Student Handbook

Occupational Therapy Assistant Program

College of Nursing and Health Professions

2023-2024

Version 25.1

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Current Handbook

All students will receive a copy of the current Occupational Therapy Assistant (OTA) Program Student Handbook during the fall semester after admission to the OTA program. After the hard copy of the handbook has been issued, the student is responsible for obtaining and reviewing updated versions of the handbook, which will be available on the OTA website.

The Occupational Therapy Assistant Program

History

Starting an occupational therapy assistant program has been part of the University of Southern Indiana's College of Nursing and Health Professions' strategic plan since 1991 and a fundamental goal of the Occupational Therapy Assistant Program's Advisory Council. That the subsequent implementation of the occupational therapy assistant program was an integral aspect in the design of the baccalaureate curriculum is evidenced on page 40 of the *Occupational Therapy Program Self Study Report Revised* (1993), "With plans of augmenting the occupational therapy baccalaureate program by adding an occupational therapy assistant program at some time in the future . . ."

The first draft of the occupational therapy assistant curriculum was completed in December 1993 after two revisions in 1994 and early 1995 with Occupational Therapy Program Advisory Council and Fieldwork Supervisors' Council input. The founding director, Dr. Aimee J. Luebben, EdD, OTR/L, FAOTA, wrote *Proposal for an Associate of Science Degree in Occupational Therapy Assisting at the University of Southern Indiana* which was approved by the College of Nursing and Health Professions' Instructional and Student Affairs Committee in the fall of 1995. During the winter and spring of 1996, the proposed occupational therapy assistant curriculum moved through various university committees including Curriculum Committee, Academic Planning Council, and Faculty Senate before being approved by the University Of Southern Indiana Board Of Trustees. Outside the university, *Proposal for an Associate of Science Degree in Occupational Therapy Assisting at the University of Southern Indiana* was approved by the Work Force Development Committee in April 1996 and the Indiana Commission for Higher Education in July 1996.

After the Indiana Commission for Higher Education granted approval for the proposed occupational therapy assistant degree, the occupational therapy curriculum was divided into two programs: Occupational Therapy Program and Occupational Therapy Assistant Program in August 1996. For the Accreditation Council for Occupational Therapy Education, the director wrote *University of Southern Indiana Occupational Therapy Assistant Program's Development Plan* and submitted the document in October 1996. In December 1996 the Occupational Therapy Assistant Program received Developing Program Status from the Accreditation Council for Occupational Therapy Education. On May 15, 1997, the Indiana State Legislature approved occupational therapy assistant curriculum at the University of Southern Indiana and allocated funding.

For the Accreditation Council for Occupational Therapy Education, the director wrote the *Occupational Therapy Assistant Program's Self-Study Report* in July 1997. Two new faculty members, Hahn C. Edwards, MA, MS, OTR/L, Assistant Professor and Advising Coordinator and Mary Metzger Edwards, RN, OTR, Instructor and Fieldwork Coordinator, began working at the University of Southern Indiana on August 1, 1997. The first class of students the OTA Class of 1998, started their sequence of occupational therapy assistant courses on Tuesday, September 2, 1997. Tim Byers, OTR, CHT, was hired to teach a portion of OTA 214: Pathophysiology and Conditions II, in the spring of 1998. Two additional Accreditation Council

for Occupational Therapy Education events followed: submission of the *Occupational Therapy Assistant Program's Self Study Report-Revised* in April 1998 and the on-site evaluation June 8-10, 1998.
The associate degree curriculum successfully completed the process for initial accreditation in the 1998-1999 school year. During the on-site visit on June 8-10, 1998, the evaluation team commended faculty "for their energy, enthusiasm, and commitment to excellence in providing an innovative, creative, and supportive learning environment" and commended students' "ability to participate as active, independent learners." In addition, the team recognized various curriculum aspects including the capstone conferences, the Advanced Role Practicum, journaling, portfolios, and the OT/OTA collaboration curriculum strand. The Accreditation Council for Occupational Therapy Education (ACOTE) granted initial accreditation to the associate degree curriculum on August 8, 1998.

Jill Crick, OTR, CHT began teaching a portion of OTA 214: Pathophysiology and Conditions II, in spring 2000. Leadership of the associate degree curriculum changed to comply with new accreditation requirements. In accordance with new accreditation standard that requires a director to be full-time in a program, Hahn Edwards, MA, MS, OTR was appointed Occupational Therapy Assistant Program Director on February 14, 2001. In November 2001, Susan Ahmad, MS, OTR, accepted the position of Occupational Therapy Assistant Program Director. Brad Menke, OTR, MPA, CHT, and Jennifer Ziggenfus, OTR, were hired to co-teach OTA 214: Pathophysiology and Conditions II, in spring 2002. Amy Vaughn, COTA was hired to teach the pediatric portion of OTA 242: Occupational Performance Components II in spring 2003. Hahn Edwards, MA, MS, OTR returned to teach OTA 344: Occupational Performance Areas II, in summer 2003. The Commission for Higher Education approved the title change of the degree conferred from Occupational Therapy Assisting to Occupational Therapy Assistant in April 2002.

As part of the continuing accreditation process required for all occupational therapy and occupational therapy assistant programs, the University of Southern Indiana Occupational Therapy Program initiated as Self-Study that was submitted to ACOTE in February 2003. An on-site evaluation was conducted in May 2003. Full five-year accreditation was granted by the Accreditation Council for Occupational Therapy Education in August 2003. In December of 2004, Mrs. Mary Edwards resigned her position as instructor and Mrs. Kathleen French, MPH, OTR assumed the role as Assistant Professor and Academic Fieldwork Coordinator. In July, there was a change in Program Director in the Occupational Therapy Program. Until this time the OT and OTA programs had worked independently and had not shared faculty. When Dr. Barbara Williams OTD, OTR assumed the role as Acting Program Director for the Occupational Therapy Program, it was decided that the OT and OTA Programs might utilize faculty and resources more fully by assigning faculty to teach in one or both programs depending upon the faculty members area of expertise. The OT program was unable to fill an open position so Mrs. Elizabeth Wheeler, OTR accepted a position to teach in the OTA program so that Mrs. Kathleen French could teach selected courses in the OT program. In the past, Mrs. Ahmad had taught one section of the OT 151 course. She assumed both sections in the fall of 2005. Since the 2005-2006 school year, both faculties have worked to provide an atmosphere that fosters and encourages collaboration and cooperation between the students in both programs. In May 2006, Dr. Barbara Williams accepted the position of Program Director of the Occupational Therapy Program. In fall of 2006 the university approved a curriculum change that reduced the number of credit hours in OTA 241 from 6 hours to 4 hours. The remaining two credit hours were used to create OTA 232. This course teaches the fundamentals of splinting, physical agent modalities, and adaptive technology. These subjects were previously covered in OTA 231 but as recommended by the USI OTA advisory board, students in a CQI survey, and in compliance with the new ACOTE standards the new course was established. In the spring semester of 2007, Mr. Rick Hobbs, MA, OTR, a tenured faculty member from the OT program assumed teaching the class OTA 231. Mrs. Wheeler left her position as instructor to return to private practice. Ms. Sherri Mathis, COTA, OTR joined the faculty in 2007. In June 2007 a self-study was submitted to ACOTE and the site visit took place in September 2007. USI was the first program to use the revised Occupational Therapy Assistant program standards. In December 2008 full 10-year accreditation

was granted to the program. Mrs. Kathleen French resigned her position in the summer of 2009. Mrs. Mary Kay Arvin, OTD, OTR/L, CHT joined the faculty in September of 2009 as an instructor and Academic Fieldwork Coordinator. Dr. Sherri Mathis completed her doctoral program in May of 2010. Dr. Mary Kay Arvin completed her doctoral program in December 2010.

