest x-ray and follow-up report. The Mantoux Test (two-step TB skin test) may not meet some clinical facility requirements. The QuantiFERON-TB Gold or T-SPOT may be required prior to clinical assignment.
6. Have a current negative drug test result within the window specific to the clinical site. All students are required to complete a second drug test prior to clinical placement. In addition, some facilities may request additional drug testing specific to their needs, (i.e. within a six-month window, or one from their facility). It may be necessary for the student to pay for and complete drug tests prior to each of the three clinicals in order to satisfy clinical site requirements.)
7. Submit proof of attendance at the HIV/AIDS, Hospital Orientation, Domestic Violence, HIPAA, Infection Control, Human Trafficking, TB with Mask Fit and Prevention of Medical Errors training programs. A copy of each certificate must be submitted online as part of the student’s secure document records account. Students are required to get this training on their own. It is not part of the curriculum.
8. Submit all immunizations required by the college and by the clinical facility to which assigned. (Some facilities have requirements beyond those of the program.)
9. Pay all required insurance fees (through student fees or possibly at clinical sites as required). Students are required to purchase liability insurance (against malpractice) and accident insurance (which covers injuries the student may receive while in the clinic). Both of these insurances are purchased through the college with lab fees that are automatically attached to clinical courses each semester. These insurances are required in addition to any personal insurance the student may already have.
10. Have a clear physical examination & signed technical standards form on file.
11. Complete APTA’s Values-Based Behaviors Self-Assessment Tool prior to the first and second clinical experiences.

Health Requirements

Students must provide an immunization record.

Students are required to report their vaccination status for clinical placement purposes. Vaccination requirements are determined by each clinical facility and outlined in the clinical affiliation agreement (accessible online by GCSC Faculty). While some facilities may permit exemptions for certain vaccines (e.g. Flu, Hepatitis B, COVID-19), others may not. Consequently, a student’s vaccination status may affect their clinical placement. The Director of Clinical Education

(DCE) will make every attempt to secure an alternate placement if needed; however, if an alternative cannot be arranged, it may delay graduation.

It is strongly recommended that all students receive Hepatitis B vaccine (HBV) due to possible exposure in clinical agencies. The influenza (Flu) and COVID-19 vaccines are also recommended seasonally. Students must either provide documentation of each vaccine date(s) or sign a statement declaring they have declined each respective vaccine.

The cost of this vaccine is the responsibility of the student and should be arranged with the student's personal physician or with the Public Health Department.

Students currently employed in a hospital or other health care agency may be provided with the vaccine free of charge. Check with your employer.

Prior to clinical placement in the sophomore year, the student may need to repeat a tuberculosis test. Certain clinical agencies may have other specific health requirements, which relate to students affiliating with them. These must be adhered to as a condition for affiliation. Check with the DCE regarding specific requirements for the clinical facility requested/assigned.

It is highly recommended that each student admitted and enrolled in a health-related program carry individual health insurance. The liability insurance the college covers the student for injuries sustained during classroom/laboratory instruction, or during direct patient care activities. Some clinical facilities require proof of student health insurance, in addition to the college liability insurance. If a student chooses not to carry an individual health insurance policy, this may limit clinical education placement.

Drug Screening and Background Checks

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

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

PTA Technical Standards:

A physical therapist assistant is a health care professional whose primary responsibility is to work under the direction and supervision of a physical therapist and perform duties in a clinical setting. In addition to the duties of the profession, the physical therapist assistant must always be aware of the patient's condition and needs and be able to interact appropriately. PTA students must meet the technical standards as outlined below:

TECHNICAL STANDARD	DEFINITION	EXAMPLES OF NECESSARY ACTIVITIES (Not All Inclusive)
Cognitive Qualifications	Sufficient Reading, Language and Math Skills; Ability to collect and integrate information to make a decision for patient care	<ul style="list-style-type: none"> • Able to comprehend and interpret written material • Follow and deliver written and oral direction • Able to comprehend & apply new knowledge within scope of work
Critical Thinking	Critical thinking ability sufficient for clinical judgment; synthesize information from written material and apply knowledge to clinical situations	<ul style="list-style-type: none"> • Identify cause-effect relationships in clinical situations • Read and comprehend relevant information in textbooks, medical records and professional literature • Make rapid decisions under pressure • Handle multiple priorities in stressful situations • Assist with problem solving
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, educational, cultural, and intellectual backgrounds	<ul style="list-style-type: none"> • Establish rapport with individuals • Cope effectively with stress • Can exchange ideas in a group (work effectively as part of a team) • Cope with confrontation • Demonstrate a high degree of patience • Graciously admit mistakes and accept constructive criticism
Communication	Communication abilities sufficient for interaction with others in verbal and non-verbal form (speech, reading, and writing)	<ul style="list-style-type: none"> • Explain treatment procedures • Give effective instructions to patients and families • Demonstrate active listening skills. Recognize, interpret and respond to non-verbal behavior of self and others • Keep accurate, ethical logs and records of treatment and charges with correct spelling and grammar
Mobility	Physical abilities sufficient to move from room to room, to maneuver in small spaces and to perform procedures necessary for emergency intervention	<ul style="list-style-type: none"> • Maintain positions including sitting, standing, squatting, kneeling, reaching (above shoulder level), walking, stair climbing, and movement of trunk and neck in all directions for an extended amount of time. (up to 4 hours) • Able to push, pull, and/or lift a minimum of 50-70 lbs., and push/ pull, or move such weight a minimum of 50 feet. • Safely and effectively transfer a 200-300lb patient with assistance • Able to lift up to 10 lbs. above head • Able to endure and successfully complete a 40 hour work week during clinical education courses, while wearing appropriate PPE (may entail: gloves, masks or gowns).
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective patient care	<ul style="list-style-type: none"> • Handle and use equipment • Position patients • Perform repetitive tasks • Able to grip
Hearing	Normal, corrected or aided - Auditory ability sufficient to interpret verbal communication from patients and health care team members	<ul style="list-style-type: none"> • Hear monitor alarms, emergency signals, and cries for help • Hear telephone interactions
Visual	Normal or corrected - Visual acuity sufficient for observation and assessment necessary for patient assessment	<ul style="list-style-type: none"> • Observe patient responses • Identify and distinguish colors
Tactile	Tactile ability sufficient for gross and fine motor coordination necessary for manual assessment of tissues	<ul style="list-style-type: none"> • Perform palpation, functions of physical examination and/or those related to therapeutic intervention • Tactile abilities needed to palpate pulses, detect changes in texture, body contour, muscle tone, and joint movement
Professionalism	Ability to demonstrate professional behaviors and a strong work ethic	<ul style="list-style-type: none"> • Demonstrate respect, moral and ethical behaviors in all academic and professional settings

		<ul style="list-style-type: none"> • Demonstrate time management skills that promote punctual attendance to class, lab and clinical settings • Recognize personal limitations and request assistance as appropriate • Present professional appearance and maintain personal hygiene
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> • Work with chemicals and detergents • Tolerate exposure to fumes and odors • Work in areas that are close and crowded • Tolerate shift work (up to 12 hours) while wearing personal protective equipment (mask, gloves, gown, goggles) as indicated.

Liability Insurance

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

Personal Health Insurance

It is highly recommended that students have their own health insurance coverage while enrolled in the program. Healthcare costs associated with a student's enrollment in the program are the financial responsibility of the student. Some clinical sites require health insurance for clinical placements. Students may be requested to submit proof of personal health insurance in order to attend a particular clinical site. If a student chooses not to carry health insurance, some clinical placements may not be available to that student. Prior to submitting clinical placement requests, please check with the DCE for details about specific facilities that may require students to have an individual health insurance policy.

Accident Insurance

Each student is required to pay a fee for accident insurance one a year. This insurance covers the student for medical costs incurred when injured while providing direct patient care as a student within the program. Non-payment of fees will disqualify the student from clinical experiences.

Should an accident occur during a clinical affiliation, the student must fill out the appropriate accident form for the facility with the Clinical Instructor. Within 48-72 hours, the student must also obtain and fill out the GCSC **Accident-Incident** form, which is available from the Director of Clinical Education (DCE).

Information on filing insurance claims is also available from the DCE or PTA Program Coordinator. See Appendix A.

Transportation and other expenses

The student may be required to travel up to 100 miles from the campus for clinical placement. This does not account for the amount of time it takes for the student to reach the clinical center – only total miles from campus (main campus). Students should not expect that every clinical assignment will be in close proximity to home. Each student is responsible for their own transportation to and from the clinical site. Inability to arrange childcare is not a consideration for clinical placements. Chronic "car problems" is not a valid excuse for tardiness or absences from clinical experiences. Ride sharing is not a valid excuse for altering the working hours as required by the clinical agency.

Dress Code

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

1. No jeans or shorts. In most facilities, khaki's and polo shirts, or scrubs are standard attire. Khaki pants and a navy blue polo shirt with a collar are required for the program.
2. Students should not wear T-shirts, tank tops, or low-cut necklines to the clinical center.
3. Students should wear good shoes (closed-toed), preferably with non-slip soles. No high heels or sandals. Many facilities will allow sneakers, but some will not. Check prior to each affiliation.
4. Extravagant jewelry must be avoided. (medic alert bracelet or simple necklace is acceptable.) Rings other than plain wedding bands are unacceptable. Rings are a scratch hazard to patients and they may harbor organisms that can be transmitted from patient to patient, or even carry an infection to the wearer. Earrings, other than the small stud-type for pierced ears are not permitted. Dangling earrings may be a source of personal injury should a patient grab hold of one. Visible piercings other than in the ear are not permitted.
5. A watch with a second hand or digital second indicator is considered part of your uniform and is required.
6. Nails should be neatly trimmed to fingertip length and clean. Nail polish, if worn, should be clear or natural. Dark pinks, reds, purple, green or black, etc. are not acceptable. Artificial nails are not allowed.
7. Hair must be pulled back or secured up, if longer than shoulder length. No

radical haircuts or hair dyes are permissible, as they are not considered professional.

8. Personal hygiene is of vital importance. Daily bathing and the use of deodorant should be routine. Consideration should be shown for the fact that the scent of strong perfume, hair spray, coffee or cigarette smoke is offensive to many patients who may not be feeling well.

****Some clinical sites are smoke-free facilities. It is the student's responsibility to adhere to the smoke-free policy. Violation of a clinical policy is grounds for dismissal from the program.****

9. Each student must be identified by an approved nametag acquired through the college.
10. All visible tattoos must be covered while in the clinic. *Policies may vary from facility to facility. It is your responsibility to discuss proper dress code/policy with your CI and/or SCCE.*

Confidentiality

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

Cancellation of Clinical Experience

Any student who is found to be frequently tardy, absent, untrustworthy, unsafe, unable to accept supervisory criticism, unacceptable in terms of professional appearance, quality of work or who is otherwise a disruptive influence may be terminated from the clinical experience after counseling by the clinical instructor and a conference with the student and the Director of Clinical Education. Depending on the circumstances this may result in the student not being allowed to continue in the PTA program, as clinical experiences are a required component of the course. Please refer to Problem Resolution Procedures in General Policies for further details.

III. Clinical Standards

American Physical Therapy Association (APTA)

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

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

Clinical Agreements

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

RESPONSIBILITIES OF THE STUDENT TO CLINICAL SITES

As part of the contractual agreement with clinical facilities providing training sites for physical therapist assistant students, students are bound to the following responsibilities and will sign a form prior to clinical experience agreeing to adhere to these conditions:

1. To report to the clinical facility on-time and professionally attired on each day of the clinical assignment or to request permission from the clinical supervisor and Academic Coordinator of Clinical Education for an unavoidable absence, according to established policy.
2. To learn and adhere to policies and procedures specific to the clinical facility during the time assigned to that facility.
3. To exhibit exemplary professional behavior at all times as a representative of Gulf Coast State College and a member of the physical therapy profession, and to exhibit the highest of ethical and moral standards while dealing with patients and their families, staff and employees of the facility.
4. To complete an evaluation of the clinical experience form which will be shared with the clinical supervisor prior to leaving the clinical affiliation and returned

- to the Director of Clinical Education (DCE).
5. To strictly adhere to policies regarding confidentiality of information.
 6. To adhere to health prerequisites of the facility.

Levels of Clinical Experience

There are three levels of clinical experience: introductory, intermediate and advanced. These experiences are designed to provide students with the opportunity to integrate academic knowledge with the application of technical skills, attitudes and interpersonal skills.

INTRODUCTORY LEVEL: Physical Therapist Assistant Clinical Practice I
This is a full-time (35 hours/week) placement for 4 weeks.

This experience in the fall semester of the sophomore year is a four-week, full-time clinical experience. Students are assigned to an agency, which provides physical therapy services for an introductory experience in the application of skills learned in the classroom to patients in the clinical setting. Students will perform specific clinical tasks under the close supervision of a physical therapist. This is an introductory experience and emphasis will be on developing ease in the moving and handling of patients; confidence in communicating and interacting with staff, patients and their families; sharpened powers of observation; and an understanding of the role of the physical therapist assistant. Students are required to complete a patient care study with a related literature review, and a journal for documentation of the breadth of experiences encountered.

INTERMEDIATE LEVEL: Physical Therapist Assistant Clinical Practice II
This is a full-time (40 hours/week) placement for 7 weeks.

This course is an intermediate level, full-time clinical placement and is designed to be an in-depth experience in the delivery of physical therapy services to patients in a clinical setting. It is a supervised experience in the application of academically acquired knowledge. Problem solving techniques are employed in the interpretation and execution of patient care plans. An in-depth patient care study will be completed, journaling will be required and an in-service program will be prepared/presented.

ADVANCED LEVEL: Physical Therapist Assistant Clinical Practice III
This is a full-time (40 hours/week) placement for 7 weeks.

This course is an advanced level, full-time clinical placement and is designed to be an in-depth experience in the delivery of physical therapy services to patients

in a clinical setting. Although a supervised experience in the application of academically and clinically acquired knowledge, emphasis will be on the students' developing more autonomy in patient care and more independence in involvement with the entire scope of physical therapy services from clerical to patient scheduling and treatment to department maintenance. Also of emphasis will be a continuation of the development of critical thinking, problem solving, and communication/teaching skills. An in-depth case study will be completed, journaling will be required and a quality assurance study on a topic approved by the CI will be completed/presented.

Clinical Experience Evaluations

Specific objectives have been developed for each clinical experience. They reflect the technical skills completed at the time of the internship and the level of the internship. All technical competencies passed in the laboratory setting may be asked of the student in the clinical setting and should be practiced to clinical competency as opportunities arise. In the supervisory relationship, both the clinical instructor and the student assume responsibility for: 1) identifying the students specific learning needs and goals, and 2) formulating a plan of growth which leads to achievement of technical competencies as outlined in the specific objectives for the given clinical experience.

Students will be evaluated at the end of the first clinical experience, and at both the mid-point and end of clinical experiences two and three by the clinical supervisor. Performance should be discussed at those times. Students will evaluate the clinical experience at the end of each affiliation and will share this evaluation with the clinical supervisor. This evaluation form is to be turned in with your performance evaluation. Your grade is not complete until it is turned in. After you have discussed and signed the final evaluation form, the final form will be returned to the DCE.

Comments

1. You are privileged to be a community representative of your college. You are a guest of the facility providing your experience, and their opinion of you will also be their opinion of Gulf Coast State College. This determines whether the facility will accept future Gulf Coast State College students.
2. Never attempt any procedure of which you are not sure without having someone supervise you. Remember, you are a student, and are neither expected nor required to know how to do everything. But, also, don't be afraid to try. Your clinical instructor would not let you do anything that would harm the patient. Be confident in what you know, and work hard to develop confidence in skills you are unsure of.
3. Never discuss information concerning patients in public or semi-public places

(including social networks). Do not gossip about patients (clients), staff or supervisors. Remember that much of the information you come in contact with is confidential, even to the fact that the patient was in the department. This is no one's business except that of the patient, the doctor, and the Physical Therapy staff. Please respect your patient's privacy. Always check with your supervisor before releasing any information regarding a patient. Failure to do so may lead to dismissal of the student from the clinical area and to the withdrawal of the student from the program.

4. Do not discuss your personal life or problems with your patients. Patients have their own problems and do not need yours. Maintain a respectful, professional distance from your patients.
5. Loud noisy behavior is unprofessional and is annoying to patients and staff. Needless to say, one should always maintain a professional attitude with respect to one's use of the English language in a clinical setting.
6. Good manners are a must. This is particularly true if there are disruptions in the department's schedule. Regardless of how a patient may act towards you, treat them with the courtesy that you would like accorded you. Remember, patients are in the department because of a problem and no one's problems are as important to the individual as their own.
7. Your patient may often be preoccupied with themselves because they do not feel well and may be anxious about seeing the doctor or about tests that they must have. Please take this into account. People are not always on their best behavior under these circumstances. However, we must be understanding and extend every professional courtesy to them.
8. Never offer an opinion to the patient as to how their condition should be treated or should have been treated by the doctor. This is the physician's responsibility alone.
9. The amount that you learn on any one affiliation is going to be related to the amount you ask. Ask the clinical supervisor why? how? when? etc. Even if they are rushed, they're usually willing to explain as they go along. You'll be a better assistant if you understand reasons for specific techniques. Never be afraid to say "I don't know" - it's far better to feel a bit foolish than to find yourself in a situation you can't handle. It is also your responsibility to gain from the clinical experience with effort. Do not expect to receive the perfect experience on a silver spoon. An experience where you find yourself with nothing to do is one where you are not looking. One can always practice with equipment, review office procedures, help with documentation or ask to observe an unfamiliar procedure.
10. Each clinical education center has its own defined policies and procedures,

which are specific for that facility. You are expected to become familiar with them and to adhere to them during the time you are assigned.

11. Problems related to the clinical experience should be dealt with by your clinical supervisor and the DCE. Do not hesitate to bring them to their attention no matter how small they are.
12. Confirmation and Additional Information: A minimum of one month prior to the student's arrival, the student must send a brief letter of introduction to the clinical supervisor with a copy to the DCE confirming the dates and times of their affiliation and requesting additional information if necessary. The DCE will provide contact information for the clinical facility to the student at the time of clinical assignment.
13. Additional information regarding the clinical part of the education program may be found in the Physical Therapist Assistant Clinical Education Handbook. A copy is available under resources on the program website and in the office of the Director of Clinical Education (DCE).