Dr. Mary Kay Arvin accepted the position of OTA Program Director in January 2012 upon Professor Ahmad's retirement. Professor Jennifer Nunning, OTR joined the faculty in January 2012 as Instructor and Academic Fieldwork Coordinator. Since this time, the OTA program has had several phenomenal occupational therapy practitioners from our local community join us as adjunct instructors to teach in their area of expertise. We are very fortunate in our community to have a large and talented pool of seasoned therapy practitioners who are extremely invested in the education of our students. The following occupational therapy practitioners from our community have served as adjunct instructors in the OTA program: Jennifer (Bement) Smith, COTA, BSHS (teaching OTA 221: Technical Communication from 2012 – 2014); Mary Edwards, RN, MSOT (teaching the Sensorimotor Section of OTA 242: Occupational Performance Components I in the spring of 2013 & OTA 214: Pathophysiology and Conditions I in the fall of 2014); Ann Fisher, COTA, BSHS, BSBA (teaching OTA 213 Pathophysiology & Conditions I in the fall of 2015 & OTA 214 Pathophysiology & Conditions II in the Spring of 2016; Karen Dishman, OTR, ATP (teaching OTA 345: Occupational Performance in Pediatrics in summer 2014 – 2018); Alexis Jackson, OTR (teaching OTA 221: Technical Communication in Fall of 2018); Jenna Thacker, OTD, MSOTR/L, CHT (teaching OTA 232: Media and Modalities in Fall of 2018-2019), and Sean Weir, MSOTR, CBIS (teaching OTA 213 Pathophysiology & Conditions I in fall of 2018 & OTA 214 Pathophysiology & Conditions II in spring of 2019. Karen Dishman, OTR, ATP completed her doctoral program in 2018 and subsequently joined the USI OT program as full-time faculty.

Dr. Mary Kay Arvin accepted the position of USI OT Program Chair in July of 2017. Dr. Rick Hobbs, OTD, OTR served as OTA Interim Chair from July of 2017 to July of 2018. Dr. Jessica Wood, OTD, OTR/L then served as OTA Program Chair from July 2018 – January 2019. Jennifer R. Nunning, OTR stepped in as OTA Interim Program Chair in January 2019 and Sean Weir, MSOTR, CBIS joined the USI OTA program full time as the Academic Fieldwork Coordinator and an Associate Professor in March of 2019.

Dr. Karen Dishman, OTD, OTR, ATP served as the OTA Interim Chair from October 2020-December 2020 and accepted the position as the OTA Chair in January 2021. Adjunct instructor, Sally Willett, COTA/L, taught the OTA 345, Occupational Performance in Pediatrics course, from 2019-2020. Adjunct instructor, Michelle Blum, OTR, started in spring 2021 teaching OTA 242, Occupational Performance Components II. Two additional adjunct instructors, Kasie Ballard, MS, OTR/L, and Jana Pace, COTA, also began with the OTA program in the 2020-2021 academic year. In the 2021-2022 academic year, adjunct instructor Katlyn Holman Roach, MSOT, OTR, joined the Occupational Therapy Assistant program.

Professor Sean Weir, MS, OTR transitioned into the role of the OTA Program Chair in February 2022 and Jana Pace, COTA assumed the position of the Academic Fieldwork Coordinator. Lauren Mygatt joined as the Senior Administrative Assistant in May of 2022. Nicole Plutino, MS, OTR joined as an adjunct faculty member to teach OTA 344 in the Summer of 2022. Sydney Maurer, COTA/L joined as an adjunct faculty member to teach OTA 344 in the Summer of 2023.

Vision

At the University of Southern Indiana, the Occupational Therapy Assistant Program promotes academic and professional excellence by preparing students to become credentialed occupational therapy practitioners at the entry level. At the time of their graduation the student will have acquired an education founded in liberal arts and sciences and has been exposed to a variety of service models and systems that are commonly used in the current occupational therapy service delivery. The student will have an

understanding of the importance of diversity in the delivery of interventions to assigned populations. The student will be articulate in adherence to ethical standards, values and attitudes of occupational therapy practice. The student will verbalize and demonstrate an understanding of the roles and responsibilities of occupational therapists as they relate to occupational therapy assistants. The student will value the role of a lifelong learner and the importance of remaining current in the practice of occupational therapy. Faculty demonstrate leadership in occupational therapy education, scholarship, and service by sharing their expertise through innovative teaching strategies, presentations, publications, creative works, service provision, collaboration, consultation, and political action to enrich the occupational therapy profession. The faculty of the University of Southern Indiana abides by the current code of ethics of the profession of occupational therapy.

Mission Statements for the Occupational Therapy Assistant Program

I. Provide knowledge and skills necessary for an entry-level occupational therapy assistant generalist
II. Through a variety of learning activities provide educational experiences necessary to meet societal needs for service provision.
III. Promote the education of culturally competent practitioners
IV. Promote professional development in occupational therapy assistant faculty and occupational therapy practitioners that leads to the value of lifelong learning
V. Promote excellence in occupational therapy education, scholarship, and service through leadership, collaboration, consultation, and partnerships with service providers.
VI. Provide support to the community through advocacy for the profession and client population, service activities, organizational involvement, and political action.
VII. Institute a caring environment in which occupational therapy assistant students, faculty, and community service providers work together to optimize their personal and professional development.

Philosophy

The University of Southern Indiana Faculty strives to produce lifelong learners who are effective leaders within the field, who are eager to collaborate to better the outcomes of whom they serve within an all-inclusive and culturally responsive environment (AOTA, 2017b)

The faculty members of the Occupational Therapy Assistant Program at the University of Southern Indiana hold the following beliefs about the person, occupational therapy, and education. These beliefs are congruent with the mission of the University of Southern Indiana and serve as the foundation for the curriculum and selection of instructional methods and practices.

Each person is a unique, active, and complex being of worth and dignity. Human behavior consists of a dynamic interaction between the individual, the environment in which he/she exist and the demands of occupation. The individual is holistic in nature and shares with other humans, certain performance skills, patterns, and areas of occupation (activities of daily living, work and productive activities, and play or leisure) across a variety of contexts. For each person, engagement in occupation is a unique interplay of client factors, activity demands and performance patterns. The engagement in occupation of the individual may be interrupted at any time throughout the lifespan by biological, psychological, social, spiritual, or environmental factors.

Occupational therapy is the art and science of enhancing an individual's overall engagement in occupation by facilitating the development or learning of essential performance component skills, by diminishing or correcting pathology which reduces engagement in occupation, or by promoting and maintaining wellness or balance in areas of occupation. Occupational therapy practitioners use the terms occupation and activity in framing or explaining daily life tasks or pursuits. Occupations are activities that bring meaning to

the daily lives of individuals, families, communities, and populations and enable them to participate in society (AOTA, 2017a). The term activity differentiates from occupation in that activity describes a more generalized set of tasks or human activities that are goal driven. The focus and outcome of occupational therapy are clients' engagement in meaningful occupations that support their participation in life situations (AOTA, 2017a).

The term *occupation* is used to indicate the individual's purposeful use of attention, interest, energy, and time to engage and participate in occupational performance areas. The primary focus of the profession is the enhancement of the capacity engagement in occupation, occupational therapy practitioners are concerned with factors that promote, influence, or enhance areas in of occupation as well as with those factors that serve as barriers or impediments to the individual's ability to function across the lifespan.

Education directs and facilitates learning which is valued as a lifelong process promoting competence and scholarship. Learning is the active, continuous process of gaining new knowledge and skills which bring about actual or potential changes in the way of viewing the world. New learning (a function of motivation and readiness) builds on previous levels of knowledge and experience. Learning is facilitated when activities are goal directed, purposeful, and meaningful for the learner. Learning progresses in an orderly fashion beginning with the introduction of knowledge. Comprehension and application are the steps that follow. As the student progresses through the program the process of critical thinking develops. With this in mind, frames of reference emphasizing such perspectives are influential models for our program.

The Person-Environment-Occupation Model (Law et al. 1996), the Ecology of Human Performance (Dunn, Brown, & McGuigan, 1994) and the Model of Human Occupation (Kielhofner, 1995). The faculty guide, direct, facilitate, and evaluate learners while encouraging self-direction and development of intellectual curiosity, creativity, clinical reasoning, and self-reflection and an awareness of community involvement. Learning is best achieved in an atmosphere in which individual dignity is respected and a commitment to excellence exists. Graduates will be prepared as an entry level practitioner in an ever-changing health care delivery system. The occupational therapy assistant curriculum is based on active learning. Students will integrate knowledge, skills and attitudes by experiential learning or doing.

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Curriculum Synopsis

The Core 39 and each student's major are designed to complement each other. The major provides knowledge that distinguishes us from one another in our diverse walks of life; the USI Core 39 provides knowledge and abilities that all educated people share. The two together help the University accomplish its primary mission of preparing our students to live wisely. USI faculty have developed Core 39 to help students speak and write well, better understand the world and its cultures, think more clearly, and live according to consistent ideals. The program is based on the premise that students must know themselves and their world before they can become responsible leaders. Through Core 39, USI builds in all students the desire and ability to achieve personal growth and contribute meaningfully to society. The Occupational Therapy Assistant Program is an integrated didactic and clinical approach built upon a foundation of liberal arts and sciences.

In 2017, a total of 65 semester hours is required to complete the Associate of Science Degree with a major in Occupational Therapy Assistant. Students who select the full-time option will take required courses outside the occupational therapy assistant curriculum first. These 17 credit hours include specific classes which satisfy approximately 50% of the Core 39 curriculum. Full-time students are required to complete the requisite courses not listed with an OTA prefix first, then upon acceptance, enroll in Occupational Therapy Assistant Program coursework to complete the 42 credit hour didactic component and the six credit hour clinical component.

In addition to classroom and laboratory hours, the didactic component includes 80 clock hours of integrated Level I practicum experiences. With the 16 full-time work weeks of Level II internship experiences included in the four credit hours of clinical courses, the program has a total of 16 full-time work weeks. The Occupational Therapy Assistant Program is presented in three semesters and one summer; students can complete the Associate of Science Degree with a major of Occupational Therapy Assistant.

Program Design

The University of Southern Indiana Occupational Therapy Assistant (OTA) Program is divided into two components: OTA courses and courses offered outside the OTA Program. During the first 2 semesters at the university, Pre-OTA students are required to take classes to fulfill the Core 39 requirements. As required in the OTA standards, OTA program content must be based on a foundation of the liberal arts and sciences. These classes provide a foundation in the biological, physical, social and behavioral sciences and support an understanding of occupation across the lifespan. These courses are taken before entering into the OTA program The OTA Program requirements are listed on the University of Southern Indiana Bulletin http://bulletin.usi.edu/.

Core 39, adopted in the fall of 2014, includes courses in the broad traditions of the liberal arts and a common set of experiences that are integrated across the curriculum. In our core, students expand foundational skills in communication and critical thinking, explore how different fields create and use knowledge, broaden their viewpoints through the study of diverse and global perspectives, and refine their writing skills through writing intensive experiences.

OTA Prerequisite Courses:

- UNIV 101 (traditional college freshman requirement)
- ENG 101
- PSY 201
- BIOL 121

- BIOL 122
- HP 115

The curriculum for the occupational therapy assistant is based on the premise that student learning requires acquisition of knowledge, skills competencies, and attitudes congruent with the profession's philosophy, attitudes and body of knowledge. Student learning is organized along a continuum. The student is introduced to knowledge of information based on the basic premises of the practice of occupational therapy (e.g. theories and frames of reference, function of the body in illness and health, ethics, etc. From mastery of foundational knowledge begins the process of application and analysis of information. As the student progresses along the learning continuum, the learning experiences evolve into the processes of synthesis and evaluation.

The curriculum design for the program approaches the learning process from a functional approach and was initially based on Uniform Terminology III taxonomy. When the Occupational Therapy Practice Framework was adopted by the AOTA (2002), concepts including the engagement of human occupation to support participation in context or contexts were expanded. In addition to offering specific courses, the design of the OTA Program incorporates the following five curriculum strands: Professional Integrity, Social Justice, Experiential Learning Partnerships and Collaboration and Health

The four foundation courses are named after the occupational performance skills (OTA 241 and OTA 242) Occupational Performance Components and areas of occupation (OTA 343 and OTA 344). The engagement in occupation of persons needing occupational therapy services varies with the environment, contexts, performance patterns, demands of the activity and client factors, and extends across the lifespan. Rather than having courses in a specific stage of the lifespan (i.e. children, adolescents, adults and elderly persons) this curriculum looks at areas of occupation, performance skills and patterns across the lifespan.

This approach is explored in the four foundation courses. During the OTA 241: Occupational Performance Components I class, development psychological and physical development over the lifespan is taught. Also addressed in this course is an introduction to a variety of frames of reference and its use in treatment of mental illnesses. In this same class, the function of groups across the lifespan is taught. In OTA 343: Occupational Performance Areas I, Activities of Daily Living and Play/Leisure various life-skills that exist over the lifespan are explored. For example, the act of dressing is something to be addressed throughout the lifespan. Rather than having a separate assessment course, the occupational therapy process (screening, assessment, intervention planning, intervention implementation, transition service planning, and discontinuation of service) is integrated into each foundation course.

While there are no diagnosis-based classes, the occupation-based approach used at USI has a strong diagnosis-based component woven into the program. For example, the course content in both of the pathophysiology and conditions courses (OTA 213 and OTA 214) includes the effects of heritable diseases, genetic conditions, disability, trauma, and injury on occupational performance. Using a lifespan approach to teaching pathology, a child who had cerebral palsy becomes an adolescent and an adult with the same diagnosis.