DIRECTOR OF CLINICAL EDUCATION (DCE) RESPONSIBILITIES TO STUDENTS

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

STUDENT RESPONSIBILITIES TO THE DCE

1. Keep the DCE informed of any problems arising in the clinical experience on an ongoing basis after discussing the problem with the clinical instructor.
2. After receiving a clinical assignment, check with the DCE to review the facility file. You must check for dress code, working hours, health and other requirements unique to that facility and make sure that you will be in compliance prior to the start of your clinical experience.
3. Provide the DCE with proof of 1) Certificates for immunizations, TB tests etc. as required, 2) CPR and First Aid, 3.) Drug Testing, 4.) Background Checks, 5) Health Insurance (as indicated), and 6) Orientation certificates for HIPAA, Human Trafficking, HIV/AIDS, Infection Control, Prevention of Medical Errors, etc.
4. Although special requests for specific clinical placements are not guaranteed, should you have a special request, please discuss it with the DCE. All clinical requests must be received prior to March 1st of the first year in the program. If there is a need for a clinical request change following March 1st, this will need to be discussed individually with the DCE. No changes can be made once clinical assignments have been posted and relayed to the clinical site. (Approximately eight weeks prior to the clinical experience at a minimum.)

CLINICAL INSTRUCTOR RESPONSIBILITIES TO THE STUDENT

1. Establish an environment in which the student feels comfortable, providing appropriate support for student concerns, frustrations and anxieties.
2. Practice physical therapy with competence, demonstrating professional and ethical behavior as an exemplary role model for the student.
3. Utilize appropriate time management to allow for sufficient time to explain procedures/treatments and assist the student in performing assigned skills.
4. Provide constructive feedback to the student privately, and in a non-threatening manner. Additionally, the CI will openly and honestly assess student performance and encourage interactive dialogue with the student.
5. Allow the student progressive, appropriate independence.
6. Plan effective learning experiences with a variety of patients, helping the student to understand the relationship between academic knowledge and clinical practice.
7. Be available to the student to answer questions and make effective learning experiences out of situations as they arise.
8. Help the student define specific objectives for the clinical experience under the general guidelines of the clinical course syllabus.
9. Schedule formal regular meetings with the student (at least once weekly is suggested) for discussion of strengths and weaknesses.
10. Accept each student as an individual and not judge their performance by comparing them to other students. Be prepared to modify learning experiences to meet individual student needs, objectives and interests.
11. Make the mid-term and final evaluation a constructive process.
12. If the clinical instructor teaches the student a new treatment technique that has not been presented and practiced in the academic setting, the CI is responsible for defining the student's level of competence or proficiency in that technique and for determining if, and when, the student should use the technique with a patient.

STUDENT RESPONSIBILITY TO THE CLINICAL INSTRUCTOR

1. Report to the clinical agency on time, properly attired and prepared to go to work every day of the scheduled affiliation period. If this is not possible, request permission from the clinical supervisor and DCE if you will be late or absent due to an emergency/unavoidable absence.
2. Attempt to do your best to safely and effectively perform any tasks requested of you. Ask for supervision or help when you are unsure how to proceed.
3. Discuss problems or concerns with the clinical instructor as soon as they arise. Don't let things fester until they seem overwhelming. Let the instructor know if they are going too slow or too fast for you. Students develop clinical confidence at different rates. Your instructors can't know how you are coping if you don't tell them.
4. Observe, ask questions at appropriate times and places, and brush up on academic work, which relates to the day's experiences. Review textbooks and other resources, which will help you understand why treatments are done certain ways, and change to meet the changing needs of patients.
5. Represent yourself, the Physical Therapist Assistant Program, and Gulf Coast State College with the highest standards of moral and ethical behavior at all times.
6. Strictly adhere to policies for confidentiality of patient information.
7. Complete the evaluation of the clinical experience and share it with the clinical instructor on or before the last day of the affiliation but after you have received your evaluation from the facility. Use the evaluation as a constructive interaction with the clinical agency. Be honest and objective.

GENERAL POLICIES

Professional Behaviors

- A. Appropriate professional behaviors are expected of all members of the learning community. An effective learning environment is facilitated with the expectation that students adhere to standards for professional behavior in academic settings. Experience shows that behaviors demonstrated in the classroom do carry over into clinical practice. Positive professional behaviors enhance the learning of every student and inevitably affect future PTA-patient and colleague relationships. Students are expected to follow professional standards of conduct when in the classroom, laboratory and clinical settings.

Guidelines are as follows:

- [American Physical Therapy Association \(APTA\) Standards of Ethical Conduct for the PTA](#)
- [APTA Core Values for the PT and PTA](#)
- [APTA Guide for Professional Conduct](#)
- [Florida Statutes Chapters 456, 486 and Florida Administrative Code](#)
- Policies and Procedures of the PTA program (Program Handbook & Clinical Handbook)
- Policies and Procedures of the clinical facility (for clinical rotations and scheduled observations)

- B. The following list includes examples of infractions of professionalism that could result in a verbal/written warning and/or dismissal from the program. This list is not inclusive of all infractions that may result in a warning or dismissal. Repeated verbal/written warnings or any combination of these infractions may result in dismissal from the program. A violation of any bolded item may result in **immediate dismissal** from the PTA program. **Furthermore, for any 3 (unexcused) infractions documented in the student's file throughout the program, 5 additional community service hours will be required as part of the final portfolio for PHT 2931.** Please refer to the Professional Behavior Documentation Form in Appendix R(2) for details.

- Tardy to lab/class
- Failure to complete assigned work in a timely manner
- Failure to follow directions
- One unexcused absence

- Cell phone interruptions/texting/non-class related computer use
- Inappropriate class/lab or clinical attire
- Lack of participation or preparation of class – text/supplies
- Use of inappropriate resources online to complete written work
- Failure to participate or complete group assignments
- Behavioral outburst
- **Inappropriate use of social networks (e.g. Facebook, Twitter; refer to social network policies for examples)**
- **Late to clinical site (clinical observation or rotation)**
- **Excessive absences (This may include a combination of excused and unexcused absences.)**
- **Rude behavior (Repetitive lewd/inappropriate comments, gestures, cursing)**
- **Safety Issues (e.g. Failure to seek assistance when unsure of correct procedure or equipment use, blatant misuse of PTA program equipment, using equipment without proper supervision.)**
- **Cheating (including using another person's help to complete any type of homework, test, quiz, etc., online or in class)**
- **Plagiarism**
- **Forgery of student, staff, or instructor signature**
- **Discussing a practical examination before all examinations have been completed.**
- **Giving others content, questions or answers for any quiz or examination**
- **Stealing**
- **Violation of Health Sciences Drug & Alcohol Policy**
- **Blatant violation of FL State laws, HIPAA, APTA Standards of Ethical Conduct for the PTA, Gulf Coast State College Student Policies and Procedures, PTA Program Handbook**
- **Failure to report any arrests and/or convictions**
- ⊖ **Any other behavior deemed unprofessional by academic instructor or clinical instructor**

C. Each PHT didactic and laboratory course includes at least one professionalism assignment that is graded. Unprofessional behavior will

impact the grade earned in a course by decreasing points for each incident as documented on the Professional Behavior Documentation Form. A sample of the Professional Behavior Documentation Form is located in Appendix R(2) for reference. Each write-up results in either a five- or ten-point deduction to the professionalism grade. The student is also responsible for keeping a running tally per course/semester as part of the professionalism portfolio that will be submitted at the end of the program in PHT 2931. If three write-ups occur within the program, an additional 5 hours of community service will be required as part of the Professional Activity Portfolio, submitted in PHT 2931. [Please refer to the syllabus for each course with respect to the number of assignments or overall weight the professionalism grade.]

- **10 Point Deduction for the following:**
 - ☐ Late to a clinical observation or clinical rotation
 - ☐ Unexcused absence (*After a student has accumulated 3 tardies, every 2 additional tardies will equate to an unexcused absence.*)
 - ☐ Any bolded item on the form
- **5 Point Deduction for the following:**
 - ☐ Each written warning (After three unexcused written warnings accumulated in the program, an additional 5 hours of community service will be required.)

****In order for an absence and tardiness to be considered excused the student must call before the start of class & will be determined by the instructor.**

An excused absence consists of the following:

- Military duty**
- Illness that may be contagious to others (A doctor's note may be requested depending on the situation; contact your instructor prior to class. An excused absence does not include a regularly scheduled doctor's appointments or wellness checks.)**
- Death in the family**

**** All professionalism deductions are at the discretion of the instructor.****
A violation of the professional behavior policy may result in a change of status for a student in the PTA program leading to probation or possible dismissal. (Please see Part E. for details.)

D. Social Network Policies:

It is important to maintain professional conduct in and out of the class and clinical setting. Students should use discretion when posting on social

networks such as Facebook, Instagram, and Twitter. Students should never post anything concerning patients, patients' families, clinical instructors or clinical sites at any time before, during or after their clinical rotation. Any violation of this policy will result in academic probation and/or dismissal from the program. Refer to Appendix Q(1) APTA's Standards of Conduct in the Use of Social Media, and Appendix Q(2) Gulf Coast State College Health Sciences Programs, Guidelines for Responsible Use of Social Media.

E. Problem Resolution Procedure for Unprofessional Behavior:

Step 1: Problem is identified

The unprofessional behavior is documented using any written or verbal form. This documentation is shared with the student and the student is encouraged to discuss the issue with the course instructor.

Step 2: Impact on grade

Point deduction is applied to the student's professionalism grade in accordance with the grading procedure outlined by the course instructor in the course syllabus. The student and the instructor may identify a course of action to resolve the concern.

Step 3: Recommendation for change in program status

A student that has not demonstrated acceptable levels of professional conduct may be placed on academic probation and/or dismissed from the program.

F. Professional Activity Expectations

Your participation in professional development activities is important now and once you embark on your career. Professional development goes hand in hand with behaving as a professional and succeeding in a career as a healthcare provider. In the PTA program you will be required to participate in at least 20 hours of approved activities throughout the curriculum. These hours must include four categories: leadership, professional advocacy, community outreach, and interprofessional collaboration. This participation will be graded as part of PHT 2931 in your final spring semester. The hours may be completed at any time during the course of the program, with no more than 15 completed prior to the first clinical experience.

- All activities must be approved prior to the day the activity is scheduled.
- **All students are required to attend the PTA program pinning ceremony during their freshmen year. (Note: This event does not typically count toward service hours.)**

- Service hours may be met with any combination of at least 4 activities, but one activity must include interprofessional collaboration, leadership, community outreach, and professional advocacy. (The student may not complete all 20 hours at one activity; there is a limit of five hours that can be recorded per activity, unless prior permission is granted from core faculty.)
- The student must provide proof of participation to the instructor. (activity log, agenda, flyer, signed by the individual in charge/supervising the event.)
- Any required service learning activity may or may not count toward your required hours and is at the discretion of the instructor.
- If three write-ups are accrued in any PHT class, an additional 5 hours of service will be required.
- For each unexcused absence, an additional 5 hours of service will be required.
- The student is responsible for maintaining all documented hours. The hours must be presented in a portfolio during PHT 2931.
- Failure to present required hours during PHT 2931 will result in an incomplete for the course and will impact graduation.

Part-Time Work

The Physical Therapist Assistant program has an intensive curriculum designed for professional preparation to work in a variety of settings. It will demand many hours of study and skill practice on the part of the student. It is strongly advised that students do not hold more than minimal hours of part-time employment during the time they are enrolled in the program. Although the college recognizes the fact that employment may be necessary, a full-time student is expected to put full-time effort into their studies. During the second year of the program (August-September; January-April) there is little time for paid employment because students are completing clinical experiences for 35-40 hours per week. Plan ahead and set some money aside to carry you through these few months.

Financial Aid

Gulf Coast State College offers an extensive program of aid to students with documented need. Additional opportunities exist for others. Those substantially aided are expected to be at least half (six or more hours) enrolled students. Several programs provide limited aid to less than half-time students. A number of

scholarships are awarded each year to students with special talents and to those who have achieved academically. Information can be obtained from the Financial Aid Office and the various academic divisions.

Students are encouraged to apply as soon as possible during the spring and summer preceding the beginning of the academic year in which they wish aid. Applications are accepted in some programs as late as April of the ongoing academic year. Do not assume that you are too late in applying. Ask the Financial Aid Office. Apply early--some deadlines occur during the spring before school starts.

Counseling and Advising

- A. Counseling services related to testing, placement, academic adjustment, or personal problems are integral functions of the Counseling Center. Counseling is considered personal in nature and care is taken to insure the confidentiality of contacts between counselors and students. If you are having problems succeeding in a course, please visit a counselor. A plan can be developed that will put you back on the road to success. Whether your problem is academic or personal the counselors in the Counseling Center are available to help you. The Counseling Center is located in the Student Union - East.
- B. Each student will be assigned a faculty advisor. The program encourages an open- door policy with respect to student/faculty communication. Plan to see your faculty (academic) advisor at least once each semester for review of academic progress in the classroom and clinic and for program advising, assistance and support.

It is required that you meet with your faculty advisor a minimum of two times throughout the program, once in the second semester and again in the fourth semester. There is a form that needs to be signed by your program advisor prior to registration for the third and fifth semesters respectively. These forms will need to be submitted with your professional portfolio as part of a course requirement for PHT 2931.

Problems, complaints and concerns should be shared with your faculty advisor. Special problems and unforeseen circumstances relative to graduation should be called to the attention of the Program Coordinator.

Dress Code

- A. Lecture classes: It is expected that students will wear clothes that do not cause any undue classroom interruption to the teaching/learning process. In addition, when there are guest speakers, a PTA uniform/professional attire must be worn as indicated by the instructor. A PTA polo shirt (navy), khaki pants (loose fitting,

ankle length), and closed-toed shoes is the typical attire, unless there is a lab component to the lecture.

- B. Laboratory classes: Laboratory dress consists of shoes (with non-slip soles), socks, shorts, and a GCSC PTA T-shirt. Clothes such as sweat suits may be worn over lab attire when the student is not practicing skills. Closed-toed shoes must be worn except when necessary to remove them during practice. Laboratory dress for all labs is expected unless otherwise indicated by the instructor. Students may not be admitted to lab without appropriate dress. Laboratory time is not available for changing clothes. Arrive at the lab, on time and appropriately dressed. Special clothing requirements may be necessary (such as bathing suits for aquatic therapy) and you will be advised of these requirements in advance by the instructor.
- C. Clinical dress code: see dress code, under Clinical Policies.

General Class/Laboratory Procedures

- A. Breaks are provided between classes and during classes as necessary.
- B. Family and friends are not allowed in class sessions or in practice sessions in the laboratory due to safety and liability considerations.
- C. Students may practice procedures in the laboratory when it is not being used for class. When a student is practicing in the laboratory, a faculty member must be present in the Physical Therapist Assistant Department to provide supervision.
- D. Should an accident occur during class or laboratory instruction, the student must fill out the appropriate accident form with the course instructor, within 48-72 hours. If appropriate forms are not filled out and filed within 30 days of the incident, it may affect liability insurance coverage for the student.

As students at Gulf Coast State College, Physical Therapist Assistant students are subject to all rules and regulations of the college. Any alleged infractions, as outlined in the [GCSC Student Handbook](#) will be reported to the Discipline Committee for possible disciplinary action as provided in the college policy.

Problem Resolution Procedure

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

1. A problem is any matter of concern to a student.
2. This resolution procedure is not a substitute for informal, one-to-one conversations between faculty and students. This should always be the first step

in resolving a problem, but if, due to circumstances, the usual avenues of discussion are ineffective or insufficient, a more formalized approach may be necessary.

Procedure:

- Step 1: The student discusses the problem with the clinical instructor or the faculty advisor as soon as possible after the problem arises. The faculty advisor listens to the student's version of the problem, conducts a speedy and thorough investigation of the situation and meets again with the student to discuss the resolution.
- Step 2: If the student is not satisfied by the resolution of Step 1 or if the resolution requires action beyond the authority of the faculty advisor, the faculty advisor and the student will meet with the Chair of Health Sciences. At this meeting, the problem, again, will be thoroughly explored and if possible, resolved.
- Step 3: If the complaint or problem remains unresolved at this level, it should then be discussed with the Dean of Student Life in accordance with the grievance procedure outlined in the [GCSC Student Handbook](#).
- Note: The student has the option to initiate the discussion at any step of the procedure - with the understanding that if the problem should properly be brought to the attention of a lower level, the problem will be referred back to the program faculty for initial review.

Complaints

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

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

1. GCSC Procedure per [GCSC Student Handbook](#): Any written complaint, whether submitted as an email or in some other written form, will be accepted (from anyone) and acted upon as long as it contains the person's name, contact information and a general description of the problem. Complaints about the PTA program can be submitted to the PTA program coordinator, Dr. Melinda Cumbaa at mcumbaa@gulfcoast.edu, or to the division chair of Health Sciences, Mrs.

Laura Justice at ljustice@gulfcoast.edu.

2. Following a thorough review of a complaint received, the college administrator will forward all written complaints, along with resolutions/responses, to the Dean of Student Life via the internet/web-based form. The administrator will maintain a copy of all complaints received within their respective departments, divisions. A copy will be maintained by the program coordinator for five years for analysis purposes.
3. The Dean of Student Life will review each complaint to determine whether:
 - complaints are being fairly and properly addressed
 - specific problems are occurring repeatedly and/or at multiple campuses and locations
 - changes or adjustments can be made to eliminate specific problems
 - repeated complaints indicate the need for review of a program or area
4. The Dean of Student Life will also analyze complaints annually (June 30) and provide a report to the Vice President of Academic Affairs. The annual report summarizes student complaints and recommends corrective action where needed. If the Vice President concurs with the recommended corrective action, the recommendation(s) will be forwarded to the appropriate administrator(s) for implementation.

The policy and procedures for handling complaints is available to internal and external stakeholders on the PTA program website, <https://www.gulfcoast.edu/academics/academic-division/health-sciences/physical-therapist-assistant/complaints.html>. The PTA Program Handbook and PTA Clinical Handbook also provide information on submitting complaints with respect to the program. Any written complaint received by program faculty should be forwarded to the PTA program coordinator. If the complaint is concerning the program coordinator, the division chair will also be notified. The program will consider three types of complaints: 1) those that may impact the institution/program with respect to set policies and procedures in the GCSC Student Handbook, 2) those that are specific to the PTA Program Handbook/Clinical Handbook policies and procedures, 3) those that do not fall into the category of due process. Complaints will be reviewed within the week and addressed individually or during subsequent department/coordinator meetings as applicable. It is important to note that the purpose of the complaint process should be for improvement purposes, and retaliation will not be tolerated. The program coordinator and DCE maintain records of complaints received for analysis purposes and will submit the appropriate internal form as indicated by GCSC policy or as directed by the Dean of Student Services. If a complaint falls into the third category, the program coordinator will address the situation, and if warranted, will seek input from the Division Chair and/or Dean of Student Services to determine how to proceed.