The other classes build on the four foundation courses. In Therapeutic Media (OTA 231), students learn techniques in activity analysis using the Occupational Therapy Practice Framework (AOTA, 2014). Analysis of activities, including crafts, as therapeutic media introduces students to the rich heritage from which current occupational therapy has risen. Orthotics, prosthetics, assistive technology and physical agent modalities complete the information provided in Media and Modalities (OTA 232).

The Technical Communication course (OTA 221) emphasizes the development of professional listening, speaking, reading, and writing skills. Occupational Performance in Pediatrics (OTA 345) provides a focus on the development of skills for use with pediatric populations, including OT evaluation and treatment planning. Management for the Occupational Therapy Assistant (OTA 372) encompasses basic management, leadership, supervision and professionalism within the role of the occupational therapy assistant.

The four fieldwork courses (Level I: OTA 297 & 298 and Level II: OTA 397 & OTA 398) provide experiences across three variables: age span, patient/client disposition (chronic versus acute patients/clients), and facility type (institutional versus community based). During fieldwork, students experience OT practice focusing on physiological, psychological and/or social factors that influence occupation.

The first curriculum strand, **Professional Integrity**, is introduced in Technical communications (OTA 221) and continued throughout the OTA courses. Communication, both written and verbal is the emphasis of the Technical Communication course (OTA 221). Leadership is emphasized in the student OT association (SOTA). As part of the Management course (OTA 372) students discuss and participate in a variety of activities that emphasize ethics and the role of the OTA in local, state and national organizations. Students are strongly encouraged to participate in activities hosted by the Southwest District of the Indiana Occupational Therapy Association, the Indiana Occupational Therapy Association and the American Occupational Therapy Association.

Students from the OTA program are encouraged to attend local, state and national conferences and an OTA representative is sent to the Association of Student Delegates meeting held in conjunction with the AOTA national conference. Students work on documentation skills in OTA 221 and the foundation courses (OTA 241, OTA 242, OTA 343, OTA 344). Since one of the best documentation learning experiences is in the field, documentation is a primary focus of the two practicum seminars, each of which includes 40 clock hour Level I fieldwork experiences (OTA 297 and OTA 298).

The second curriculum strand is **Social Justice**. Various aspects of diversity are introduced and carried through as a reoccurring theme throughout the program. Diversity is threaded throughout the occupational therapy assistant curriculum during the first semester in OTA 241, OTA 231 and 221 and the other foundation courses (OTA 242, OTA 343, OTA 344). Diversity is also addressed in the university required core curriculum courses.

The third curriculum strand is **Experiential Learning**. The Technical Communication class (OTA 221) introduces the importance of research and of evidence-based practice. In all of the foundation courses, clinical skill development is emphasized. In OTA 241, therapeutic use of self and the frames of reference including the Ecology of Human Performance (Dunn, Brown & McGuigan, 1994), the Person-Environment-Occupation Model (Law et. Al), and the Model of Human Occupation (Kielhofner, 1995) are introduced. With the beginning of the study of occupation, students begin clinical skill development through assignments on family/caregiver education, pediatric intervention plans, mental health analysis, and Hearing Voices simulation. Students are required to complete 2 hours of volunteer community service through the Student Occupational Therapy Association (SOTA) during the fall and spring semesters of the program. During the second semester of the OTA courses, students are introduced to a variety of activities to enhance performance of a variety of clinical skills necessary for the OTA. The student is required to pass competency checkoffs in which he/she is evaluated on the performance of a variety of skills such as range of motion testing, functional transfer techniques, manual muscle testing, and vital signs. Other frames of reference and treatment models are introduced throughout the program. Fieldwork experiences (Level I and II) are integral aspects of the curriculum. Students complete Level I experience as components of two practicum seminars (OTA 297 and OTA 298). Each of these practicum seminars offer student's

opportunities to complete 40 clock hours of Level I clinical experiences as well as time to discuss and reflect on their fieldwork experiences

The content for the fourth strand, **Partnership and Collaboration**, is initiated in activities with students from both OT and OTA programs interact together in the SOTA in presenting educational programs, fundraisers and social events. Students engage in community service-learning opportunities such as but not limited the adaptation of battery-operated toys and creating three dimensional printed switches. The OT and OTA students together have multiple opportunities to become involved in client-centered service-learning projects. Collaborative projects include participation specific to the role of the Occupational Therapist and the Occupational Therapy Assistant. Activities that incorporate collaboration with occupational therapists are also interwoven into other courses.

In the fifth strand, **Health**, focuses on wellness, disease and injury prevention. Wellness is introduced in course activities in OTA 213, OTA 214 and OTA 241 and continues throughout the program. the student is first introduced to the concept of wellness in OTA 241 with units on stress management and healthy lifestyles. Students perform a wellness evaluation and are asked to develop a plan of action regarding lifestyle changes to promote a healthier lifestyle. Wellness themes are integrated in OTA 213 through activities focusing on disease prevention and vital sign competencies evidenced by performance check-off.

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Stubik-Peplaski, C., Paris, C, Boyle, D., Culpert, A. (2006). Applying the occupational therapy practice framework. American Occupational Therapy Association Press.

Accreditation Status

The Occupational Therapy Assistant Program at the University of Southern Indiana is accredited by Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 6116 Executive Boulevard, Suite 200 North Bethesda, MD 20852-4929. ACOTE's telephone number c/o AOTA is (301) 652-2682. Graduates of the program will be eligible to sit for national certification examination for the occupational therapy assistant administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be a Certified Occupational Therapy Assistant (COTA). In addition, most states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination. Information about OTA Program accreditation and graduation rates, go to the OTA Program website: http://www.usi.edu/health/occupational-therapy-assistant/accreditation

Admissions Policy for the Occupational Therapy Assistant Program

The prospective student must be accepted for admission to USI before completing a separate application to the OTA Program. Student applicants must also show capability of fulfilling clinical practice requirements, eligibility for occupational therapy practitioner credentialing, and evidence of satisfactory health status. ***Note*: *A felony conviction may affect a graduate's eligibility to sit for the NBCOT certification examination* *&/or* *attain state practice credentials***; for further information, visit ***NBCOT*** at: https://www.nbcot.org/en/Students/Services#EarlyDetermination , your state's ***Professional Licensing Agency***, or you can contact the USI OTA program for further guidance regarding this topic. For the most current admission information, call the program at 812.465.1909, e-mail ota.info@usi.edu, or visit the Web site https://www.usi.edu/health/occupational-therapy-assistant/program-admission/.

The program selects students for admission to the OTA Program on the basis of:

1. Admission to University.
2. Completion of OTA Core Curriculum and minimum GPA of 2.9 on a 4.0 scale.
3. Submission of an application to the OTA Program by January 31 of year planning to be admitted to the fall class.
4. Interview with Occupational Therapy Assistant Admission Committee.
5. The selection of students for admission to the program is based on a combination score that includes the standardized interview with occupational therapists and cumulative pre-requisite GPA. Admission is capped at thirty students with the highest scores.