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

Transfer Policy

Applicants who wish to transfer from another Physical Therapist Assistant program to the GCSC PTA program must 1) meet all current admission requirements, 2) apply by the May deadline prior to the Fall semester they wish to enter, 3) notify the coordinator in writing stating reason for transfer, 4) provide evidence of successful completion of previous core PTA courses from a CAPTE accredited program, and 5) provide a letter from the program chair stating that the student is in good academic/clinical standing and is eligible to return to the PTA program they are transferring from. Acceptance of any transfer student will be dependent upon available resources.

Transferability of GCSC PTA program to another institution will be dependent on the receiving institution. *Note: Due to a lack of uniformity for specific curriculum course content among PTA programs, most AS courses do not transfer very well between PTA programs.*

Phone Calls

Permission must be obtained from the Program Coordinator for placing urgent and necessary calls on the program office phone. It is expected that discretion will be displayed in the use of the telephone and that this privilege will not be abused. Cell phones may be used to enhance learning opportunities, but should be turned **OFF** when testing in both lecture and laboratory environments.

Student Bulletin Boards and/or online sources

Information pertinent to Physical Therapist Assistant students will be posted on the student bulletin boards in classroom or on the cabinets above the sink in the lab. Each student is responsible for being aware of this information. Please check the bulletin boards or online sources (GCSC PTA Facebook page)

frequently for new postings. Students are also responsible for checking emails connected with GCSC's online learning system for daily updates.

Licensing Examination

Each state determines its own licensure or certification requirements to be eligible to practice as a PTA. It is mandatory for graduates of the program to become licensed if they wish to practice in the state of Florida and in a majority of the other states. There is a national licensing examination, administered by the Federation of State Boards of Physical Therapy (FSBPT). It is recommended that graduates schedule their licensing exam soon after graduation, while academic material is still fresh. There is also a jurisprudence exam required for licensure in the state of Florida. Licensing is expensive and fees for testing and licensure may run between \$900 - \$1000. You should start saving for these costs at the beginning of the program so that lack of fees will not be a deterrent to taking the licensure exam following graduation. The longer you wait the more arduous the process of preparation.

Additional recent requirements for licensure are included in Appendices C, D, & I.

When you make application for your Florida license, you will be required to complete a section on the application relative to a prior arrest record and explain any convictions. If you have a record, you may be required to produce court records regarding the incident and in some cases appear before the board. Depending on the resolution of your case, you could be denied a PTA license. You should check with the State Board of Physical Therapy if you have a concern in this area before investing two years in your educational program. Effective July 1, 2025, all PT/PTA licensees must complete a level II background check for the state of FL. (This is separate from the background checks you have completed for the program.) See Appendix I for specific requirements.

American Physical Therapy Association (APTA)

Students are eligible for student affiliate membership in the APTA. Forms for application are made available at the beginning of the year. This is an important association that advocates for the physical therapy profession. They also provide resources to members and facilitate networking within the profession.

Participation in events and meetings sponsored by the Northwest District - Florida Physical Therapy Association (FPTA) are encouraged. Information for scheduled events may be posted on the Program's Facebook page or on the FPTA website.

Current Address

Students are required to inform the program coordinator of any address or phone number changes as they occur. This is necessary so that you can be contacted in case of emergencies or in the event of unpredicted schedule changes.

Please give address and phone number changes to the coordinator or to the PTA Administrative Assistant in Health Sciences room 309. You must also change your address in the office of admissions.

When you are on clinical affiliations and/or off campus, please let family (children, spouse) and friends know where they can reach you. It is not the responsibility of college staff to take messages for you or to track you down in case of an emergency.

Student Files – Privacy and Data Security/Continuity Plan

The college provides many technology resources for employees and students in support of the mission of GCSC. Resources are expected to be used in a manner which is responsible, efficient, ethical, legal, and in accordance to college policies. Employees and students will accept these policies and guidelines as the condition for using college resources. (*Manual of Policy/Internal Management Memoranda 5.063*)

Protected Health Information (PHI) is any information about a person's health status that can be linked to a specific individual (medical record or payment history). PHI is protected by the Health Insurance Portability and Accountability Act (HIPAA) and includes paper documents, photographs, radiographs, and electronic data (ePHI). Personally Identifiable Information (PII) includes the individual's name plus one or more other identifying bits of information (social security number, credit or debit card number, driver's license number, etc.). Health Sciences employees are responsible for completing annual SANS training relative to HIPAA, PHI, and PII. Should the program handle or retain physical copies of PHI or PII, it must be secured in a locked cabinet or container in the faculty member's locked office space. Electronic PHI/PII should not be maintained outside of the approved application; if necessary, the data should be encrypted and stored in access folder on the R:drive. Do not save PHI or PII to removable media as these devices can be lost.

- **Program applications** are stored in locked file cabinets in the program Coordinator and/ or Academic Program Specialist's offices.
- All Health Sciences programs utilize a third-party vendor **to manage PHI** that is required for program admissions. The vendor's security standards have been reviewed and approved by the GCSC ITS department.
- The **Physical Therapist Assistant program** periodically offers treatment to faculty and community members for demonstration purposes only, as it applies to the curriculum. The program currently uses paper documentation and stores patient records in a locked file cabinet in the program coordinator's office. Each patient and physical therapist assistant student in the program signs a Risk Agreement Form prior to receiving physical therapy services. These records are maintained for seven

years following treatment per R. 1B-24.003(1)(d), Florida Administrative Code, General Schedule 4 (GS4), item #80, then shredded.

In the event of a suspected security incident or breach, the Program Coordinator must be notified immediately. They will then notify the Division Chair and the Chief Information Officer for directives regarding legal obligations. If you receive a request from an individual pertaining to PHI or PII, do not grant the request and explain that the Chief Information Officer must handle all such requests. The Chief Information Officer should be consulted regarding any HIPAA, PHI, or PII related questions.

In the event of a disaster, the Chief Information Officer shall establish and implement procedures necessary to restore any data lost or suspected to be lost. Procedures will be established to enable operation and continuation of critical business processes.

Student Records/FERPA:

All student records are confidential and employees are expected to comply with the Family Educational Rights and Privacy Act (FERPA). Students must sign a standard form authorizing the use of the social security number for purposes within the department (applying for license verification, insurance, etc). All records are kept in a locked filing cabinet according to the established time frame, flagged for destruction when warranted, and disposal documentation maintained indefinitely.

Alcohol and Drug Abuse Policy

(For a copy of the complete policy, see Appendix F).

In compliance with the Drug Free School and Communities Act Amendment of 1989, Gulf Coast State College:

- . . .prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol by all students and employees.

- . . .enforces sanctions, including those applicable under local, state, and federal law, for unlawful possession, use, or distribution of illicit drugs and alcohol, including but not limited to suspension, expulsion, termination of employment, and referral for prosecution which may result in arrest, appropriate fines, and imprisonment.

- . . . encourages anyone with a drug or alcohol problem to seek help at one of the local agencies.

Any evidence of suspected use of drugs or alcohol, which might impair the individual's ability to safely provide care to patients in a clinical setting, is cause for immediate withdrawal from clinical training. Students are subject to all drug/alcohol

use policies of the affiliating agency including mandatory random drug testing. Refusal to comply with the agency's policy is cause for dismissal from the clinical experience.

Dilute Drug Screens

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

Background Check Information

Gulf Coast State College (GCSC) students who are granted conditional acceptance into a Health Sciences or Nursing program must receive a satisfactory criminal background check prior to final acceptance into the program. The background check will be scheduled and performed at the discretion of the division and instructions on how to complete the background check will be sent by the program coordinator.

Please Note: Criminal background checks performed through other agencies will not be accepted. Also, be aware that clinical agencies may require an additional background check prior to clinical access. Although background checks are required before program entry, it is possible to graduate from a program at GCSC, but be denied licensure or the opportunity to take the licensure exam because of an unfavorable background check. Even if the student has been accepted into and completed a program at GCSC, this does not guarantee authorization for licensure or eligibility to take the licensure exam. Those authorizations are granted by the governing professional licensure boards in the state (Florida Board of Physical Therapy for PTA graduates). **Let this serve as notification that Gulf Coast State College has no authority over any state level medical licensure board and cannot be held responsible if the student is accepted into or completes a Health Sciences or Nursing program and subsequently is denied authorization to take the program specific licensure exam due to criminal background information.** Each applicant/student must consider how their personal history may affect the ability to meet clinical requirements, sit for various licensure exams, and ultimately gain employment. You may visit the [Florida Department of Health](#) website for more information regarding licensure.

All program students will be asked to read, review and sign the Health Sciences and Nursing Divisions Acknowledgement of Background Check Information Form (Appendix I) during program orientation.

GUIDELINES FOR STUDENTS WITH ARREST RECORDS:

- A. All applications to the Florida Board of Physical Therapy (FBPT) for licensure, which indicate an arrest record by the candidate, are individually reviewed by the FBPT. It may be necessary for the applicant to appear before the Board at a regularly scheduled meeting to determine licensure eligibility.
- B. The Florida Board of Physical Therapy will not accept calls from physical therapist assistant students with arrest records to determine if you are eligible for licensure. The determination can only be made after graduation, when your application and all supporting documentation is received and reviewed by the Board. Please read the following information carefully: Any student who has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to, any offense under the provision of 456.0635 (see below) may be disqualified from admission to any Health Sciences program.

In addition to these specific convictions, there are other crimes which may disqualify applicants from entering into the Health Sciences programs and/or clinical rotations.

The statute listed below can also be found online at:

http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=040_0-0499/0456/Sections/0456.0635.html

456.0635 Health care fraud; disqualification for license, certificate, or registration.

(1) Health care fraud in the practice of a health care profession is prohibited.

(2) Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue a license, certificate, or registration to any applicant if the candidate or applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant:

(a) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or chapter 893, or a similar felony offense committed in another state or jurisdiction, unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed. Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration unless the sentence and any subsequent period of probation for such conviction or plea ended:

- 1. For felonies of the first or second degree, more than 15 years before the date of application.
- 2. For felonies of the third degree, more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a).

3. For felonies of the third degree under s. 893.13(6)(a), more than 5 years before the date of application;
- (b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application;
- (c) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;
- (d) Has been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application; or
- (e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities, except when such applicant is listed solely based on a default or delinquency on a student loan as provided in s. 120.82.

This subsection does not apply to an applicant for renewal of licensure, certification, or registration who was arrested or charged with a felony specified in paragraph (a) or paragraph (b) before July 1, 2009.

(4) Licensed health care practitioners shall report allegations of health care fraud to the department, regardless of the practice setting in which the alleged health care fraud occurred.

(5) The acceptance by a licensing authority of a licensee's relinquishment of a license which is offered in response to or anticipation of the filing of administrative charges alleging health care fraud or similar charges constitutes the permanent revocation of the license.

C. IF THE APPLICANT COMMITS A FELONY OR MISDEMEANOR AFTER THE LICENSURE APPLICATION HAS BEEN SUBMITTED, THE APPLICANT MUST NOTIFY THE PTA COORDINATOR AND THE FLORIDA BOARD OF PHYSICAL THERAPY.

D. Applicants to Gulf Coast State College's Health Science programs must be free of offenses that would disqualify one for employment in a health care or community health care agency. This policy is the result of requirements by clinical agencies which must comply with state and federal regulations. Each applicant must be screened through the Florida Department of Law Enforcement (FDLE) and comparable checks from state(s) of prior residence. Other state and federal screenings that are required by the clinical agencies will be used in the physical therapist assistant program.

- E. An exemption from disqualification from the program can only be sought through a college appeal process. Students should make their request for appeal in writing to the Division of Health Sciences – Chair of Health Sciences: 5230 West U.S. Highway 98, Panama City Florida 32401-1058.
- F. While enrolled in Gulf Coast State College Health Sciences Program/s, the student is also responsible for notifying the appropriate coordinator in the Health Sciences division of any arrests, regardless of adjudication, that occur after acceptance and during enrollment in that program.
- G. FAILURE TO PROMPTLY NOTIFY THE APPROPRIATE COORDINATOR SHALL BE GROUNDS FOR DISMISSAL FROM THE HEALTH SCIENCES PROGRAM ENROLLED. After admission into the program, the student must continue to remain free of convictions or if convicted and plead nolo contendere, the student may be subject to dismissal from the health sciences program enrolled.

Smoking Policy

In accordance with GCSC's policy smoking is prohibited on campus beginning January 1, 2012. Violation of this policy may result in probation/suspension from the program.

Health and Wellness Policy

As a future healthcare provider, it is important for students to remain healthy and protect themselves from infection, disease and injury. There are several Health Sciences Division policies and protocols in place to help students safely navigate through the PTA Program. It is important to read and adhere to each policy or guideline in the Health Sciences Division Infection Control Resources Manual (Appendix A). Below is a list of important applicable topics in this resource manual:

- Section 1 - Bloodborne Pathogens and Personal Protective Precautions
- Section 2 – Hazards of the Environment
- Section 3 – Needle Stick, Blood or Potentially Infectious Body Fluids Exposure Policy/Protocol
- Section 4 – Accident/Incident Report Forms
- Addendum 1 – HS COVID-19 Shared Commitment
- Addendum 2 – Biomedical Waste Plan Chapter 64e-16 Florida Administrative Code
- Addendum 3 – Florida Department of Health/Permits
- Addendum 4 – Campus Dental Clinic Infection Control Policy

Appendices



INFECTION CONTROL RESOURCE MANUAL

2025-2026

HEALTH SCIENCES DIVISION

NURSING DIVISION

Infection Control Manual
Document Revision History

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

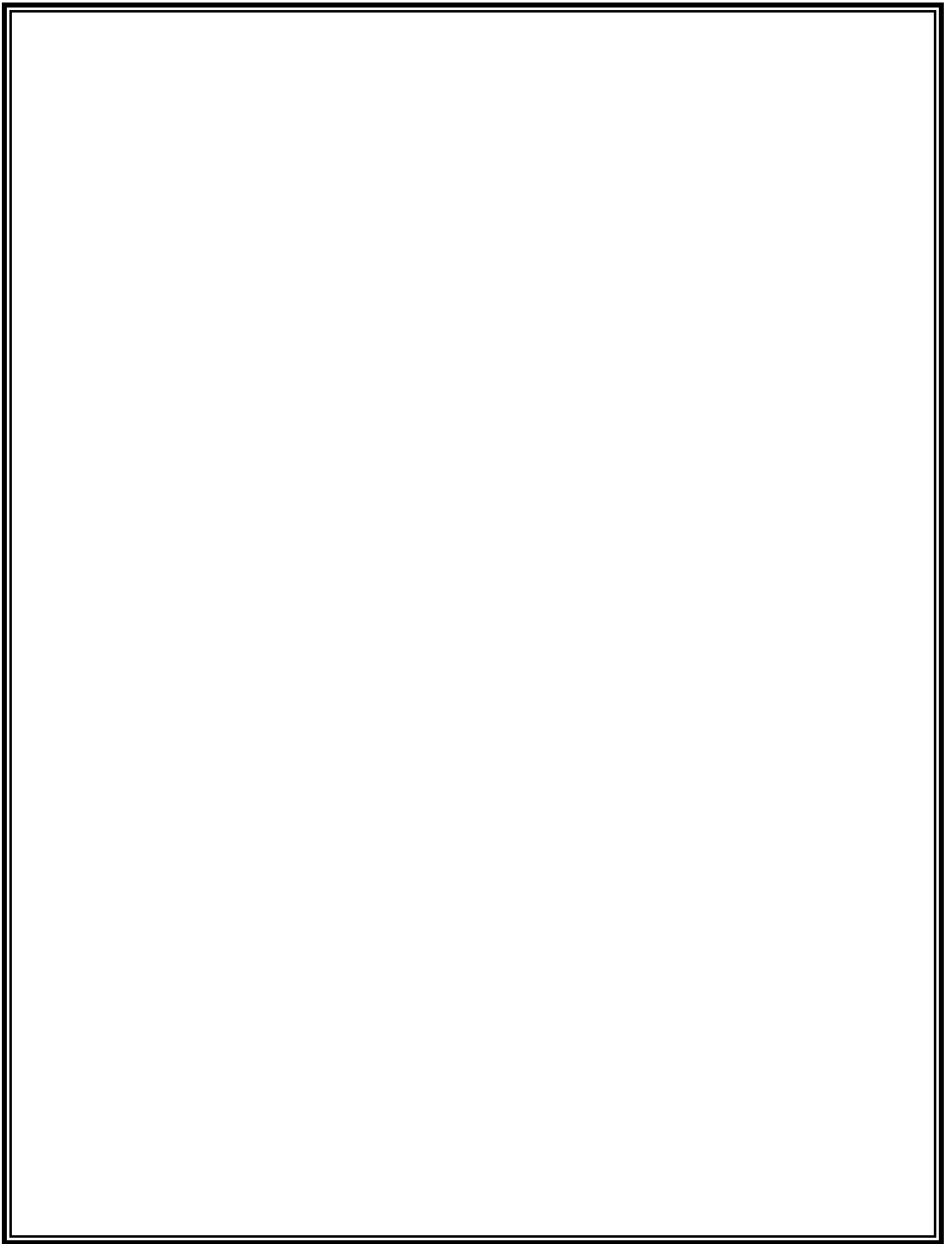


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INTRODUCTION

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

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

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

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

SECTION 1 – BLOODBORNE PATHOGENS AND PERSONAL PROTECTIVE PRECAUTIONS

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

- n) Place specimens of blood and body fluids in a leak-proof container. When collecting the specimen, care should be taken to prevent contamination of the outside of the container. All containers should then be placed in a zip-lock bag.
- o) Use mouthpieces and resuscitation bags in place of mouth-to-mouth resuscitation.
- p) Not care for any patient requiring the specially fitted HEPA Mask for care (Airborne Isolation, Specifically TB)
- q) Report alterations in health status, such as, fractures, surgery, seizure activity, or exacerbation of chronic illness / disease, to the program coordinator. Additional documentation of fitness for practice from a healthcare provider may be required to be submitted before the student can return to the clinical setting.
- r) Update the Report of Physical Examination Form and Technical Standards Attestation annually. The student is responsible for reporting any major health changes as well as maintaining and updating their file with current CPR and Annual TB/Mantoux documentation in the compliance management software designated by the program and/or clinical facilities.
- s) Follow current guidelines for universal precautions recommended by the Center for Disease Control and Prevention (CDC) when providing direct care in a clinical setting.

2) Hepatitis B Vaccination:

- a) In accordance with Centers for Disease Control and Prevention (CDC) guidelines, Health Science Division and Nursing students should be immunized against Hepatitis B Virus and demonstrate proof of immunity or formally decline vaccination (CDC, n.d.).
- b) Students who decline to be vaccinated are required to sign a formal declination waiver form.

3) Adult Immunizations:

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

- b) Annual Tuberculosis Test: Students are required to receive a TB test and submit the results prior to the first clinical day of the semester on an annual (yearly) basis. TB forms are available from the program coordinator or the Health Sciences /Nursing Office Administration and contain additional information regarding those students who have tested positive for TB in the past or have an allergy. Students who fail to maintain current updates may be dismissed from the Health Science Division/Nursing program. **Dental Programs require a TB test upon program acceptance (not annually).*
- 4) Students should always be aware of what is going on around them, but here are some precautionary measures that can be taken to prevent accidents from occurring.
 - a) Precautions to be taken to avoid contact with body fluids and needle sticks. The best way is to utilize your Personal Protective Equipment (PPE). Some examples of PPE include gowns, gloves, masks, or goggles.
 - b) The type of PPE appropriate for a given task is dependent upon the degree of exposure reasonably anticipated. If the student is unsure of which PPE to use for a particular case, he/she must consult a class instructor.
 - c) General Rules on PPE:
 - i) The student must be trained to use the equipment properly.
 - ii) PPE must be appropriate and readily available for the task.
 - iii) Appropriate PPE must be used in performing each task.
 - iv) Equipment must be free of physical flaws that could compromise safety.
 - v) PPE must fit properly.
 - vi) If when wearing PPE, it is penetrated by blood or other potentially infected materials, remove it as soon as feasible.
 - vii) Before leaving the work area, remove all protective equipment and place it in the designated area or container for washing, decontamination, or disposal.
 - d) Exception to the PPE Rules:
 - i) If using PPE would prevent proper delivery of healthcare or jeopardize the safety of the student or personnel, its use may be temporarily and briefly abandoned, only in an emergency.
- 5) The student will:
 - a) Properly dispose of any contaminated materials.
 - b) Place reusable items such as linen in the appropriate receptacle for the protection of the persons handling laundry.

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

SECTION 2 – HAZARDS OF THE ENVIRONMENT

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

THE FOLLOWING GENERAL SAFETY PRACTICES WILL BE FOLLOWED:

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

- 1) **RADIOLOGY:** Ionizing radiation is a known health hazard. Students will follow appropriate policy regarding limiting exposure to radiation hazards including wearing protective equipment as required. Students will not hold films for surgical exposure. Students will receive proper training regarding safety practices and is responsible for following practices. When not in use, the lead aprons will be hung on the rack(s) provided. Folding the aprons increases their chance of developing cracks, thereby decreasing their effectiveness. Students who are pregnant or think they might be must notify the instructor and follow appropriate operator safety policies.
- 2) **ANESTHETIC GASES:** Hazards are associated with the inhalation of anesthetic gases; scavenger systems are utilized in the facility to limit exposure to the gases. Acute exposure to high concentrations of Waste Anesthetic Gases (WAGs) can cause a narcotic effect resulting in reduced mental performance, audiovisual ability, and manual dexterity. Some studies have shown that chronic exposure to WAGs may increase the risk causing other health effects including reduced fertility, spontaneous abortion, an increase in birth defects, and neurological, renal, and liver disease. Students will be given instruction on the hazards and precautions associated with WAGs prior to laboratory or clinical practices.
- 3) **PREGNANCY AND STUDENTS:** It is the responsibility of the student who thinks they may be or who becomes pregnant to inform the instructor of pregnancy status and obtain release from physician regarding possible limitations and health status. It is the student's responsibility to monitor for possible exposure to any potentially known hazards including ionizing radiation, excuse self from case to prevent possible exposure when indicated, and notify instructor for reassignment to another area as approved by the physician's release document.
- 4) **EQUIPMENT OPERATION HAZARDS:** Operating procedures will be taught and a designated preceptor will monitor operation of these devices. Autoclaves and other hazardous equipment will be used only by those trained in their use. It is the responsibility of the student to utilize the appropriate safety precautions when operating or in the presence of any piece of equipment. Defective equipment will not be used. It will be reported to the lab faculty.

- 5) **LASERS:** Students must wear appropriate eyewear and follow all precautions for the type of laser being utilized. In addition, due to cellular contents within the plume, students must wear a laser mask for an Electro-Surgical Unit (ESU) removal of all condylomas, warts and/or whenever a laser is in use.
- 6) **FIRE PROTECTION:** All personnel will be familiar with the evacuation plan and location of the fire extinguishers. Trash and other combustibles will not be allowed to accumulate in the clinical/laboratory/classroom/office setting. Smoking is prohibited in all areas of the George Tapper Health Science Building. Flammables and caustic materials should be stored in a flame retardant metal cabinet that meets Occupational Safety and Health Administration (OSHA) and National Fire Protection Association (NFPA) standards. In case of fire, call 911, then report it to the college operator, and get the fire extinguisher from the hallway nearest the area.
- 7) **INSTRUMENTS:**
- a) Remove all disposable scalpel blades and needles prior to disposal of drapes into appropriate labeled sharps containers. Handle sharps with closed instruments such as a needle holder or hemostat only and be alert to the potential for needle stick injury at all times. Do not recap or repackage or bend or remove by hand. Package or separate sharp instruments from all others to prevent accidental injury. Perform the Scoop technique – one handed can be used to recap if necessary. Use smooth motion away from body during removal of caps or blades (do not attempt to control – may jerk hand and bring it back into the sharp item).
 - b) Keep instrument tray orderly, return items to their place. Immediately remove scalpel or other sharps from sterile drape/patient field to the Mayo to prevent accidental sick. Utilize neutral zone when possible.
 - c) Store sharps and loaded needle holders in such a way that it cannot accidentally perforate drapes or be exposed to the team's moving hand. Position sharp items so that they are in the area of least traffic (hands moving back and forth increase potential injury).
 - d) Disinfect all used instruments and supplies after each surgery including mock surgeries in the lab. Sterilize as appropriate.
 - e) Use only packaged sterile instruments and supplies for patients. INSPECT PRIOR TO USE.

- 8) **UTILITY GLOVES:** Wear utility gloves to handle contaminated items; return contaminated items to the designated area in enclosed containers. Process and package instruments and equipment according to instructions given. Wash after removal.
- 9) **CHEMICAL DISINFECTANTS:** Adhere to manufacturer's directions and reference the Safety Data Sheets (SDS). Instruction will be provided regarding the interpretation of SDS prior to use in the laboratory or clinical setting. The location of the SDS book will be disclosed to students.
- 10) **RESPONSIBILITY:** In addition, workers/students are exposed to other hazards from mechanical devices, noxious vapors, heat, caustic chemicals, latex allergies, and high-pressure gas lines, among others. It is the responsibility of all staff and students to fully understand the hazards associated with the lab, classroom, or workplace and how to avoid/prevent a safety or health problem from occurring. If you have any questions, have them clarified immediately by one of the instructors or monitors. An eyewash station is in each lab and clinical area so chemicals coming in contact with the eyes can be flushed immediately. Proper use of the eyewash station will be demonstrated in the laboratory setting.

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

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

- consultation and testing. These services will be administered by *A-G Administrators for QBE* and student enrollment is arranged by the college. Students are issued a card at the beginning of the fall semester and/or when they begin the Health Science program. Students should be instructed to always carry the card with him/her while participating in college sponsored educational programs.
- ii) **Faculty** who sustain a needle stick or exposure and the source person will go to any Medical Facility for the appropriate tests and counseling at no charge. In addition to submitting a completed Accident/Incident Report, the employee is responsible for contacting Human Resources for Workers Compensation processing.
 - e) The facility director in charge at the facility where the needle stick or exposure occurred will obtain permission from source patient for blood testing by contacting the attending physician of the source patient.
 - i) The student will NOT ask the source patient for permission to provide blood for testing. It is against Federal and state laws for the student to request permission of the source patient.
 - f) The student will be counseled and advised regarding post exposure prophylaxis, if necessary.
 - g) If indicated, the student will be given a starter pack of prophylactic drugs which are recommended in accordance with the current guidelines of the Center for Disease Control (CDC) and Prevention. Student Accident insurance covers the cost for the drugs.
 - h) Baseline blood tests will be drawn on the student in accordance with the facility's policy and the current CDC and Prevention recommendations.
 - i) Using current CDC and Prevention recommendations, re-testing should occur as deemed necessary by the primary care provider.
 - j) See information provided in:
 - i) OSHA Regulations for Management and follow-up after exposure to blood
 - ii) Management of persons exposed to blood
 - iii) Post exposure protocol for occupational exposure to blood borne diseases
 - k) All procedures, testing, and results WILL REMAIN CONFIDENTIAL.
 - l) The facility and personnel involved will evaluate the root cause of the incident to discover policy changes that may help to prevent further occurrences.

SECTION 4 – ACCIDENT/INCIDENT REPORT FORMS**1) ACCIDENTS/INCIDENTS INVOLVING STUDENTS AND/OR PATIENTS IN CLINICAL SITUATIONS****a) ACCIDENTS INVOLVING STUDENTS****i) Forms to be completed are:**

- (1) Accident – Incident Report Form (sections 1,4,5,6,7); provide specific details regarding the incident in section 6, especially the use of personal protective equipment (PPE).
- (2) A-G Administrators Student Accident Claim Form
- (3) See Attachment 1 when immediate medical treatment is required, see attachment 2 when immediate treatment is not required.

b) ACCIDENTS INVOLVING PATIENTS (ALLIED HEALTH INCIDENT)**i) Complete an Accident - Incident Report Form**

- (1) Complete sections 1,4,5,6,7.
- (2) Forward the completed form to the Chair of the Health Science or Nursing Division.

ii) Complete an Allied Health Incident Form

- (1) Complete ALL sections.
- (2) Forward form with a completed Accident – Incident Report Form to the Chair of the Health Sciences or Nursing Division.

c) INCIDENTS INVOLVING STUDENTS (Harassment, Report of Stolen Personal Property, etc.)**i) Complete an Accident – Incident Report Form**

- (1) Complete sections 1,4,5,6,7; provide specific details regarding the incident in section 6.
- (2) Forward the completed form to the Chair of the Health Science or Nursing Division immediately.
- (3) An incident may require an investigation by Human Resources or Student Development; therefore, it is important all information be reported on the Accident – Incident Report Form.

d) INCIDENTS INVOLVING STOLEN COLLEGE PROPERTY**i) Complete an Accident – Incident Report Form**

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

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

2) FOR STUDENT INJURY REQUIRING IMMEDIATE MEDICAL ATTENTION

- a) Assess the situation – (this is a judgement call on the instructor’s part). If the student needs immediate medical attention, CALL 911. If using a campus phone, CALL 9-911.
- b) CALL HOSPITAL to which student will be transported to let them know student is coming. Give the hospital the following information regarding the student’s insurance: Policyholder: Florida Colleges System Risk Management Consortium. Claims must be mailed to: A-G Administrators, Post Office Box 979, Valley Forge, PA 19482. Tell the student to present the insurance information card to hospital staff upon arrival (if possible), but let the student know you will call ahead.
- c) Immediately notify the Office of the Division Chair who will notify administration.
- d) You must complete sections 1,4,5,6, and 7 of the Accident – Incident Report Form. You sign as supervisor, and the student as claimant. If the student is unable to sign, indicate this, and get the form to the Division Chair’s office as soon as possible. It is very important that you ensure thorough completion of the Accident – Incident Report Form. Witnesses and their pertinent information must be obtained immediately while they are present. Specific details (#6) of the accident are also very important (i.e. how did it occur?). Example: Simply indicating possible exposure to TB does not describe how the accident occurred. Give the fully completed Accident – Incident Form to the Health Science Division Administration Assistant as soon as possible.
- e) In addition, an A-G Administrators Student Accident Claim Form needs to be completed. As soon as the student is able, he/she must complete and sign the claim form. The form is then to be forwarded to the Division Chair for review/signature and forwarding to the Vice President of Administration & Finance Office. Medical providers cannot be paid until the A-G Administrators Student Accident Claim Form has been processed.

3) FOR STUDENT INJURY NOT REQUIRING IMMEDIATE MEDICAL ATTENTION

- a) Whether treatment is required or not, the Accident – Incident Report Form must always be completed, as it provides specific information for college records and state reporting.
- b) The A-G Administrators Student Accident Claim Form will also have to be submitted for arrival at the insurance company’s office in Valley Forge, PA within 30 days of the incident if the student thinks they may have to seek attention at a future date. The student

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

Florida College System Risk Management Consortium

ACCIDENT – INCIDENT REPORT

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

INSTRUCTIONS:

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

1. LOCATION AND DATE OF INCIDENT/OCCURRENCE

COLLEGE: (Check One)

<input type="checkbox"/> BC	<input type="checkbox"/> EFSC	<input type="checkbox"/> IRSC	<input type="checkbox"/> PBSC	<input type="checkbox"/> SJRSC	<input type="checkbox"/> TCC	CAMPUS/LOCATION CODE:
<input type="checkbox"/> CC	<input type="checkbox"/> FGC	<input type="checkbox"/> LSSC	<input type="checkbox"/> PHSC	<input type="checkbox"/> SPC	<input type="checkbox"/> VC	
<input type="checkbox"/> CF	<input type="checkbox"/> FSWSC	<input type="checkbox"/> MDC	<input type="checkbox"/> PeSC	<input type="checkbox"/> SSC		
<input type="checkbox"/> CFK	<input type="checkbox"/> GCSC	<input type="checkbox"/> NFC	<input type="checkbox"/> PoSC	<input type="checkbox"/> SFSC		
<input type="checkbox"/> DSC	<input type="checkbox"/> HCC	<input type="checkbox"/> NWFSC	<input type="checkbox"/> SFC	<input type="checkbox"/> SCFMS		

DATE OF OCCURRENCE:	TIME OF OCCURRENCE: AM PM	LOCATION OF OCCURRENCE (BE SPECIFIC):
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2. INJURED EMPLOYEE (INJURY/LOSS TO COLLEGE EMPLOYEE)

NAME OF EMPLOYEE:	AGE:	OCCUPATION & DEPARTMENT:	EMPLOYEE #:
ADDRESS:	CITY:	ST:	ZIP:
PHONE: ()	PART OF BODY INJURED:	TYPE OF INJURY (CUT, STING, BUMP, BRUISE ETC.):	
DOES EMPLOYEE WISH TO SEEK MEDICAL ATTENTION TODAY: <input type="checkbox"/> YES <input type="checkbox"/> NO*	WILL EMPLOYEE REQUIRE TIME OFF FROM WORK: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE INJURY FIRST REPORTED:	TIME INJURY FIRST REPORTED:

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

3. PROPERTY (COLLEGE OWNED)

IDENTIFY THE DAMAGED/LOST PROPERTY:	ESTIMATED COST OF DAMAGED/LOST PROPERTY: \$
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4. INJURED PARTY/PROPERTY (PERSONS NOT EMPLOYED BY COLLEGE AND/OR PROPERTY NOT OWNED BY COLLEGE)

NAME:	AGE:	PHONE: ()
ADDRESS:	CITY:	ST: ZIP:
IDENTIFY THE INJURY OR THE DAMAGED/LOST PROPERTY:		STUDENT ID # (If Injured Party is Admitted Student):

5. WITNESS(ES)

NAME:	PHONE: ()
ADDRESS:	CITY: ST: ZIP:
NAME:	PHONE: ()
ADDRESS:	CITY: ST: ZIP:

[illegible]

INJURED EMPLOYEE/PARTY'S SIGNATURE:	DATE:
DEPARTMENT CONTACT'S SIGNATURE:	DATE:

TYPE OF CLAIM (Please Check One):	
<input type="checkbox"/> GENERAL LIABILITY	<input type="checkbox"/> STUDENT ACCIDENT
<input type="checkbox"/> COLLEGE PROPERTY DAMAGE/THEFT	<input type="checkbox"/> ATHLETIC
<input type="checkbox"/> EQUIPMENT BREAKDOWN	<input type="checkbox"/> FACILITIES USE
<input type="checkbox"/> WORKER'S COMPENSATION**	<input type="checkbox"/> ALLIED HEALTH (Please Attach Allied Health Incident Form)

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

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

RISK MANAGEMENT COORDINATOR'S SIGNATURE: _____ DATE: _____

ACCIDENT – INCIDENT REPORT INSTRUCTIONS

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

1. LOCATION AND DATE OF INCIDENT/OCCURRENCE

COLLEGE: Clearly check the FCSRMC abbreviation for your college.

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

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

2. INJURED EMPLOYEE

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

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

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

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

3. PROPERTY (COLLEGE OWNED)

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

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

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

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

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

5. WITNESS(ES)

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

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

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

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

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

7. SIGNATURES

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

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

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

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

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

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

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

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

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

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

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



COLLEGIATE

ACCIDENT CLAIM FORM

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

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

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

YOUR INFORMATION (EMPLOYEE INFO)

First Name: _____ Last Name: _____

Title: _____ School/Organization Name: _____

Email Address: _____ Phone Number: _____

POLICYHOLDER INFORMATION

Policyholder (School): _____

School Address: _____
STREET CITY STATE, ZIP

STUDENT INFORMATION

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

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

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

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

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

ACCIDENT INFORMATION

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

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

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

Body Part Injured: _____ Place of Accident: _____

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

INSURANCE INFORMATION

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

Insurance Company Name: _____

Insurance Company Address: _____
STREET CITY STATE, ZIP

Policy Number: _____ ID#: _____

Is the student eligible for Medicaid or TriCare Benefits? ☐ YES ☐ NO

If yes, please file for benefits under the Student Accident Plan before submitting expenses to Medicaid or TriCare.



A-G SPECIALTY INSURANCE, LLC

PO Box 21013, Eagan, MN 55121

Ph: (610) 933-0800 Fx: (610) 933-4122 Email: claims@agadm.com

AUTHORIZATION

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

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

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

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

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

AUTHORIZED POLICYHOLDER / SCHOOL REPRESENTATIVE SIGNATURE

DATE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



A-G Specialty Insurance, LLC

PO Box 21013, Eagan, MN 55121

Ph: (610) 933-0800 Fx: (610) 933-4122 Email: claims@agadm.com



2025-2026 Secondary (Excess) Student Accident Insurance Claims Filing Instructions

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

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

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

Student Accident Insurance Plan
Secondary (Excess) Coverage

FL College System Risk Management Consortium

Policy Effective Date: March 1, 2025

Benefits become eligible on date of injury

Deductible: \$0 per Injury

Coverage limit: \$25,000 per injury



Payor ID: 11370

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



Front of Card

Questions: 1-800-634-8628

Email: claims@agadm.com

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

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

For claims questions or submissions, please contact:

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



Insurance policy is underwritten by Hartford Fire Insurance Company

Back of Card

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

CHAPTER 64E-16 BIOMEDICAL WASTE

64E-16.001	General
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64E-16.004	Storage and Containment
64E-16.005	Labeling
64E-16.006	Generator Requirements
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64E-16.001 General.