Please consider the following OTA Program requirements prior to application:

- Most OTA coursework is completed on campus in a traditional classroom setting. However, some courses are delivered using a hybrid format that combines both face to face and online content delivery. Students must have access to the internet and a computer because all courses deliver information using BlackBoard. You may use a laptop computer or tablet in the classroom but it is not required. The OTA faculty will communicate with you through your USI email account. Contact USI.edu/it/students/ for answers to your information technology questions.
- Students must commit to approximately 20 classroom hours per week as well as additional group activities and assignments. Successful completion of the OTA Program may require students to adjust their work demands and other commitments accordingly.

Student Right-to-Know Act

The University of Southern Indiana publicly discloses statistics pertaining to the University completion rate and transfer rate as mandated by the Student Right-to-Know Act. All colleges nationwide are required to release this information. Refer to the Student Right-to-Know Act webpage on the University of Southern Indiana website for the most recent statistics: https://www.usi.edu/institutional-analytics/student-right-to-know-act .

Expected Outcome Competencies of Graduates

These Occupational Therapy Assistant Program outcome competencies are drawn from the following documents:

American Occupational Therapy Association. (1983). *AOTA fieldwork evaluation for occupational therapy assistant students*. Rockville, MD: Author.

American Occupational Therapy Association. (1991a). Essentials and guidelines for an accredited educational program for the occupational therapist. *American Journal of Occupational Therapy*, *45*, 1077-1084.

American Occupational Therapy Association. (1991b). Essentials and guidelines for an accredited educational program for the occupational therapist. *American Journal of Occupational Therapy*, *45*, 1085-1092.

American Occupational Therapy Association. (2020). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy, 74(Suppl. 3), 7413410005*. https://doi.org/10.5014/ajot.2020.74S3006

American Occupational Therapy Association (2000), Guideline to the Code of Ethics, *American Journal of Occupational Therapy*, 52, 881-884

American Occupational Therapy Association. (1993b). Occupational therapy roles. *American Journal of Occupational Therapy*, *47*, 1087-1099.

American Occupational Therapy Association. (1998a). Guidelines to the occupational therapy code of ethics. *American Journal of Occupational Therapy*, *52*(10), 881-884.

American Occupational Therapy Association. (1998b). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, *52*(10), 866-869.

American Occupational Therapy Association. (1999a). Glossary: Standards for an accredited educational program for the occupational therapist and occupational therapy assistant. *American Journal of Occupational Therapy*, *53*(6), 590-591.

American Occupational Therapy Association. (1999b). Guidelines for supervision of occupational therapy personnel in the delivery of occupational therapy services. *American Journal of Occupational Therapy*, *53*(6), 592-597.

American Occupational Therapy Association. (1999c). Standards for an accredited educational program for the occupational therapist. *American Journal of Occupational Therapy*, *53*(6), 575-582.

American Occupational Therapy Association. (1999d). Standards for an accredited educational program for the occupational therapy assistant. *American Journal of Occupational Therapy*, *53*(6), 583-589.

American Occupational Therapy Association. (1999e). Standards for continuing competence. *American Journal of Occupational Therapy*, *53*(6), 599-600.

American Occupational Therapy Association (2011), Standards for an accredited educational program for the occupational therapy assistant. www.acoteonline.org

American Occupational Therapy Association. (2018). Accreditation council for occupational therapy education standards and interpretive guide. *American Journal of Occupational Therapy.* 2018; 72(Supplement_2):7212410005. https://doi.org/10.5014/ajot.2018.72S217

The following competencies are classified into one general category and eight specific categories: (a) Foundational Content Requirements, (b) Basic Tenets of Occupational Therapy, (c) Screening and Evaluation, (d) Intervention and Implementation, (e) Context of Service Delivery, (f) Assist in the Management of Occupational Therapy Services, (g) Use of Research, and (h) Professional Ethics, Values, and Responsibilities. The graduate of the Occupational Therapy Assistant Program at University of Southern Indiana relevant materials will demonstrate knowledge, comprehension application and analysis skills and will be able to demonstrate the ability to synthesize and evaluate activities relevant to the treatment of assigned clients/patients:

General Competencies

The dynamic nature of contemporary health and human services delivery systems requires the occupational therapy assistant to possess basic skills as a direct care provider, educator, manager, leader, and advocate for the profession and the consumer.

A graduate from an ACOTE-accredited associate-degree-level occupational therapy assistant program must:

- Have acquired an educational foundation in the liberal arts and sciences, including a focus on issues related to diversity.
- Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service.
- Have achieved entry-level competence through a combination of didactic and fieldwork education.
- Define theory as it applies to practice. Be prepared to articulate and apply occupational therapy principles and intervention tools to achieve expected outcomes as related to occupation.
- Be prepared to articulate and apply therapeutic use of occupations with persons, groups, and populations for the purpose of facilitating performance and participation in activities, occupations, and roles and situations in home, school, workplace, community, and other settings, as informed by the Occupational Therapy Practice Framework.
- Be able to apply evidence-based occupational therapy interventions to address the physical, cognitive, functional cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, well-being, and quality of life, as informed by the Occupational Therapy Practice Framework.
- Be prepared to be a lifelong learner to keep current with evidence-based professional practice.
- Uphold the ethical standards, values, and attitudes of the occupational therapy profession.
- Understand the distinct roles and responsibilities of the occupational therapist and the occupational therapy assistant in the supervisory process for service delivery.
- Be prepared to effectively collaborate with occupational therapists in service delivery.
- Be prepared to effectively communicate and work interprofessionally with all who provide services and programs for persons, groups, and populations.
- Be prepared to advocate as a professional for access to occupational therapy services offered and for the recipients of those services.
- Demonstrate active involvement in professional development, leadership, and advocacy (ACOTE, 2018).

2018 ACOTE Standards and Interpretive Guide

B.1.1. Demonstrate knowledge of:

- The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.
- Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.
- Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.

B.1.2. Explain the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations (e.g., principles of psychology, sociology, and abnormal psychology).

B.1.3. Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an understanding of the epidemiological factors that impact the public health and welfare of populations.

B.2.1. Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.

B.2.2. Define the process of theory development and its importance to occupational therapy.

B.3.1. Apply knowledge of occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.

B.3.2. Demonstrate knowledge of and apply the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors.

B.3.3. Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.

B.3.4. Demonstrate knowledge of scientific evidence as it relates to the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations.

B.3.5. Demonstrate knowledge of the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance.

B.3.6. Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to implement the intervention plan.

B.3.7. Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.

B.4.1. Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.

B.4.2. Demonstrate clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills.

B.4.3. Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.

B.4.4. Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and non-standardized screenings and assessment tools and collaborating in the development of occupation-based intervention plans and strategies. Explain the importance of using psychometrically sound assessment tools when considering client

needs, and cultural and contextual factors to deliver evidence-based intervention plans and strategies. Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.

B.4.6. Under the direction of an occupational therapist, collect, organize, and report on data for evaluation of client outcomes.

B.4.9. Demonstrate an understanding of the intervention strategies that remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.

B.4.10. Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.

B.4.11. Explain the need for and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.

B.4.12. Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation. Train in the safe and effective use of prosthetic devices.

B.4.13. Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.

B.4.14. Provide training in techniques to enhance community mobility, and address transportation transitions, including driver rehabilitation and community access.

B.4.15. Demonstrate knowledge of the use of technology in practice, which must include:
- Electronic documentation systems
- Virtual environments
- Telehealth technology

B.4.16. Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors.

B.4.17. Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.

B.4.18. Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.

B.4.19. Engage in the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues.

B.4.20. Understand and articulate care coordination, case management, and transition services in traditional and emerging practice environments.

B.4.21. Demonstrate the principles of the teaching– learning process using educational methods and health literacy education approaches:

- To design activities and clinical training for persons, groups, and populations.
- To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.

B.4.22. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention and communicate the identified needs to the occupational therapist.

B.4.23. Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness.

B.4.24. Demonstrate effective intraprofessional OT/OTA collaboration to explain the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process.

B.4.25. Demonstrate awareness of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.

B.4.26. Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies.

B.4.27. Identify and communicate to the occupational therapist the need to design community and primary care programs to support occupational performance for persons, groups, and populations.

B.4.28. Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.

B.4.29. Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.

B.5.1. Identify and explain the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations and social systems as they relate to the practice of occupational therapy.

B.5.2. Explain the role and responsibility of the practitioner to advocate for changes in service delivery policies, effect changes in the system, recognize opportunities in emerging practice areas, and advocate for opportunities to expand the occupational therapy assistant's role.

B.5.3. Explain an understanding of the business aspects of practice including, but not limited to, financial management, billing, and coding.

B.5.4. Define the systems and structures that create federal and state legislation and regulations, and their implications and effects on persons, groups, and populations, as well as practice.

B.5.5. Provide care and programs that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.

B.5.6. Identify the need and demonstrate the ability to participate in the development, marketing, and management of service delivery options.

B.5.7. Participate in the documentation of ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and implement program changes as needed to demonstrate quality of services.

B.5.8. Define strategies for effective, competency-based legal and ethical supervision of occupational therapy assistants and non-occupational therapy personnel.

B.6.1.

- Locate and demonstrate understanding of professional literature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist.
- Explain how scholarly activities and literature contribute to the development of the profession.

B.6.2. Understand the difference between quantitative and qualitative research studies.

B.6.3. Demonstrate the skills to understand a scholarly report.

B.6.6. Understand the principles of teaching and learning in preparation for work in an academic setting.

B. 7.1. Demonstrate knowledge of the American Occupational Therapy Association (AOTA) Occupational Therapy Code of Ethics and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.

B.7.2. Demonstrate knowledge of how the role of a professional is enhanced by participating and engaging in local, national, and international leadership positions in organizations or agencies.

B. 7.3. Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.

B.7.4. Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.

B.7.5. Demonstrate knowledge of personal and professional responsibilities related to:

- Liability issues under current models of service provision.
- Varied roles of the occupational therapy assistant providing service on a contractual basis.

Course Descriptions

OTA 213 Pathophysiology and Conditions I (3 hours) This course provides an overview of the etiology, clinical course, management, and prognosis of congenital and developmental disabilities, acute and chronic disease processes, and traumatic injuries; and examines the effects of such conditions on functional performance throughout the lifespan as well as explores the effects of wellness on the individual, family, culture, and society. Pre-requisites: BIOL 121, BIOL 122, and Admission to OTA program.

OTA 214 Pathophysiology and Conditions II (3 hours) Providing a focus in the areas of neurology and orthopedics, this course continues the overview of the etiology, clinical course, management, and prognosis of congenital and developmental disabilities, acute and chronic disease processes, and traumatic injuries by examining the effects of such conditions on functional performance throughout the lifespan and by exploring the effects of wellness on the individual, family, culture and society. Pre-requisites: OTA 213, Admission to OTA program.

OTA 221 Technical Communication (3 hours) The emphasis of this course is the development of skills in the areas of listening, speaking, reading, and writing. These skills include: interviewing; self, dyadic, and group interaction; documentation to ensure accountability and reimbursement of services; critical reading of research; public speaking; and participation in meetings. This course introduces the student to medical terminology used in many of the treatment settings. Pre-requisites: ENG 101, ENG 201, SPCH 101, Admission to OTA program.

OTA 231 Therapeutic Media (3 hours) This course includes a multicultural perspective to emphasize the analysis of activities, the performance and teaching of selected tasks and activities, and the grading and adapting of purposeful activity for therapeutic intervention. Pre-requisites: Admission to OTA program.

OTA 232 Media and Modalities (2 hours) The student will be introduced to theory and clinical competencies needed to become proficient in basic splint fabrication skills and the medical conditions associated with each type of splint constructed. The course will also explore the use of assistive devices, adaptive equipment, and an overview of prosthetics, orthotics, and the use of physical agent modalities in treatment. Pre-requisites: Admission to OTA program

OTA 241 Occupational Performance Components I (4 hours) This course examines the occupational therapy process with an emphasis on optimal occupational performance which enhances lifespan role functioning across occupational performance contexts. This course examines the interplay of performance areas and concomitant performance components with a focus on psychosocial skills. Pre-requisites: PSY 201, Admission to OTA program.

OTA 242 Occupational Performance Components II (5 hours) This course examines the occupational therapy process with an emphasis on optimal occupational performance which enhances lifespan role functioning across occupational performance contexts. This course examines the interplay of performance areas and concomitant performance components with a focus on sensorimotor and cognitive skills. Pre-requisites: OTA 221, OTA 231, OTA 241

OTA 297 Practicum Seminar A (2 hours) Along with a 40 clock hour Level I practicum experience, this first practicum course provides students opportunities to discuss fieldwork matters and integrate fieldwork with occupational therapy process and practice issues. Pre-requisites: Admission to the OTA program. F, Sp, Su

OTA 298 Practicum Seminar B (2 hours) Along with a 40 clock hour Level I practicum experience, this second practicum course provides students additional opportunities to discuss fieldwork matters and integrate fieldwork with occupational therapy process and practice issues. Prereq: OTA 297. F, Sp, Su

OTA 343 Occupational Performance Areas I (5 hours) This course examines the occupational therapy process with an emphasis on optimal occupational performance which enhances lifespan role functioning across occupational performance contexts. This course examines the interplay of performance components and their effects on subsequent performance areas, particularly activities of daily living and play or leisure. Prereq: OTA 241. Sp

OTA 344 Occupational Performance Areas II (4 hours) This course examines the occupational therapy process with an emphasis on optimal occupational performance which enhances lifespan role functioning across occupational performance contexts. This course examines the interplay of performance components and their effects on subsequent performance areas, particularly work and productive activities. Pre-requisites: OTA 343. Su

OTA 351 Independent Study (1-12 hours) This elective course may be customized for the special interest of the student. Students may complete this independent study by participating in faculty approved supervised service delivery, research projects under the direction of faculty, or another faculty approved project. Prerequisites: none.

OTA 342 Occupational Performance in Pediatrics (3 hours) The emphasis of this course is the development of skills to use for the pediatric population including evaluation and treatment planning using developmental, cognitive, motor, and psychosocial theories. The use of experiential learning techniques will reinforce presented concepts. Pre-requisites: Admission to the OTA program.