- (1) This chapter prescribes minimum sanitary practices relating to the management of biomedical waste, including segregation, handling, labeling, storage, transport, and treatment. This chapter applies to all facilities that generate, transport, store, or treat biomedical waste to ensure that the waste is properly handled to protect public health. Further, this chapter prescribes minimum standards for permitting biomedical waste generators, storage facilities and treatment facilities, and for registering biomedical waste transporters.
- (2) This chapter does not apply to biomedical waste incinerators. This chapter does not apply to linen incinerators. This chapter does not apply to linen that is to be laundered and re-used. Further, this chapter does not apply to dead bodies that are disposed of by a person licensed under the provisions of Chapter 470, F.S., or to the transport of bodies, parts of bodies, or tissue specimens in furtherance of lawful examination, investigation, or autopsy conducted pursuant to Section 406.11, F.S. Specimens or samples collected for laboratory testing or use in medical research or teaching are not considered biomedical waste until such time as the material is discarded.
- (3) The Department of Health shall regulate the packaging, transport, storage, and treatment of biomedical waste. The Department of Environmental Protection shall regulate biomedical waste incineration and biomedical waste disposal.
- (4) Health care providers shall inform their home user clients verbally and in writing of the recommended method for handling biomedical waste generated in the home setting. Health care providers who deliver in-home medical services shall remove or have removed by a registered

- (5) Biomedical waste transporter all biomedical waste generated during the performance of these services.
- (6) Home users should segregate and package their biomedical waste in a manner that reduces the chance of exposure to the public.
- (7) Inspections, permitting and enforcement of emergency medical services that generate biomedical waste shall be performed by the Bureau of Emergency Medical Services.

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

64E-16.002 Definitions.

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

- (1) American Society for Testing Materials, also referred to as ASTM — A technical society with headquarters located at 100 Barr Harbor Drive, West Conshohocken, Pennsylvania, 19428-2959, which publishes national standards for the testing and quality assurance of materials.
- (2) Biomedical waste — Any solid or liquid waste which may present a threat of infection to humans, including nonliquid tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included:
 - (a) Used, absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried.
 - (b) Non-absorbent, disposable devices that have been contaminated with blood, body fluids or, secretions or excretions visibly contaminated with blood, but have not been treated by an approved method.
- (3) Biomedical waste generator — A facility or person that produces biomedical waste. The term includes hospitals, skilled nursing or convalescent hospitals, intermediate care facilities, clinics, dialysis clinics, dental offices, health maintenance organizations, surgical clinics, medical buildings, physicians' offices, laboratories, veterinary clinics and funeral homes.
 - (a) Mobile health care units, such as bloodmobiles, that are part of a stationary biomedical waste generator, are not considered individual biomedical waste generators.
 - (b) Funeral homes that do not practice embalming are not considered biomedical waste generators.
- (4) Body fluids — Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B virus and include blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. In instances where identification of the fluid cannot be made, it shall be considered to be a regulated body fluid. Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomitus shall not be considered biomedical waste unless visibly contaminated with blood.

- (5) Contaminated — Soiled by any biomedical waste.
- (6) Decontamination — The process of removing pathogenic microorganisms from objects or surfaces, thereby rendering them safe for handling.
- (7) Department — The Department of Health or its representative county health department.
- (8) Disinfection — A process which results in a minimum Log 6 kill against the vegetative organisms listed in Table I, and a minimum Log 4 kill against *Bacillus stearothermophilus* spores utilizing steam or a minimum Log 4 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwave shredding.
- (9) Capability — All contiguous land, structures, and other appurtenances which are owned, operated, and licensed as a single entity which may consist of several generating, treatment, or storage units.

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

- (11) Health Care Provider — Any person who provides medical care or personal services, as that term is defined in Section 400.402, F.S., to another individual.
 - (12) Home User — An individual who generates biomedical waste as a result of self-care or care by a family member or other non health care provider.
 - (13) Leak resistant — Prevents liquid from escaping to the environment in the upright position.
 - (14) Outer container — Any rigid type container used to enclose packages of biomedical waste.
 - (15) Packages — Any material that completely envelops biomedical waste. This includes red bags, sharps containers and outer containers.
 - (16) Person — Any individual, partnership, corporation, association, or public body engaged in the generation, storage, transport, or treatment of biomedical waste.
 - (17) Point of origin — The room or area where the biomedical waste is generated.
 - (18) Public sharps collection program — A cooperative program designed as a non-profit community service to assist the home user in the safe disposal of discarded sharps.
 - (19) Puncture resistant — Able to withstand punctures from contained sharps during normal usage and handling.
 - (20) Restricted — The use of any measure, such as a lock, sign, or location, to prevent unauthorized entry.
 - (21) Saturated — Soaked to capacity.
 - (22) Sealed — Free from openings that allow the passage of liquids.
 - (23) Sharps — Objects capable of puncturing, lacerating, or otherwise penetrating the skin.
- Sharps container — A rigid, leak and puncture resistant container, designed primarily for the

containment of sharps, clearly labeled with the phrase and international biological hazard symbol as described in Section 64E-16.004(2)(a),

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

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

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

64E-16.003 Facility Policies and Procedures.

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

- (a) Biomedical waste mixed with hazardous waste, as defined in Chapter 62-730, F.A.C., Hazardous Waste, shall be managed as hazardous waste.
- (b) Biomedical waste mixed with radioactive waste shall be managed in a manner that does not violate the provisions of Chapter 64E-5, F.A.C. The biomedical waste shall be managed in accordance with the provisions of Chapter 64E-16, F.A.C., after the radioactive component has decayed in storage as provided for in Chapter 64E-5, F.A.C., or is otherwise not regulated under Chapter 64E-5, F.A.C. The packaging requirements of Chapter 64E-5, F.A.C., shall be followed, unless the requirements of Chapter 64E-16, F.A.C., are more restrictive.
- (c) Any other solid waste or liquid, which is neither hazardous nor radioactive in character, combined with untreated biomedical waste, shall be managed as untreated biomedical waste.
- (d) All surfaces contaminated with spilled or leaked biomedical waste shall be decontaminated as part of the cleaning process.

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

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

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

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

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

64E-16.004 Storage and Containment.

(1) Storage.

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

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

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

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

(2) Containment.

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

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

(c) Bags

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

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

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

(d) Sharps containers.

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

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

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

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

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

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

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

64E-16.005 Labeling.

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

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

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

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

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

64E-16.006 Generator Requirements.

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

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

- (a) Packages of biomedical waste shall not be compacted to a density greater than 22 pounds per cubic foot.
- (b) Compacted packages of biomedical waste shall not be subjected to further compacting.
- (c) Any residual or incidental liquid shall be contained within the inner bag or outer container. Should the inner bag or outer container rupture during compaction, residual or incidental liquids shall be disposed of directly into the sanitary sewer, an on-site sewage treatment and disposal system, or other system approved to receive such wastes by the Department of Environmental Protection or the department;
- (d) Discharge of noxious air shall be kept to a minimum through use of HEPA filters having a pore size of 2 microns or less, negative pressure rooms, or other safety methods;
- (e) Compacted packages of biomedical waste shall be treated by incineration or other approved treatment process. Treatment processes, such as steam, chemical, gas, dry heat, or microwaving, shall be considered by the department upon written request and microbiological evidence that the proposed process provides the same degree of treatment for compacted waste as for uncompacted waste. Steam treatment systems shall be tested against *Bacillus stearothermophilus* spores, as described in subsection 64E16.007(2), F.A.C. Other proposed treatment processes shall demonstrate efficacy using subsection 64E-16.007(4), F.A.C.

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

64E-16.007 Treatment.

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

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

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

- I. Test loads of biomedical waste which consist of the maximum weight and density of biomedical waste to be treated shall be prepared. Separate loads of red bags, sharps containers, boxes, and compacted waste shall be prepared if they are to be treated separately.
2. Prior to treatment, *Bacillus stearothermophilus* spores shall be placed at the bottom and top of each treatment container, at the front of each treatment container at a depth of approximately one-half of the distance between the top and bottom of the load, in the approximate center of each treatment container, and in the rear of each treatment container at a depth of approximately one-half of the distance between the top and bottom of the load.
3. If the operating parameters used during the treatment of the test loads demonstrate a minimum Log 4 kill of *Bacillus stearothermophilus* spores at all locations, the steam treatment unit shall operate under those parameters when placed into service. If the operating parameters fail to provide a minimum Log 4 kill of *Bacillus stearothermophilus* spores at all locations, treatment time, temperature, or pressure shall be increased and the tests must be repeated until a minimum Log 4 kill of *Bacillus stearothermophilus* spores is demonstrated at all locations. The steam treatment unit shall be operated under those parameters when placed into service. Tests shall be repeated and new parameters established if the type of biomedical waste to be treated is changed.
- (b) When operating parameters have been established and documented using the criteria in paragraph 54E-16.007(2)(a), F.A.C., the steam treatment unit may be placed into service.
- (c) The steam treatment unit shall be serviced for preventive maintenance in accordance with the manufacturer's specifications. Records of maintenance shall be onsite and available for review.
- (d) Unless a steam treatment unit is equipped to continuously monitor and record temperature and pressure during the entire length of each treatment cycle, each package of biomedical waste to be treated will have a temperature tape or equivalent test material such as a chemical indicator placed on a non-heat conducting probe at the center of each treatment container in the load that will indicate if the treatment temperature and pressure have been reached. Waste shall not be considered treated if the tape or equivalent indicator fails to show that a temperature of at least 250 degrees F (121 degrees C) was reached during the process.
- (e) Each steam treatment unit shall be evaluated for effectiveness with spores of *Bacillus stearothermophilus* at least once each 7 days for permitted treatment facilities, or once each 40 hours of operation for generators who treat their own biomedical waste. The spores shall be placed at the center of the waste load. Evaluation results shall be maintained onsite and available for review.
- (O A written log shall be maintained for each steam treatment unit. The following shall be recorded for each usage:
 1. The date, time, and operator name;
 2. The type and approximate amount of waste treated;
 3. The post-treatment confirmation results by either
 - a. recording the temperature, pressure, and length of time the waste was treated, or
 - b. the temperature and pressure monitoring indicator;
- (g) A current written operating procedure shall specify, at a minimum, the following:

1. Parameters, determined from testing, that provide consistent treatment, such as exposure time, temperature, and pressure.
 2. Identification of standard treatment containers and placement of the load in the steam treatment unit.
- (3) Incineration of biomedical waste shall be achieved in a biological waste incinerator permitted by the Department of Environmental Protection.
- (4) An alternative treatment process, such as chemical, gas, dry heat, or microwave shredding, shall be considered by the department upon receipt of a written request. The written request shall be directed to the State Health Officer and shall include:
- (a) The specific treatment process and type of facility for which acceptance is sought;
 - (b) The reason for the request;
 - (c) Microbiological evidence, using the organisms listed in Table 1, that the proposed process provides sterilization or a satisfactory level of disinfection. Using the protocol described in subsection 64E-16.007(4), F.A.C., alternative treatment systems must show either:
 1. For disinfection, a minimum Log 6 kill for the vegetative organisms listed in Table I and a minimum Log 4 kill against *Bacillus stearothermophilus* spores utilizing steam or a minimum Log 4 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwave shredding, or
 2. For sterilization, a minimum Log 6 kill against *Bacillus stearothermophilus* spores utilizing steam or a minimum Log 6 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwave shredding.

Table 1

1. Bacteria
 - a. *Bacillus* spores — mandatory, species determined by treatment process Any two
 - b. *Enterococcus faecalis*
 - c. *Pseudomonas aeruginosa*
 - d. *Staphylococcus aureus*
 - e. *Nocardia* species
 2. *Mycobacteria* species — any one
 - a. *Mycobacterium bovis*
 - b. *Mycobacterium fortuitum*
 3. Fungus — any one
 - a. *Candida albicans*
 - b. *Aspergillus fumigatus*
 4. Protozoa — *Giardia intestinalis* or similar
 5. Virus — Poliovirus or similar.
- (d) Each step of the efficacy testing must be thoroughly described in the application for approval. A detailed description of the treatment process, preparation of organisms, preparation of test loads, recovery of organisms, and raw data must be provided.
- (e) To begin the efficacy testing, two challenge loads must be sterilized. These loads must be composed of materials commonly found in biomedical waste (tissues, sharps, plastics, glass, woven materials, blood and blood products, etc.), and must be of adequate quantity to equal the maximum capacity of the treatment system. The test load must be fully described (weight, moisture content, composition, etc.).

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

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

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

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

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

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

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

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

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

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

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

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

- (d) Individuals operating the treatment unit must be trained in all aspects of its operation, including contingency procedures.
- (e) Acute care hospitals must inform the department in writing of the installation of the unit at least 30 days prior to placing the unit into service.
- (f) Inspection of the unit, including treatment and maintenance records, will occur during the annual inspection for the hospital's biomedical waste permit.

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

64E-16.008 Biomedical Waste Transport.

- (1) No registered transporter may knowingly accept biomedical waste for transport unless it has been properly segregated, packaged, and labeled.
- (2) Each registered transporter shall provide the generator with a receipt of pick-up.
- (3) During transport, no registered transporter shall compact biomedical waste or allow it to leak into the environment.
- (4) Transfer of biomedical waste from one transport vehicle to another is not allowed unless the transfer occurs at a permitted storage or treatment facility, except as provided in paragraph 64E-16.008(10)(a), F.A.C. Intermodal transfers of biomedical waste are allowed provided transport shipping seals remain intact.
- (5) Any registered transporter who unknowingly fails to comply with subsections (3) or (4) of this section because such biomedical waste has not been properly segregated or separated from other solid wastes by the generating facility is not guilty of a violation under this rule.
- (6) No registered transporter shall knowingly deliver biomedical waste for storage or treatment to a facility which does not have a valid permit issued by the department.
- (7) All transport vehicles containing biomedical waste shall be visibly identified with the business name, registration number, a 24 hour telephone number, and placards showing the phrase and the international biological hazard symbol as described in paragraph 64E-16.004(2)(a), F.A.C. The symbol shall be at least six inches in diameter.
- (8) All transport vehicles containing biomedical waste shall be fully enclosed and secured when unattended.
- (9) Registered transporters shall notify the department within one working day by telephone and shall submit a follow-up report to the department within 10 days, in writing, if there is an accident that results in a spill of biomedical waste.
- (10) In case of an emergency situation, including mechanical failure, the following is allowed:
 - (a) If the emergency occurs during transport, biomedical waste may be transferred to another transport vehicle, including a rental vehicle, without being at a storage or treatment facility.
 - (b) If a rental vehicle is used, the department shall be notified of its use on the first working day after the emergency. A copy of the written authorization from the rental agency stating awareness of the intended use of the vehicle shall be submitted to the department within seven days.

- (c) Biomedical waste shall be removed and transported to a permitted storage or treatment facility within 24 hours of the emergency.
- (d) Before return to the rental agency, the vehicle shall be decontaminated.

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

64E-16.009 Registration of Biomedical Waste Transporters.

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

- (2) Each owner or operator of a transport vehicle shall submit to the department a completed application for registration on form DH 4106, herein incorporated by reference.
- (3) Biomedical waste transporter registrations shall expire on September 30 each year. Renewal applications will not be considered complete without the submission of an annual report on form DH 4109, herein incorporated by reference. Biomedical waste transporters with valid registrations, on the effective date of this chapter, shall renew their registration by September 30 following the expiration date of their existing registration.
- (4) Registered transporters shall notify the department in writing within 30 days of any changes made to their registration form currently on file with the department.
- (5) Any registered biomedical waste transporter is subject to having their biomedical waste transporter registration denied, suspended, or revoked, pursuant to Section 381.0098, F.S., and in accordance with the procedural requirements of Section 120.60, F.S., upon a finding by the department that the transporter:
 - (a) Has submitted false or inaccurate information in the application or annual report;
 - (b) Has violated the provisions of any statute or rule which the department is authorized to enforce; (c) Has refused to allow inspection of records or equipment by department personnel.

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

64E-16.010 Inspections.

- (1) Department personnel shall inspect registered transport vehicles, permitted generators, storage, and treatment facilities at least once a year. Those facilities exempted from the registration and fee requirements under Section 381.0098(4), F.S., shall be inspected at least once every three years. Reinspections may be conducted when a facility is found to be in non-compliance with this chapter. Results of each inspection shall be recorded on a form provided by the department.
- (2) To provide consistency of inspections throughout the state, all department personnel who inspect biomedical waste facilities shall attend training annually, which shall be approved by the Bureau of Environmental Health Programs.

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

64E-16.011 Permits.

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

- (a) A biomedical waste generator, who produces or treats less than 25 pounds of biomedical waste in each 30 day period, shall be exempt from all permit and fee requirements of this chapter.
- (b) Application for an initial biomedical waste generator permit or exemption from permitting shall be submitted to the department on form DH 4089, Application for Biomedical Waste Generator Permit/Exemption, 8/98. Biomedical waste treatment facilities which were constructed prior to December 31, 1995, or for which an operation permit was submitted to the Department of Environmental Protection prior to December 31, 1995, shall meet the requirements of this chapter at the time of renewal of their existing permit.
- (c) Application for an initial biomedical waste storage facility permit shall be submitted to the department on form DH 4107, Application for Biomedical Waste Storage Permit, 8/98.
- (d) Application for an initial biomedical waste treatment facility permit shall be submitted to the department on form DH 411 1, Application for a Biomedical Waste Treatment Permit, 8/01. Renewals will not be considered complete without the submission of an annual report submitted on form DH 4110, Biomedical Waste Treatment Facility Annual Report, 8/01.
- (e) Application for an initial biomedical waste sharps collection program permit shall be submitted to the department on form DH 4108, Application for Biomedical Waste Sharps Collection Program Permit, 8/98.
- (f) Permits shall not be transferable from one person to another. In the event of an address or name change, an amended application for permit shall be submitted to the department. A permitted generator may work at a branch office for no more than six hours in any seven day period without applying for an additional permit. These generators must notify the local county health department biomedical waste coordinator of the existence and operating hours of the branch office.

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

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

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

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

- (a) The sharps collection program is open to the general public;
- (b) A list identifying the location of each facility is attached to the application; and (c) Each facility meets the applicable permit requirements.

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

64E-16.012 Fees.

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

(2) Fee schedule.

Generator Permit:

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

Treatment Permit:

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

October 1) Storage Permit:

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

1) Transporter Registration (one vehicle):

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

Additional Vehicle \$10.00

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

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

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

64E-16.013 Enforcement and Penalties.