OTA 372 Management for Occupational Therapy Assistants (3 hours) General management principles such as planning, organizing, staffing, coordinating/directing, controlling, budgeting, marketing, strategic planning are applied to the management of activities service. There is an emphasis on the development of supervisory skills for occupational therapy students, certified occupational therapy assistants, and other personnel. Pre-requisites: Admission to the OTA program.

OTA 397 Technical Fieldwork A (3 hours) While working with persons having various levels of psychosocial, sensorimotor, and cognitive performance components, students have opportunities for synthesis, the integration and application of knowledge gained throughout their educational experiences which include general education/liberal arts courses as well as the sequence of occupational therapy coursework. Students will examine the interplay among occupational performance areas, components, and contexts; develop and expand a repertoire of occupational therapy treatment interventions; and employ clinical reasoning and reflective practice skills. Fieldwork A, a Level II internship of at least 8 full-time work weeks in duration, must vary from Fieldwork B to reflect a difference in ages across the lifespan of persons requiring occupational therapy services, in the setting with regard to chronicity (long term versus short term), and in facility type (institutional versus community based). Level I fieldwork shall not be substituted for any part of Level II fieldwork. Pre-requisites: Admission to the OTA Program. Completion of OTA 297 and 298

OTA 398 Technical Fieldwork B (3 hours) While working with persons having various levels of psychosocial, sensorimotor, and cognitive performance components, students have opportunities for synthesis, the integration and application of knowledge gained throughout their educational experiences which include general education/liberal arts courses as well as the sequence of occupational therapy assistant coursework. Students will examine the interplay among occupational performance areas, components,

and contexts, develop and expand a repertoire of occupational therapy treatment interventions, and employ clinical reasoning and reflective practice skills. Fieldwork B, a Level II internship of at least 8 full-time work weeks in duration, must vary from Fieldwork A to reflect a difference in ages across the lifespan of persons requiring occupational therapy services, in the setting with regard to chronicity (long term versus short term), and in facility type (institutional versus community based). Level I fieldwork shall not be substituted for any part of Level II fieldwork. Pre-requisites: OTA 397.

General Information

College Offices

The offices of the Dean of the College of Nursing and Health Professions, the Occupational Therapy Assistant Program director, and Occupational Therapy Assistant Program faculty and support staff are located on the second floor of the Health Professions Center on the University of Southern Indiana main campus.

Academic Advising

Academic advising is available to all USI students and should be a priority for those students who are considering an OTA degree. Academic advising is a collaborative mentoring relationship that provides support and information as the student develops an academic plan.

The College of Nursing and Health Professions Advising Center serves pre-major and first year students. All other students, including transfer students, can request advising services by contacting the OTA Program by email (OTAinfo@usi.edu).

Students who are accepted into the OTA Program receive advising services from the OTA Program Chair during the first three semesters of the program. The Academic Fieldwork Coordinator provides advising services to OTA students in the final semester of the program during completion of Level II Fieldwork.

Status Change

Changes in name, address, telephone number, parent's or guardian's address are to be reported immediately to both the University Registrar's Office and the Occupational Therapy Assistant Program. A *Change of Name* form must be submitted to the Registrar's Office.

Full-Time Working Policy

Faculty acknowledge that occupational therapy assistant students have commitments such as families and jobs outside of the Occupational Therapy Assistant Program coursework. To allow students flexibility in their lives, occupational therapy assistant courses are arranged in a "blocks of time" format. While full-time employment is not prohibited, students must remember they are enrolled as occupational therapy assistant majors and are expected to perform at that level. If faculty members determine that a work-related commitment may be interfering with occupational therapy assistant training, they may recommend that the student move to a part-time basis for employment.

Schedule Flexibility

Flexibility is an indicator of strong occupational therapy practitioners, and students are expected to demonstrate flexibility. For special projects or speakers, students may be assigned to attend class at times or on days other than those typically scheduled; however, if possible, the changes in dates will be reflected in the syllabi students receive on their first day of classes. For example, OT and OTA student will collaborate on client evaluations as well as on group interventions in the community. Both groups will be required to meet outside their normal schedules.

Payment of Tuition

The OTA administrative assistant will assist students in pre-registering for courses; however, occupational therapy assistant students are solely responsible for making certain they have paid their tuition each school term. At the University of Southern Indiana, the student who pre-registers receive an email regarding their tuition bill. If students do not pay by the pre-registration deadline, they are dropped from courses and will not receive another bill. Students, who do not pre-register for courses, but instead enroll in courses during registration times, will not receive a bill from the University of Southern Indiana. The student who enrolls in classes during late registration must independently come to campus, complete the correct forms, obtain the appropriate signatures, and pay.

Occupational Therapy Assistant Program majors must pay their tuition bills in order to enroll in each course and receive credit, and a grade for that class. If students do not pay for classes, they will not be enrolled, therefore, they must wait to enroll in the course the next time the course is offered. For a student, nonpayment of his or her tuition bill will result in postponing: 1) graduation, 2) eligibility for sitting for the NBCOT (National Board for Certification in Occupational Therapy) certification examination and 3) gainful employment as an occupational therapy assistant.

Student Identification

Each student is responsible for obtaining an Eagle Access Card, the University of Southern Indiana identification card which also allows debit capabilities. Eagle Access Cards are required for checking out library books, making copies on university provided copiers, attendance at student events, and cashing checks. Arrangements for Eagle Access Cards can be made in the University Center.

Student Nametags

Each student is responsible for obtaining his or her official personalized occupational therapy assistant intern nametag at the Eagle Access Office in the University Center. Student nametags must be worn during all scheduled field trips and while attending scheduled OTA classes. Students may choose to have only their first name and last initial on the nametag. A nominal fee is accessed for the nametag.

Email Accounts

The USI Computer Center assigns an email account to every newly enrolled student which is maintained throughout your time as a student. If you have any questions about your USI email account, contact the Computer Center Help Desk at 812-465-1080. Other email accounts can be obtained either through your own personal on-line service or from free Internet e-mail services (hotmail.com, yahoo.com, or gmail.com). If you choose to use another e-mail account for your course work, you will need to set-up your MyUSI e-mail so that all e-mail will be forwarded to your other account. There are times when only username@eagles.usi.edu address can be used to gain access to some University services such as MyUSI, Blackboard, and library databases from off campus locations. You must have an established an email account before your first-class meeting.

Car Policies

Residents of campus apartments and apartments are required to register their vehicle and will receive a color-coded parking decal. Commuter students are urged to register their vehicle, but will not have a decal; for online vehicle registration, visit: https://www.usi.edu/public-safety/parking/vehicle-registration

USI Traffic and Parking Regulations can be found at:
https://www.usi.edu/public-safety/parking

See the current semester schedule or the office of Security for further information about parking regulations. Information concerning registration of cars at fieldwork sites will be provided by fieldwork site &/or fieldwork educator.

Tobacco-Free Policy

Occupational therapy practitioners, as role models and providers of care, must avoid lifestyle factors associated with disease. It is the policy of the University of Southern Indiana to promote and maintain a clean and healthy working and learning environment for students, faculty, staff, and visitors. The University expects the cooperation and commitment of all students, faculty, staff, and visitors in maintaining a smoke-free environment and an environment free from smokeless tobacco waste. Smokeless tobacco consists of the use of snuff, chewing tobacco, smokeless pouches, or other forms of loose-leaf tobacco. For USI's Tobacco-Free Policy visit: https://handbook.usi.edu/tobaccofree-policy .