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

ADDENDUM 2 – FLORIDA DEPARTMENT OF HEALTH /PERMITS

**See addendum 2



STATE OF FLORIDA
DEPARTMENT OF HEALTH
EXEMPTION CERTIFICATE

For: Biomedical Waste - State Laboratory/Clinic
Issued To: Gulf Coast State College
5230 W Highway 98
Panama City, FL 32401

Audit Control:
Permit Number:
County:
Issue Date:

03-BID-7396043
03-64-00837
Bay
10/05/2023



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

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

ORIGINAL - CUSTOMER (Non-Transferable)



STATE OF FLORIDA
DEPARTMENT OF HEALTH
EXEMPTION CERTIFICATE

For: Biomedical Waste - State Laboratory/Clinic
Issued To: Gulf Coast State College
5230 W Highway 98
Panama City, FL 32401

Audit Control:
Permit Number:
County:
Issue Date:

03-BID-7396043
03-64-00837
Bay
10/05/2023



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

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

Duplicate - CUSTOMER (Non-Transferable)

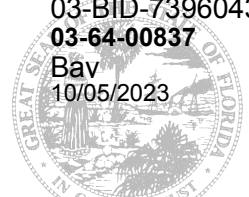


STATE OF FLORIDA
DEPARTMENT OF HEALTH
EXEMPTION CERTIFICATE

For: Biomedical Waste - State Laboratory/Clinic
Issued To: Gulf Coast State College
5230 W Highway 98
Panama City, FL 32401

Audit Control:
Permit Number:
County:
Issue Date:

03-BID-7396043
03-64-00837
Bay
10/05/2023



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

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

FILE - COPY (Non-Transferable)

ADDENDUM 3 - CAMPUS DENTAL CLINIC INFECTION CONTROL POLICY

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

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

PURPOSE:

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

This will be achieved by:

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

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

A. Standard Precautions:

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

B. Personal Hygiene:

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

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

C. Hand Washing:

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

D. Personnel Protection Equipment(PPE):

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

1. Gloves-

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

2. Masks and Eyewear -

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

3. Clinic Attire: Gowns -

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

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

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

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

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

4. Needle Recapping and Sharps Disposal-

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

5. Utility Gloves/Nitrile Gloves-

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

D. Unit Preparation:

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

3. Clean and disinfect the unit with an EPA-registered tuberculocidal disinfectant capable of killing both lipophilic and hydrophilic viruses at use dilution. Cleaning may also be accomplished by using soap and water prior to surface disinfection.
4. Biomedical wastes are to be disposed of in the biohazard waste container located in the sterilization area. Daily, this waste goes into the red box in the sterilization area.

E. Patient Preparation:

1. Wash hands and glove.
2. In between patients, all water lines, including ultrasonic scalers, should be flushed for 20-30 seconds.
3. The environment of the dental clinics must always be clean and neat. Cover surfaces that will be contaminated, but not cleaned and disinfected between patients, with approved barriers.
4. Any surface (horizontal or vertical) within three (3) feet of the patient's mouth must be considered contaminated after providing treatment that produces splatter. Therefore, cabinet doors and drawers must be closed during treatment.
5. Attach saliva ejector tip, sterile high-speed evacuation tip, sterilized handpiece, and sterilized three-way syringe tip.

F. Patient Treatment:

1. Handwashing –

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

2. Charting -

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

3. Radiographic Procedures –

Infection Control (Before Each Patient)

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

1. Radiographic Chair

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

Conventional Film/ScanX plates

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

Digital Sensor

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

Infection Control (During Procedure)

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

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

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

Conventional Film

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

Digital Sensor

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

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

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

ScanX Phosphor Plate

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

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

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

Infection Control (During Processing)

Conventional Film

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

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

ScanX Phosphor Plate

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

Infection Control (After Patient Dismissal)

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

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

4. Disinfection/Transfer of Alginate Impressions:

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

5. High-speed Evacuation System-

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

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

6. Three-way Syringe -

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

7. Dropped Instruments -

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

8. Disposable Items -

Used disposable items must be discarded immediately to avoid contamination of other items.

H. Patient Dismissal:

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

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

Protocol:

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

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

I. Instrument Sterilization:

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

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

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

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

J. Environmental Surface and Equipment Cleaning and Disinfection:

1. Many blood- and saliva-borne disease-causing microorganisms such as Hepatitis B virus, HIV virus, and Mycobacterium tuberculosis can remain viable for many hours--even days--when transferred from an infected person to environmental surfaces within dental operatories and other clinical areas. Since subsequent contact with these contaminated surfaces can expose others to such microbes and may result in disease transmission, adequate measures must be used in each clinical area to control possible transmission from contaminated surfaces.
2. A practical and effective method for routinely managing operatory surface contamination between patients is to use disposable blood/saliva impermeable barriers, such as plastic film and aluminum foil, to shield surfaces from direct and indirect exposure. Removal of blood, saliva, and microbes is accomplished by routinely changing surface covers between patients.
3. Thorough cleaning and proper disinfection between patients are necessary for those covered operatory surfaces that are routinely touched and become contaminated during patient treatment. An appropriate “Standard Operating Procedure” addressing cleaning and disinfection is part of the academic institution’s guidelines.
4. Only those chemical disinfectants that are EPA-registered, hospital-level mycobactericidal agents capable of killing both lipophilic and hydrophilic virus at use dilution, are considered acceptable agents for environmental surface disinfection. Use of any chemical agent not so approved is unacceptable.
5. The surface disinfectant solution is to be applied twice – once for “cleaning” and again for “disinfecting”.
 - a. Use a pre-saturated wipe or saturate a 4X4 with an EPA-registered, hospital-level mycobactericidal disinfectant.
 - b. Wipe clean the surface.
 - c. Use another pre-saturated wipe or re-saturate additional 4X4 gauze squares and wipe surfaces a second time; allow solution to remain for the recommended time interval.

K. Biomedical/Infectious Waste Disposal:

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

1. All disposable item(s) saturated with saliva, blood, or body fluids shall be considered biomedical waste. Biomedical waste items must be placed in a designated red biomedical waste bag, placed into an instrument tub for transport, and taken to the sterilizing area to be disposed of immediately into the biomedical waste container.
2. Contaminated needles and other contaminated sharps shall not be recapped, bent, or removed by hand. Recapping devices or a scoop technique may be used to cover the exposed needle in order to return instruments to sterilization area.
3. All sharps should be disposed of as soon as possible from the time of use and at the point origin. Sharps containers are located in each operatory and in the sterilization galley.
4. ALL biomedical materials are picked up and disposed of by Brooks Environmental at regularly scheduled intervals.

L. Dental Laboratory Infection Control:

1. Clean linen should be stored separately from soiled items/gowns. Soiled/contaminated gowns should be placed inside the solid red can lined with red infectious waste bag. When directed by the Course Coordinator, the filled laundry container shall be transferred to the Dental Clinic laundry room for appropriate laundering. Specific procedural instructions are posted on the laundry container in HS 109.
2. Used masks should be disposed of in waste receptacle.
3. Safety glasses should be washed after each session with a mild detergent soap and replaced in appropriate location.
4. Impressions should be thoroughly cleaned (i.e. blood and bioburden removed), disinfected with an EPA-registered hospital disinfectant with a tuberculocidal claim, and thoroughly rinsed before being handled in the in-office laboratory.
5. Alginate and polyether impressions should be kept wet during the required disinfecting time.
6. Laboratory items used on contaminated or potentially contaminated appliances, prostheses, or other material should be heat-sterilized, disinfected between patients, or discarded.
7. Contaminated items that cannot withstand heat-sterilization should be cleaned and disinfected between patients and according to manufacturer's instructions.

Leave of Absence Request During Clinical Rotation

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

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

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

Leave of Absence Request

Student Name: _____

Clinical Rotation #: _____

Clinical Facility name: _____

Name of CI: _____

Date(s) requesting off: _____

Reason for

Request: _____

Approve by CI: Yes No Date: _____

CI Signature: _____

Student Signature: _____ Date: _____

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

Student will make up lost time? Yes No

Make up dates schedule: _____

Approved by DCE? YES NO Date: _____

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

Mandatory Patient Safety Education Requirement of 2001

Requirement by Florida Statute

Did you know about the new education requirement for all health care practitioners licensed under the Department of Health?

Chapter 456.013(7), Florida Statutes, "The boards, or the department when there is no board, shall require the completion of a 2-hour course relating to prevention of medical errors as part of the licensure and renewal process. The 2-hour course shall count towards the total number of continuing education hours required for the profession. The course shall be approved by the board or department, as appropriate, and shall include a study of root-cause analysis, error reduction and prevention, and patient safety. If the course is being offered by a facility licensed pursuant to chapter 395 for its employees, the board may approve up to 1 hour of the 2-hour course to be specifically related to error reduction and prevention methods used in that facility."

At the May 3, 2002 Board of Physical Therapy Practice meeting, the board adopted the proposed rule language for licensees licensed under Chapter 486, Florida Statutes, to obtain the mandated two-hour course relating to the prevention of medical errors. The new language reads:

64B17-8.002 Requirements for Prevention of Medical Errors Education

- 1) To receive Board approval for biennial renewal, courses on medical error prevention shall be two contact hours and include:
 - a) Medical documentation and communication
 - b) Contraindications and indications for physical therapy management
 - c) Pharmacological components of physical therapy and patient management
- 2) Applications for initial licensure must have completed at least two contact hours of medical error education. The Board shall accept coursework from accredited schools of Physical Therapy provided such coursework was completed after January 1, 2002.
- 3) If the course is being offered by a facility licensed pursuant to chapter 395, the board may apply up to one hour of the two-hour course to be specifically related to error reduction and prevention methods used in that facility.
- 4) The course may be used as part of the home study continuing education hours.



Jeb Bush
Governor

John O. Agwunobi, M.D., M.B.A.
Secretary

MEMORANDUM

TO: Florida Physical Therapy Program Directors and Physical Therapists
Assistant Program Directors

From: *for Mac* Martha A. Clendenin, PhD, and PT
Chair, Board of Physical Therapy Practice

Re: Loan Default and Immediate License Suspension

Date: August 5, 2002

The purpose of this memo is to enable you to inform your students of new language in Florida Statute 456.074 that requires an immediate suspension of licensure if a former student has defaulted on a student loan issued or guaranteed by the state of Florida or the Federal Government.

If this occurs, the licensee will be notified by certified mail and will be subject to immediate suspension of their license unless proof of new payment terms is documented within 45 days. Suspension of licensure is disciplinary action and will be so noted as a matter of record.

This new statute language will apply uniformly to all students in health care disciplines licensed under Florida statutes and has already been signed into law. Please be sure your students understand their obligations for repayment of educational loans and the potential impact of default on their ability to maintain licensure.

If you have any questions, please contact our Board office staff or review Chapter 456, F.S.

Department of Health, Medical Quality Assurance
Board of Physical Therapy Practice
4052 Bald Cypress Way Bin C05
Tallahassee, FL 32399-3255
(850) 245-4373 Telephone (850) 414-6860 FAX
http://www.doh.state.fl.us/mqa/physical/pt_home.html

EQUIPMENT SAFETY POLICY

All electrical equipment will be inspected and calibrated yearly by a professional biomedical technician. Electrical equipment will be marked with a safety inspection label for permitted use.

All therapy equipment will be inspected by PTA faculty before use in laboratory practice. Records of equipment maintenance are located in the PTA Coordinator's Office, HS 302. User manuals for equipment may be located in the top file cabinet in HS 300, or may be accessed through the manufacturer's website via computer in the laboratory.

If a piece of equipment seems to be defective, use of it will be stopped immediately and a visible "out of order" or "do not use" sign will be placed on it. Any repairs to equipment will be made by qualified individuals who, in many instances, will be factory repair service personnel.

The PTA program will budget money for equipment repair, maintenance and replacement as needed.

Gulf Coast State College










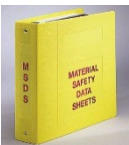
Floor Level/Floor Leaders:








First Floor – Kim Awls

Second Floor – Alyssa Evans

Third Floor – Melinda Cumbaa

Location of Emergency Equipment – HEALTH SCIENCES BUILDING

<p>✓ AED</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – Main Lobby (HS 100) and Dental Clinic (HS 137) • SECOND FLOOR – Right of elevator next to Housekeeping closet (HS 212) • THIRD FLOOR – in hallway near elevator
<p>✓ Biohazardous Waste Container</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – in Dental Clinic: every dental operatory (#1-20) & sterilization area • SECOND FLOOR – HS 208 and HS 211 • THIRD FLOOR – HS 329 & 323 (simulation only; not for use)
<p>✓ Exposure Control Plan</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – HS 109 & DH Coordinator's (HS203) • SECOND FLOOR – HS 208 • THIRD FLOOR – HS 329 (Ch. 2; page 11)
<p>✓ Eye Wash Stations</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – Dental Clinic sterilization area (HS 153) and the old dark room (HS 152); HS 113 (attached to sink) • SECOND FLOOR – HS 208 and HS 211 • THIRD FLOOR – HS 329 (above sinks X2) and HS 320 (west wall)
<p>✓ Fire Extinguishers</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – North building entrance, Dental clinic entrance (HS 138) and Dental Assisting side (HS 143); HS 113 • SECOND FLOOR – HS 208 and HS 211; wall at end of hallway near west stairwell • THIRD FLOOR – HS 308, 314, 323, 327, 329 and East and West Hallways
<p>✓ Fire Blanket</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – Dental Clinic entrance (HS 138) • SECOND FLOOR – HS 207 (countertop to right of hallway door w/First Aid Kit) • THIRD FLOOR – none
<p>✓ First Aid Kits</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – HS 109, 113, 124, 138 • SECOND FLOOR – HS 208 (top shelf) & in HS 207 (countertop to right of hallway door) • THIRD FLOOR – HS 314 and HS 329 (2nd cabinet on west wall)
<p>✓ SDS Manuals</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – HS 109, Dental Clinic sterilization (153), HS 113 • SECOND FLOOR – HS 211 • THIRD FLOOR – HS 329 (1st cabinet west wall) and HS 317

<p>✓ Job Safety and Health-OSHA Poster</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – Dental Clinic (HS 138) • SECOND FLOOR – HS 211 • THIRD FLOOR – none
<p>✓ Sharps Containers</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – in Dental Clinic: every dental operatory (#1-20) and HS 153 • SECOND FLOOR – HS 208 and HS 211 • THIRD FLOOR – HS 315 (1 in storage unit) and 4 in HS 323
<p>✓ Oxygen Tank</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – Dental Clinic (HS 138 when in use; HS 155 when not in use); Piped in Oxygen to HS 113. • SECOND FLOOR – none • THIRD FLOOR – none for use (simulation only)
<p>✓ Emergency Cart</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – Dental Clinic (HS 138 when in use; HS 155 when not in use) <i>*for patient use</i> • SECOND FLOOR – HS 208 (simulation only) • THIRD FLOOR – none for use (simulation only)
<p>✓ Telephones</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – every office/classroom • SECOND FLOOR – every office/classroom • THIRD FLOOR – every office/classroom
<p>✓ EXITS</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – north, east, west doors, Dental Clinic main entrance and both clinic doors (HS 138), Dental Clinic Cuspid Café and back of dental clinic (HS 135), central stairwell (HS 104) • SECOND FLOOR – one by each stairwell – east wall, west wall, and end of Nursing faculty office corridor • THIRD FLOOR – one on east wall; one on west wall
<p>✓ Emergency Evacuation Gathering Point</p> 	<ul style="list-style-type: none"> • FIRST FLOOR – none; no down staircases • SECOND FLOOR – top left side of elevator doors • THIRD FLOOR – between HS 308-309



Division of Health Sciences

Alcohol / Drug Policy

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

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

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

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

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

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



Division of Health Sciences

Alcohol / Drug Policy

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

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

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

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

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



**STUDENT
MUST
PRESENT THIS
FORM TO
QUEST
DIAGNOSTICS**

Health Sciences Division

REQUEST MEMORANDUM

To: Quest Diagnostics, 12107 Panama City Beach Parkway, Panama City Beach, FL 32407

From: _____ Program Coordinator / Faculty

Date: ____ / ____ / 202____ Time Sent: ____:____ am/pm CST/EST (circle one)

Re: Request for Drug / Alcohol Screen

_____ (student) is presenting themselves on a request from Gulf Coast State College program Coordinator / Faculty for a urine Drug / Alcohol test. Please forward a bill for these services to GCSC to the attention of Laura Justice in Health Sciences. If you have any questions, please feel free to call the Coordinator / Faculty referring the student at (850) _____ or Laura Justice, Chair of Health Sciences, at (850) 872-3828.

Authorization to Release Information: By signature, the student agrees to provide a urine sample within the specified time limit, and authorizes Quest Diagnostics to release the results of the drug / alcohol test to Laura Justice, Chair of Health Sciences, Gulf Coast State College, 5230 West Highway 98, Panama City, Florida 32401. ***Please fax the results to: Attention Laura Justice; Gulf Coast State College at (850) 747-3246.***

Student Signature

Date

Original: Student to present to Quest Diagnostics
Cc: Program Coordinator

rev. 7.16.2021



**Division of Health Sciences
Drug / Alcohol Policy**

Reasonable Suspicion / Testing Form

Reasonable suspicion testing will be based on observations concerning the student's appearance, behavior, speech or body odor.

Name of Student _____ Date _____

Location _____

Observer _____ Date Observed _____ Time _____

Second Observer (if available) _____

Setting: _____ Clinical _____ Classroom _____ Campus Lab

Put a check mark by the behavior observed:

Appearance: Confused/Disoriented _____ Hair/Clothing _____ Disheveled/Unkempt _____ Wearing sunglasses _____

Other: _____

Movement: Difficulty Walking _____ Difficulty grasping/holding objects _____ Difficulty sitting down/standing _____

Other: _____

Motor Skills: Trembling/Shaking _____ Restless/Agitated _____ Slow or exaggerated moves _____ Inattentive/Drowsy _____

Other: _____

Odor on Breath/Body/Clothing: Alcohol _____ Marijuana _____ Just used mouthwash/mints/gum/etc. _____

Facial Appearance: Red/Flushed _____ Sweaty _____ Puffy _____ Pale _____ Runny nose/Sores on nostrils _____

Other: _____

Eyes: Red/Watery _____ Pupils Large/Small _____ Inability to focus _____ Gaze is glassy/blank/horizontal _____

Speech: Loud _____ Profane _____ Threatening/Hostile _____ Slow/Slurred _____ Rambling _____ Incoherent _____

Actions/Performance: Inappropriate responses to questions _____ improper job performance/Insubordination _____

Other Comments:

Based on the above, I have determined that reasonable suspicion exists to send _____ to
designated site, _____, for Drug/Alcohol urine, blood and/or Breathalyzer test.

Signature: _____ Date: _____ Time: _____ Phone #: _____

Signature: _____ Date: _____ Time: _____ Phone #: _____



Division of Health Sciences
Drug / Alcohol Policy
STATEMENT OF UNDERSTANDING

I, _____, have received, read, and understand
Print Name

the Gulf Coast State College Health Science Division's Drug and Alcohol Policy, and agree to comply with all aspects of this policy. Furthermore, I understand that any infraction of the stated policy could result in immediate dismissal from the Health Sciences program in which I am enrolled.

Student's Signature

Date

***This document will be placed in your program file for reference in the event of any
Drug / Alcohol Policy violation.***

SMOKING POLICY

In accordance with GCSC's policy smoking is prohibited on campus beginning January 1, 2012. Violation of this policy may result in probation/suspension from the program.

INFORMATION RESPONSIBILITY FORM
for the PTA PROGRAM HANDBOOK

I, _____, have received, read and understand
all of the information contained within the Physical Therapist Assistant Handbook.

I realize that I am responsible for the information as it pertains to my participation
in the Physical Therapist Assistant Program at Gulf Coast State College.

Student's Signature

Date Signed

Gulf Coast State College
Health Sciences and Nursing Divisions
Acknowledgment of Background Check Information

Gulf Coast State College (GCSC) students that are granted conditional acceptance into a Health Sciences program must receive a satisfactory criminal background check prior to final acceptance into the program. The background check will be scheduled and performed at the discretion of the Division to which the student has applied. Information and instructions on how to complete the background check will be sent by the applicable program coordinator.

Please Note: Criminal background checks performed through other agencies will not be accepted. Also, be aware that clinical agencies may require an additional background check prior to clinical access. Although background checks are required before program entry, it is possible to graduate from a program at GCSC and be denied the opportunity for licensure because of an unfavorable background check. Even if the student has been accepted into and completed a program at GCSC, this does not guarantee authorization for licensure or eligibility to take the licensure exam. Those authorizations are granted by the Health Sciences governing professional licensure boards. This is a notification to the applicant that Gulf Coast State College has no authority over any state-level medical licensure board and cannot be held responsible if the student is accepted into or completes a Health Sciences program and subsequently is denied authorization to take the program-specific licensure exam due to criminal background information.

An applicant must consider how his/her personal history may affect the ability to meet clinical requirements, sit for various licensure exams, and ultimately gain employment. Most healthcare boards in the State of Florida make decisions about licensure on an individual basis. You may visit the Florida Department of Health website at <https://www.floridahealth.gov/> for more information regarding licensure. We offer this information so that you can make an informed decision regarding your future.

Please read the following information carefully: Any student who has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to, any offense under the provision of 456.0635 (see below) may be **disqualified** from admission to any Health Sciences program. In addition to these specific convictions, there are other crimes which may disqualify applicants from entering into the Health Sciences programs and/or clinical rotations. The statute listed below can also be found online: http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0456/Sections/0456.0635.html

456.0635 Health care fraud; disqualification for license, certificate, or registration.-

- (1) Healthcare fraud in the practice of a healthcare professional is prohibited.
- (2) Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue a license, certificate, or registration to any applicant if the candidate or applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant:
 - (a) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or chapter 893, or a similar felony offense committed in another state or jurisdiction, unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed. Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration unless the sentence and any subsequent period of probation for such conviction or plea ended:
 1. For felonies of the first or second degree, more than 15 years before the date of application.
 2. For felonies of the third degree, more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a).
 3. For felonies of the third degree under s. 893.13(6)(a), more than 5 years before the date of application;

- (b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application;
- (c) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;
- (d) Has been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application; or
- (e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities, except when such applicant is listed solely based on a default or delinquency on a student loan as provided in s. 120.82.

This subsection does not apply to an applicant for initial licensure, certification, or registration who was arrested or charged with a felony specified in paragraph (a) or paragraph (b) before July 1, 2009.

(3) The department shall refuse to renew a license, certificate, or registration of any applicant if the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant:

(a) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or chapter 893, or a similar felony offense committed in another state or jurisdiction, unless the applicant is currently enrolled in a pretrial diversion or drug court program that allows the withdrawal of the plea for that felony upon successful completion of that program. Any such conviction or plea excludes the applicant from licensure renewal unless the sentence and any subsequent period of probation for such conviction or plea ended:

1. For felonies of the first or second degree, more than 15 years before the date of application.
2. For felonies of the third degree, more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a).
3. For felonies of the third degree under s. 893.13(6)(a), more than 5 years before the date of application.

(b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396 since July 1, 2009, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application.

(c) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the applicant has been in good standing with the Florida Medicaid program for the most recent 5 years.

(d) Has been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application.

(e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities, except when such applicant is listed solely based on a default or delinquency on a student loan as provided in s. 120.82.

This subsection does not apply to an applicant for renewal of licensure, certification, or registration who was arrested or charged with a felony specified in paragraph (a) or paragraph (b) before July 1, 2009.

(4) Licensed health care practitioners shall report allegations of health care fraud to the department, regardless of the practice setting in which the alleged health care fraud occurred.

(5) The acceptance by a licensing authority of a licensee's relinquishment of a license which is offered in response to or anticipation of the filing of administrative charges alleging health care fraud or similar charges constitutes the permanent revocation of the license.

Important Note: After acceptance and during enrollment in this program, the student is responsible for notifying the program coordinator of any arrest, regardless of adjudication, that occurs after acceptance through graduation. Failure to promptly notify the program coordinator shall be grounds for dismissal from the program.

With my signature below, I acknowledge that Gulf Coast State College, the Health Sciences, or Nursing Division has informed me about the need for a satisfactory background check for licensing boards/exams. In signing this form, I further acknowledge that Gulf Coast State College nor the Health Sciences or Nursing Divisions are liable if I am denied licensure or authorization to take a licensure exam following program completion due to criminal background findings.

Printed name of student

A-_____
GCSC Student ID Number

Signature of student

Date

Faculty or Program Coordinator Signature

Health Sciences or Nursing Program



Confidentiality Statement

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

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

Student's Name (print) _____

Student's Signature _____

Today's Date _____

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



Learning Contract

The learning environment is the second teacher in the classroom; and is a positive attitude toward maintaining this environment that will help you to be successful. This contract includes the student behaviors that the program considers important to achieve the goal of demonstrating positive behaviors and attitudes in the classroom, clinic and community which will contribute to lifelong learning.

- Reading assignments are clearly designated in the course syllabus or through assignments given during class. I agree to prepare myself for class by reading assignments and completing assigned projects on time.
- Missed classes are time that is lost. There is no way to recreate the discussion and there is no guarantee that there will be opportunities to revisit topics covered during class. I understand that I have a responsibility for obtaining any material missed. I also understand that I have a responsibility to contact the instructor of that course for needed clarification or remediation for missed material.
- Tardiness and missed class time affects all students and interruptions of any kind disrupt the learning process. I agree to arrive on time for class and clinicals and remain until the session is over.
- I will make an effort to learn about my classmates and be sensitive to cultural values and diversity, especially with regard to expression of ideas and feelings that may differ from mine.
- I will display a positive and respectful attitude toward my peers, professors and the learning environment.
- I understand my work will be evaluated constructively and that specific suggestions will be made by the instructor to assist my learning to become a competent professional. I will welcome new ideas and approaches to learning and demonstrate flexibility and willingness to consider them.
- Disruptive behavior of any type affects the learning environment. If I demonstrate such behavior, I understand that I will be dismissed from class and will receive a written warning. A written warning will result in a reduction from my class and/or lab grade. Subsequent behavior may result in further reprimand including probation and possible dismissal from the program.

Student Name (Print)

Student Signature

Date: _____



PTA PROGRAM COUNSELING RECORD

Student Name: _____ Date: _____

Time Session Begins: _____ Ends: _____ Conference Location: _____ Course: _____

Opportunity for Improvement/Reasons for Conference:

- ☐ Excessive Absences _____ ☐ Excessive Tardiness _____
- ☐ Academic Deficiency – _____ Homework _____ Clinical _____ Lab Skills _____
- ☐ Objectives not being met or /regulations/policies not followed: Clinical _____ Classroom _____ Lab _____
- ☐ Required competencies lacking/Safety violations: _____
- ☐ Unprofessional conduct exhibit: Clinic _____ Classroom _____ Lab _____ External/Rotation Site _____

Values defining professionalism in PTA education

(Core Values for the Physical Therapist and Physical Therapist Assistant, APTA, 2021)

- | | | | | |
|---|--|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Accountability | <input type="checkbox"/> Collaboration | <input type="checkbox"/> Duty | <input type="checkbox"/> Integrity | <input type="checkbox"/> Social Responsibility |
| <input type="checkbox"/> Altruism | <input type="checkbox"/> Caring & Compassion | <input type="checkbox"/> Excellence | <input type="checkbox"/> Inclusion | |

CHECK CONDUCT:

- ☐ Inappropriate attire
- ☐ Excessive Talking
- ☐ Use of cell phone in class/clinic/lab/external or rotation
- ☐ Inappropriate
- ☐ Other _____
- ☐ Consumption of _____
- ☐ Failure to consider patient's welfare

Description of deficiency/event (Include supporting documentation – if applicable):

Type of Disciplinary Action Taken:

- ☐ Verbal counseling regarding deficiencies
- ☐ Probationary status (date begun _____)
- ☐ Withdrawal/Dismissal from program – Instructor initiated
- ☐ Withdrawal from program – Student initiated
- ☐ Written warning of deficiencies
- ☐ Interruption of training (pending review)
- ☐ Student may reapply to program
- ☐ Student ineligible to reapply – Reason: _____

Improvement Plan/Student Outcome Expected *(Recommendations are provided to make the student aware of their deficiencies and to provide an opportunity for the student to correct those deficiencies):*

- | | |
|---|--|
| <input type="checkbox"/> Improve the academic standing in recommended class to at least a 2.0 GPA | |
| <input type="checkbox"/> Mandatory attendance in all classes | <input type="checkbox"/> Being on time and prepared for each class |
| <input type="checkbox"/> Following appropriate rules/guidelines/policies | <input type="checkbox"/> Meet objectives as outlined in course |
| <input type="checkbox"/> Conduct oneself professionally and responsibly | <input type="checkbox"/> Correct safety violations |
| <input type="checkbox"/> Referral to ____ Student Services/Counseling | <input type="checkbox"/> Financial Aid Assistance |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Plan Complete/Outcome to be achieved by (Date): _____ |

Failure to correct deficiencies may result in withdrawal from the program

Comments/Discussion:

Signatures of Those Present:

Student _____ Course Faculty _____

Asst. Coord./Programs Coord. _____ Other Witness _____

VERIFICATION OUTCOME/GOALS MET:

Date of Conference: _____

- ☐ Student corrected deficiencies and now meets program/course objectives
- ☐ Student did not correct deficiencies and does not meet program/course objectives
Student will/has withdrawn from program – Date: _____

Student Signature _____

Date _____

Course Faculty Signature _____

Date _____

Asst. Coord./Programs Coord. _____

Date _____

Comments:

**RISK AGREEMENT – PTA STUDENTS
CONSENT TO PARTICIPATE IN SUPERVISED TRAINING EXPERIENCES**

I _____, hereby consent to my participation in classroom demonstrations, laboratory, and clinical practice of skills and techniques, which are a necessary part of my education as a physical therapist assistant. After having instruction in the theory, procedures, and risks of each technique, I will assume the responsibility to inform the instructor of any condition from which I suffer which (1) may be contraindicated for the application of a specific technique and from which I may be excused from acting as the subject, or (2) may prevent me from safely administering a procedure and from which I may be excused from acting as the therapist. This agreement is signed by me with the following expectations:

1. I may withdraw by consent to participate as a subject or therapist for a specific procedure (1) in writing and (b) by providing evidence to the instructor of a condition, which constitutes a contraindication for the procedure.
2. Any information about myself, such as that provided in #1 above, will remain a confidential part of my record.
3. The instructor will be appropriately supervising all practice or clinical sessions to minimize any risk of injury to me or my subject from the procedure being performed.
4. It is not the policy of Gulf Coast State College to compensate students in the event that a demonstration or laboratory or clinical procedure results in physical or psychological injury. Gulf Coast State College will, however, make its best efforts to refer me to appropriate services, upon request, if injury does occur.

Signature

Date

Should I be injured and be unable to care for myself, please contact:

Name

Home Phone and Work Phone

Relationship



**CONSENT TO PARTICIPATE IN PHYSICAL THERAPIST ASSISTANT STUDENT
DEMONSTRATIONS AND PRACTICE**

I _____, hereby consent to my participation in practice of skills and techniques, which are a necessary part of the education of a physical therapist assistant. After having received instruction in the procedures and risks of each technique, I will assume the responsibility to inform the student/instructor of any condition from which I suffer which may prevent participation in the demonstration. This agreement is signed by me with the following expectations:

1. I may verbally withdraw my consent to participate for a specific procedure at any time.
2. Any information about me will remain confidential.
3. The instructor will be appropriately supervising all demonstrations and practice sessions to minimize any risk of injury to me from the procedure being performed.
4. It is not the policy of Gulf Coast State College to provide compensation in the event that a demonstration results in physical or psychological injury. Gulf Coast State College will, however, make its best efforts to refer me to appropriate medical services, upon request, but is not responsible for any treatment due to participation in student demonstrations. The students are not licensed medical professionals and this is a demonstration only.

X _____
Signature Date

Emergency Contact:

Name home phone and work phone relationship



HEALTH SCIENCES DIVISION

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

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

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

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

OR

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

Printed Name of Student

A#
GCSC Student Identification Number

Student Signature

Date

Coordinator/Faculty Signature

Health Sciences Program



GCSC MODEL RELEASE

I hereby grant to the Gulf Coast State College, acting for and on behalf of the Gulf Coast State College Board of Trustees, its legal representatives and assigns, and those acting with its authority and permission ("GCSC") the unrestricted right and permission to copyright and use, re-use, publish, and republish pictures and/or likenesses of me or those in which I may be included, in whole or in part, in any and all media for any lawful purpose, including the right to:

- Record my participation and appearance on video tape, audio tape, film, photograph or any other medium.
- Use my name, likeness, voice and biographical material in connection with these recordings.
- Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which GCSC, and those acting pursuant to its authority, deem appropriate.

I hereby waive any right that I may have to inspect or approve the finished product or products, as well as the advertising copy or other matter that may be used in conjunction therewith or the use to which it may be applied.

I hereby release, discharge, and agree to save harmless the photographer(s) and/or their legal representatives and assigns, as well as Gulf Coast State College, its legal representatives and assigns, and those acting with its authority and permission from any liability that may occur or be produced in the taking of said pictures or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims arising from any actual or alleged violation or infringement of any trademark, trade name, contract, agreement, copyright (common law or statutory), patent, libel, invasion of privacy, defamation, or any other cause of action arising out of the production, distribution and exhibition of the photographs and images.

I hereby warrant that I am of legal age and have the right to contract in my own name. I have read the above authorization, release, and agreement, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Name

Date

Address

Telephone Number and/or E-mail Address

City, State and Zip Code

Program of Study

Signature

Witness



**Health Sciences Division
Physical Therapist Assistant Program**

Appendix P

**Physical Therapist Assistant Program
Release Form**

In order to maintain the accreditation status of a PTA program, the Commission on Accreditation in Physical Therapy Education requires programs to gather information about their graduates. This information includes, but is not necessarily limited to, licensing exam scores, employer and/or patient satisfaction, academic preparedness, salaries and promotions. We will not request your employment evaluations, just general information through surveys that the program will mail out to employers. We hope you will sign below and give us permission to gather this program-relevant data.

Melinda Cumbaa, PT, DPT, Coordinator
Physical Therapist Assistant Program

Release Form

Please Print

ID# Number

My signature below indicates that I give the Gulf Coast State College, Physical Therapist Assistant Program permission to gather licensing and employment information about myself for the purpose of program evaluation and curriculum revision. All information will remain confidential and only statistics indicating trends and not identifying individuals, will be used in program analysis.

Signed

Date



Last Updated: 08/22/12
Contact: nationalgovernance@apta.org

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

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

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

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

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

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

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

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

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

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

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

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

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

GULF COAST STATE COLLEGE
HEALTH SCIENCES PROGRAMS

Responsible Use of Social Media

Introduction

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

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

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

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

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

INSTRUCTIONAL USE OF SOCIAL MEDIA

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

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

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

Intellectual Property

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

FERPA/HIPAA

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

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

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

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

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

GULF COAST STATE COLLEGE
HEALTH SCIENCES PROGRAMS

Responsible Use of Social Media - Guidelines

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

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

Representing the GCSC Health Sciences Programs

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

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

Violations, Concerns, and Dispute Resolution

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

References

University of Detroit Mercy. (2012). *University of Detroit Mercy Social Media Policy*.

Used with permission obtained from Pam Zarkowski, JD, MPH - ADEA Director's Conference June 2012.

AMA Policy: *Professionalism in the Use of Social Media*. Retrieved 8/6/2012, from

http://www.asa-assn.org/ama/pub/meeting/professionalism-social-media_print.html

Weinberg, T. (2008). *The ultimate social media etiquette handbook*. Retrieved 9/11/2012, from

<http://www.technipedia.com/2008/social-media-etiquette-handbook/>

Student Name: _____ Date: _____

Class: _____

- | | |
|--|--|
| <input type="checkbox"/> Tardiness to lab/class:
*Excused _____ (No deduction) | <input type="checkbox"/> Absence from class/lab/clinic:
*Excused _____ (No deduction) |
| *Clears ahead of time with instructor, or contacts instructor prior to class/lab/clinic time & approved. | |

Every 3 infractions accrued in the program (below) will require an additional 5 hours of community service for the portfolio submitted in PHT 2931. **Bolded items could result in immediate dismissal or probation depending on the situation. Any written warning will result in a professionalism grade deduction in the amount of 5 or 10 points. (See syllabus or program handbook for details.)**

Issues with Accountability:

- ☐ **Tardiness to lab/class:**
Unexcused _____ (5 pt. deduction)
- ☐ **Absence from class/lab/clinic:**
Unexcused _____ (10 pt deduction)
- ☐ **Excessive absences - This may include a combination of excused and unexcused absences. Total number of excused & unexcused absences:** _____
- ☐ Failure to complete assigned work in a timely manner
- ☐ Failure to follow directions
- ☐ Cell phone interruptions/texting/computer use that is unrelated to class
- ☐ **Late to clinical site (clinical observation or rotation)**
- ☐ **Blatant violation of FL. State laws, HIPAA, APTA standards of ethical conduct for the PTA, Gulf Coast State College Student Policies and Procedures**
- ☐ **Failure to report any arrests and/or convictions**

Issues with Duty/Excellence:

- ☐ Inappropriate class/lab or clinical attire (not wearing proper clothing or shoes)
- ☐ Lack of participation or preparation of class – text/supplies
- ☐ **Safety Issues (e.g. Failure to seek assistance when unsure of correct procedure or equipment use, blatant misuse of PTA program equipment, using equipment without proper supervision.)**

Issues with Integrity:

- ☐ Use of inappropriate resources online to complete written work
- ☐ **Inappropriate use of social networks (e.g. Facebook, Twitter; refer to social network policies for examples)**
- ☐ **Cheating (including using another person's help to complete any type of homework, test, quiz, etc., online or in class)**
- ☐ **Giving others content, questions or answers for any quiz or examination**
- ☐ **Discussing a practical examination before all examinations have been completed**
- ☐ **Stealing**
- ☐ **Plagiarism**

Issues with Collaboration/Inclusion/Compassion & Caring/Altruism:

- ☐ Failure to participate or complete group assignments (class/lab)
- ☐ Fails to collaborate with others (with group assignments in class/lab participation)
- ☐ Fails to acknowledge personal biases or create a welcoming space for peers

Social Responsibility/Altruism:

- ☐ Behavioral outburst
- ☐ **Rude behavior (Lewd/inappropriate comments, gestures, cursing)**
- ☐ **Any other behavior deemed unprofessional by academic instructor or clinical instructor**

Student Comments/Signature: _____ Instructor Comments/Signature: _____

Core Values for the Physical Therapist and Physical Therapist Assistant



HOD P09-21-21-09 [Amended: HOD P06-19-48-55; HOD P06-18-25-33; Initial HOD P05-07-19-19] [Previously Titled: Core Values: for the Physical Therapist] [Position]

The core values guide the behaviors of physical therapists and physical therapist assistants to provide the highest quality of physical therapist services. These values imbue the scope of physical therapist and physical therapist assistant activities. The core values retain the physical therapist as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the physical therapist assistant as the only individual who assists the physical therapist in practice, working under the direction and supervision of the physical therapist. The core values are defined as follows:

- **Accountability**

Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.

- **Altruism**

Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.

- **Collaboration**

Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.

- **Compassion and Caring**

Compassion is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.

- **Duty**

Duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.

- **Excellence**

Excellence in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.

- **Inclusion**

Inclusion occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.

- **Integrity**

Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.

- **Social Responsibility**

Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

Explanation of Reference Numbers:

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

Last Updated: 12/14/2021

Contact: governancehouse@apta.org

Standards of Ethical Conduct for the Physical Therapist Assistant



HOD S06-20-31-26 [Amended HOD S06-19-47-68; HOD S06-09-20-18; HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

Preamble

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Physical therapist assistants are guided by a set of core values (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients and clients to achieve greater independence, health and wellness, and enhanced quality of life.

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive. The APTA Guide for Conduct of the Physical Therapist Assistant and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

Standards

Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

(Core Values: Compassion and Caring, Integrity)

- 1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapist services.

Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.

(Core Values: Altruism, Collaboration, Compassion and Caring, Duty)

- 2A. Physical therapist assistants shall act in the best interests of patients and clients over the interests of the physical therapist assistant.
- 2B. Physical therapist assistants shall provide physical therapist interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
- 2C. Physical therapist assistants shall provide patients and clients with information regarding the interventions they provide.
- 2D. Physical therapist assistants shall protect confidential patient and client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

(Core Values: Collaboration, Duty, Excellence, Integrity)

- 3A. Physical therapist assistants shall make objective decisions in the patient's or client's best interest in all practice settings.
- 3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapist interventions.

- 3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient and client values.
- 3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
- 3E. Physical therapist assistants shall provide physical therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient or client status requires modifications to the established plan of care.

Standard #4: Physical therapist assistants shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants other health care providers, employers, payers, and the public.

(Core Value: Integrity)

- 4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients and clients, students, supervisees, research participants, or employees).
- 4C. Physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 4D. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.
- 4E. Physical therapist assistants shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- 4F. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

Standard #5: Physical therapist assistants shall fulfill their legal and ethical obligations.

(Core Values: Accountability, Duty, Social Responsibility)

- 5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient and client safety.
- 5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

Standard #6: Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

(Core Value: Excellence)

- 6A. Physical therapist assistants shall achieve and maintain clinical competence.
- 6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.
- 6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

Standard #7: Physical therapist assistants shall support organizational behaviors and business practices that benefit patients and clients and society.

(Core Values: Integrity, Accountability)

- 7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.
- 7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.

- 7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
- 7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.
- 7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients and clients

Standard #8: Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

(Core Value: Social Responsibility)

- 8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.
- 8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapist services.
- 8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

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Last Updated: 8/12/2020

Contact: nationalgovernance@apta.org

Gulf Coast State College Physical Therapist Assistant Program

Professional Activity Portfolio

The Professional Activity Portfolio (PAP) is a product that contains documentation of your professional growth throughout PTA program. The intent is to help identify personal strengths to achieve goals and weakness for areas of potential growth. In multiple courses throughout the program, there are meetings that require periodic grading and review of portfolio materials. The final PAP will be submitted for a grade as part of the coursework for Seminar, PHT 2931. This is one of the courses in the last semester in the program. The student is responsible for obtaining and maintaining all requirements throughout the program in an appropriate size (1”) binder. Pages 1, 2, 6-9, should also be included in the final portfolio for PHT 2931.

First Semester: *PHT 1000 –

1. Complete the learning style assessment tool to identify three strengths and weaknesses. Then complete the “Strengths & Weaknesses Form” and include in portfolio.
2. Complete the PTA Values-Based Behaviors Questionnaire, insert in portfolio.
3. Print out a Degree Audit through My Student Dashboard in the portal for the PTA Program, include in portfolio. (Must have all general education requirements met by end of summer term in order to be eligible for Clinical Experience I.)
4. Start an initial resume, include in portfolio
5. Start a Professional Activity Log for tracking community service (need at least 40 hours)
6. Track your own professionalism - keep a record of any professionalism warnings received per course each semester. (If more than three write-ups, this will require additional community service hours.) If none, tally zero for that semester on the form.
7. Once all of these items are completed, contact a faculty advisor for your first review. (This meeting can also be completed during the second semester)!

Second Semester: *PHT 1124 or PHT 1124L –

1. Make an appointment with a faculty advisor for review. **This must be completed & signed off by an advisor prior to registration for summer term.**

I, _____, am beginning to exhibit conduct, which reflects a commitment to meet expectations of the community and other members of the healthcare profession, reflective of the APTA Core Values and Ethical Conduct for the PTA, as evidenced by participation in class, campus, and off-campus activities.

Student Signature & Date: _____

Faculty Signature & Date: _____

Third Semester: PHT 2211L-

1. Attend Clinical Inservice with DCE & Program Coordinator
2. Complete all requirements for Clinical Experience I Placement
3. Print out a Degree Audit through My Student Dashboard in Lighthouse – Are all general education requirements & HSC 1531 met? **(This is required for clinicals!)**
4. Update PTA Values-Based Behaviors
5. Include a copy of the letter sent to Clinical Experience I
6. Update Resume
7. Update Professional Activity Logs with community service hours
8. Update Professionalism Logs for each semester and indicate additional hours if required.

Fourth Semester: PHT 2225L or PHT 2226L-

1. Print out an updated degree audit
2. Update the PTA Values-Based Behaviors
3. Review CPI Assessment from Clinical I and summarize/highlight activities needed to perform in clinical II/III.
4. Update Strengths & Weaknesses following clinical experience I
5. Update Professional Activity Log (Service hours)
6. Update Professionalism Log (Tally of any professional forms you acquired in the program)
7. Schedule an appointment with a faculty advisor to review the above material and fill out a graduation application. **The portion below must be completed and signed-off by an advisor prior to registration for final spring term.**

I, _____, consistently exhibit conduct which reflects a commitment to meet or exceed expectations of the community and other members of the healthcare profession, reflective of the APTA Core Values for the PTA, as evidenced by participation in lab, campus, and off-campus activities.

Student Signature & Date: _____

Faculty Signature & Date: _____

Fifth Semester: PHT 2931-Time to turn in Final Portfolio!

Your final professional activity portfolio binder should include all of the documents from the previous semesters (Pages 1, 2, 6-9 of this document) in addition to the requirements listed below. This purpose of this portfolio is to demonstrating your professional growth throughout the program and help you seek employment in the field of physical therapy upon graduation. Congratulations in making it this far, you are almost there!

This semester, the final portfolio will also need to include the following:

1. A cover letter for your resume, which includes personal experience in the program. The cover letter should contain your experience in the program, including a summary of clinical experiences, with a focus on the type of clinical setting you would like to work in after graduation. (This should be no more that 1-2 paragraphs, 300 word maximum.)
2. Updated Final Resume'
3. Updated Professional Activity Log (with proof that you attended the activity). Make sure all your hours are logged on the form below, and that you have at least 20 hours. You can add the documentation about hours behind the form. The more hours you list the better your portfolio demonstrates your commitment to service!
4. Quality Assurance Project -You will need to keep a copy quality assurance to present during clinical discussions and submit the original in your portfolio.
5. PTA Value-Based Behaviors (3 Self-Assessments: 1st semester, 3/4th semester, 5th semester)
6. Professionalism Summary- Strengths/Weakness, Professional Goals
For the professionalism summary reflect on the APTA's core professionalism values:
 - Accountability
 - Altruism
 - Collaboration
 - Compassion and Caring
 - Duty
 - Excellence
 - Inclusion
 - Integrity
 - Social Responsibility

Reflect back through the program and your clinicals and summarize your growth in these areas. Identify which areas you still need continued improvement. Also identify three career goals.

Professional Activity Expectations

Your participation in professional development activities is important both now and as you begin your professional career. Professional development goes hand in hand with behaving as a professional and succeeding in a career as a healthcare provider. In the PTA program you will be required to participate in at least 20 hours of approved activities throughout the curriculum. There are four categories that must be met within the total number of 20 hours: 1) interprofessional collaboration, advocacy, leadership, and general community outreach. This participation will be graded as part of PHT 2931 in your final spring semester. The hours may be completed at any time during the course of the program, but the PT Day of Service must be completed each year in the program (which typically counts for 2 hours of service).

- All activities must be approved prior to the day the activity is scheduled
- The student may not complete all 20 hours at one activity; there is a limit of five hours that can be recorded per activity, unless prior permission is granted from core faculty.)
- **All students are required to attend the PTA program pinning ceremony during their freshmen year. This may count as two service hours.**
- The student must provide proof of participation to the instructor. (activity log, agenda, flyer, picture)
- A required service learning activity may or may not count toward your required hours and is at the discretion of the instructor.
- **If three write-ups are accrued in any PHT class, an additional 5 hours of service will be required.**
- **For each unexcused absence, an additional 5 hours of service will be required.**
- The student is responsible for maintaining all documented hours. The hours must be presented in a portfolio during PHT 2931.
- **Failure to present required hours during PHT 2931 will result in an incomplete for the course and will impact graduation.**

Professional Activity Log (All activities must be pre-approved by a faculty member.)

General Category= This category may encompass any volunteer work completed in the community with disadvantaged groups (social, economical, cultural, or health-related) of people.

IPE = Interprofessional Education (Working together with other professions for the benefit of the mock patient or patient. This requires communication with other disciplines and teamwork!)

Advocacy = Participating in an activity where one promotes the profession. This can be achieved by contacting your state representative or senator about an issue that faces the profession, it can be achieved by promoting the field of physical therapy to others during college events.

Leadership = This can include any volunteer activity where you took the lead to organize or speak for the group. There are many events that occur on campus, with leadership opportunities.

Examples of Professional Activities in the General Category:

1. Participating/serving in a local health walk (e.g. Heart Walk, Buddy Walk, etc.)
2. Serving in a Triathlon Event
3. Attending activities associated with the APTA or the FPTA (no more than 3 hours used for meetings)
4. Volunteering to participate in other GCSC Events

Examples of Professional Activities for the InterProfessional Education (IPE):

1. Activities as part of a formal PTA course (*At the discretion of the instructor)
 - a. Transfer training for other healthcare students*
 - b. Postural training with other healthcare students*
 - c. Participating with interprofessional education events*

Examples of Professional Activities for the Advocacy Category:

1. Writing a legislator about a bill (equivalent to a ½-1 hour)
2. Advocating/supporting a SAR student with access to their environment
3. Advocating for access to health care or healthy life options in one's community

Examples of Professional Activities for the Leadership Category:

1. Serving on SGA at GCSC (being an officer for the PTA Club, or another GCSC club)
2. Speaking to other students re: applying to the program (College Night, Open House)
3. Leading/participating in a tour for Health Sciences/PTA program

Examples of unapproved activities:

1. Activities attended during clinical rotations or as part of class assignments (observing surgeries, participating with in-services held at the facility)
2. Activities attended as part of your employment
3. Observations as required in any PHT course

Identify Personal Strengths/Weaknesses and Professional Goals

Identify three strengths:

- 1.
- 2.
- 3.

Identify three weaknesses:

- 1.
- 2.
- 3.

For each weakness listed, identify a strategy that might help you overcome this weakness with respect to your education/future employment:

- 1.
- 2.
- 3.

Career Plan:

Where do you see yourself in five years? Please list at least three professional goals.

- 1.
- 2.
- 3.

Professionalism Tally: Record of any written warnings received for professionalism. [The student is responsible for keeping track of all write-ups and filling out this form.]

List Specific Course & Date(s)	Type (late, missing assignments, etc.)	Tally (Excused vs. Unex.)
PHT 1000		
PHT 1102		
PHT 1102L		
PHT 1200		
PHT 1200L		
	Fall I - Total	
PHT 1124		
PHT 1124L		
PHT 1220		
PHT 1220L		
PHT 1131		
PHT 1131L		
	Spring I - Total	
	Additional Hours Required?	Yes,# _____ -Or -No extra hours needed.
PHT 2224		
PHT 2224L		
PHT 2211		
PHT 2211L		
	Summer I - Total	
PHT 2801		
PHT 2225		
PHT 2225L		
PHT 2226		
PHT 2226L		
	Fall II - Total	
	Additional Hours Required?	Yes,# _____ -Or -No extra hours needed.
PHT 2820		
PHT 2931		
	Spring II - Total	
	Overall Total	
	Additional Hours Required?	Yes,# _____ -Or -No extra hours needed.

Gulf Coast State College
Physical Therapist Assistant Program
Professional Activity Log – General Category (20 Hours)

Note: No more than five hours per activity permitted without instructor approval.

Must have at least one activity in each category (Leadership, Advocacy, or IPE)

<u>Date</u>	<u>Activity Description</u>	<u>Hours</u>	<u>Category (Leadership, Advocacy, IPE, General/Other):</u> <u>How does the activity meet the category?</u>	<u>Signature</u>
			Leadership:	
			Leadership:	
			Leadership:	
			Leadership:	
			IPE:	
			IPE:	
			IPE:	
			IPE:	
			Advocacy:	
			Advocacy:	
			Advocacy:	
			Advocacy:	
			General:	
			General:	
			General:	
			General:	



**HEALTH SCIENCES DIVISION
PTA PROGRAM**

REFERENCE REQUEST AUTHORIZATION

I _____ authorize _____ to
serve as a reference for me in my pursuit of the following:

- ☐ Scholarship attainment
- ☐ Higher education admission
- ☐ Employment application
- ☐ Other: _____ (please describe)

I agree that he/she may release the following specific information (verbally and/or in writing) without reserve:

- ☐ College Grade Point Average(s)
- ☐ Degree attainment or total completed semester hours
- ☐ Extracurricular Activity/Community Service participation
- ☐ Assessment of my suitability for any of the above marked pursuits

Signature of Requestor

Date



HEALTH SCIENCES DIVISION
PTA Program

Date

Dr. _____/Organization
Street Address
City, State, Zip

Dear Dr. _____,

I have been asked to provide a recommendation for _____ regarding an employment position with your facility. I can validate for you that this individual attended the Physical Therapist Assistant program at Gulf Coast State College and graduated in good standing. The PTA program maintains a rigorous curriculum with high expectations and I am confident that all graduates are adequately prepared to enter the workforce with clinical competence and skills.

Please feel free to contact me if you have any questions or need further information regarding the expected outcomes of GCSC PTA program graduates. As a member of the medical community, you are always invited to share with us any perceived need or accolade that you experience as a result of employing a GCSC graduate!

Sincerely,

Faculty Name / Credentials

CC: PTA Program Coordinator

GCSC PTA Program

Practical Retake Examination Form

Student A#: _____

Students are permitted a maximum of 4 practical examination retakes total per semester.

Each practical examination must also be passed within three attempts (i.e. first attempt, second attempt, third attempt; or initial attempt and two retakes). This form will help both students and instructors keep track of the total number of retakes that occur within each semester for all classes. Each semester the count starts over.

Fall I Semester Retakes (Maximum of 4 per semester)

1. Course:_____ Student Initials:_____ Instructor Signature:_____
2. Course:_____ Student Initials:_____ Instructor Signature:_____
3. Course:_____ Student Initials :_____ Instructor Signature:_____
4. Course:_____ Student Initials:_____ Instructor Signature:_____

***After 4 retakes, must consult Adam & Melinda due to change in program status.**

Spring I Semester Retakes (Maximum of 4 per semester)

1. Course:_____ Student Initials:_____ Instructor Signature:_____
2. Course:_____ Student Initials:_____ Instructor Signature:_____
3. Course:_____ Student Initials:_____ Instructor Signature:_____
4. Course:_____ Student Initials:_____ Instructor Signature:_____

***After 4 retakes, must consult Adam & Melinda due to change in program status.**

Summer Semester Retakes (Maximum of 4 per semester)

1. Course:_____ Student Initials:_____ Instructor Signature:_____
2. Course:_____ Student Initials:_____ Instructor Signature:_____
3. Course:_____ Student Initials:_____ Instructor Signature:_____
4. Course:_____ Student Initials:_____ Instructor Signature:_____

***After 4 retakes, must consult Adam & Melinda due to change in program status.**

Fall II Semester Retakes (Maximum of 4 per semester)

1. Course:_____ Student Initials:_____ Instructor Signature:_____
2. Course:_____ Student Initials:_____ Instructor Signature:_____
3. Course:_____ Student Initials:_____ Instructor Signature:_____
4. Course:_____ Student Initials:_____ Instructor Signature:_____

***After 4 retakes, must consult Adam & Melinda due to change in program status.**