Professional Liability Insurance

Occupational therapy assistant students completing Level I or II fieldwork experiences must purchase professional liability insurance to cover fieldwork experiences. For students enrolled full-time in the occupational therapy assistant curriculum, the professional liability fee is attached to the course, OTA 297: Practicum Seminar A in the first year of the program.

Health Insurance

Because many service learning and fieldwork sites require that students have evidence of health insurance coverage, each OTA Program student is required to have a health insurance certificate available upon entering the OTA Program. Students are required to submit proof of coverage to the OTA Program via CastleBranch and may also be required to provide a copy of their health insurance certificate upon arrival at fieldwork.

The CNHP and/or OTA Program policies require OTA students to complete a background check through CastleBranch prior to beginning OTA courses and OTA Fieldwork. Students must also submit proof of physical examination, medical history and immunization completion to CastleBranch prior to the start of OTA courses and Fieldwork. Students will receive instructions regarding these requirements prior to the start of fall classes. Refer to the CNHP Infection Control Handbook at the end of this handbook for further information about requirements.

Course Fees

Course Fees: Fees are attached to specific courses for the following:

1. Consumable lab supplies (OTA 232, 297, 298).
2. Fieldwork program lab activities (OTA 397 & 398).
3. Distance education fees (OTA 213, 214, & 372 - hybrid courses; OTA 397 & 398 Level II Fieldwork).
4. Professional liability (malpractice) insurance - 12-month coverage (OTA 297).

Professional Associations and Memberships

Students in the Occupational Therapy Assistant Program are required to join the ***American Occupational Therapy Association*** (***AOTA***). By joining AOTA, students will receive member benefits including, the *American Journal of Occupational Therapy*, and the *Occupational Therapy Practice Framework: Domain & Process 4th Edition.* USI OTA students are also required to join the ***Indiana Occupational Therapy Association*** (***IOTA***). IOTA is our state occupational therapy association, which sponsors two annual educational conferences, among many other educational opportunities throughout the year. The ***Southwestern District of the Indiana Occupational Therapy Association*** (***SWIOTA***), which is our local area association, hosts educational meetings several times per year (which IOTA members can attend

for free). These meetings are great educational & networking opportunities for students, as well as other local area practitioners. All USI OT & OTA students are _required_ to join and be active in the ***USI Student Occupational Therapy Association*** (***SOTA***).

CPR Certification

Students are required to have current CPR certification to begin OTA program courses and to complete all fieldwork experiences (Level I and Level II). Fieldwork packets (including evaluation forms, objectives, etc.) will not be released to a student unless he or she has a current CPR certificate on file in the Occupational Therapy Assistant Program office. Students must arrange their own CPR certification training. The following are the only certification trainings currently accepted for students enrolled in a healthcare discipline program in the USI College of Nursing & Health Professions:

One of the following is required:

- American Heart Association BLS for Healthcare Providers (Instructor Led Training)
  OR
- American Red Cross BLS/CPR for Healthcare Providers

Each of the courses listed above are intended for health care providers and includes training in both infant and adult. A training course that offers a two-year certificate is required because it provides coverage for CPR training across the OTA didactic and fieldwork components of the program.

Graduation Application

During the semester preceding graduation, occupational therapy assistant students are responsible for completing all graduation application forms which are available through myUSI Self Service or the Registrar’s website. See *University of Southern Indiana Bulletin* for additional information.

APA Style Requirements

Unless notified of the use of different style guidelines, the Occupational Therapy Program uses the most recent version of the American Psychological Association (APA) publication guidelines. A copy is available for student utilization in the University of Southern Indiana Rice Library and for purchase at the University of Southern Indiana bookstore.

Authorship

The primary purpose of any student's work conducted for academic credit is to increase knowledge and comprehension. In many cases, the academic work of students conducted with the guidance of faculty is a significant contribution worthy of publication and/or presentation. A policy for authorship is necessary to (a) ensure that scientific findings and/or applicable creative works are publicly presented and/or published and (b) ensure that appropriate individuals and organizations are credited for their work via authorship or acknowledgement.

Authorship is warranted for individuals providing substantive intellectual contribution to the conceptual or methodological basis of a work. Any potential author has the right to review a manuscript and/or abstract prior to submission for publication and/or presentation and must have the opportunity to refuse authorship. Individuals should be notified and allowed the opportunity to refuse acknowledgement.

Acknowledgement, at the end of papers or during presentations, is warranted for individuals providing any other substantive assistance to a work, including the duties of research assistant or data collector. Individuals should be notified and allowed the opportunity to refuse acknowledgement.

The student shall be recognized as first author for all publications or presentations involving his or her research or project **EXCEPT** under one of the following conditions:

1. If the student does not submit the manuscript for publications or presentation of the research or project within one year of final approval and the faculty member deems the research or project to be of merit. The faculty member then has the prerogative to submit the manuscript as first author with the student recognized as second author.

2. If the student and faculty member mutually agree that the faculty member will serve as first author and the student will be recognized as second author to expedite submission for possible presentation and/or publication.

3. If presentations and/or publications are prepared which involve student assistance in generating and/or analyzing data relative to a faculty member's research area, but the focus differs from the foundation of the student's research project. The faculty member may serve as first author and the student will be recognized via acknowledgement or authorship.

This agreement and student handbook sections are based on the authorship policy developed by the Graduate Program in Occupational Therapy at the Medical College of Ohio in Toledo.

Temporary Credentials

For students wishing to practice in only Indiana, the Occupational Therapy Assistant Program will write official letters to assist students in obtaining temporary credentials to provide occupational therapy services between graduation ceremonies and receipt of passing results on the NBCOT examination. Each student will receive a letter after (a) submitting all fieldwork documentation (the academic fieldwork coordinator having previously processed as satisfactory), (b) attending all classes of the last course and completing all assignments satisfactorily, (c) resolving all incomplete grades, and (d) submitting evidence of good standing status in the university (e.g., payment of outstanding parking tickets, library fines, etc.). Since Illinois and Kentucky no longer accept these official letters, students who want to work in these states must wait until their associate of science in occupational therapy assistant degree is posted to their transcripts and complete the required paperwork.

Please note: a felony conviction will affect your eligibility to take the national certification examination and also state credentialing (e.g., license, certificate, registration). If you are currently charged with or have been convicted of a felony, please notify the Occupational Therapy Assistant Program immediately. In addition, if you have had credentials (e.g., license, registration, and certification) in another field (e.g., PTA) denied, revoked, suspended, or subject to probationary conditions, your eligibility to take the national certification examination may be in jeopardy. Please contact the Occupational Therapy Assistant Program if you have questions.

NBCOT Examination Registration

Each student is responsible to complete the registration process to sit for the *Certification Examination for the Certified Occupational Therapy Assistant COTA*. After receiving the initial mailing, each student must work with the Office of the Registrar for completion of appropriate forms.

Americans with Disabilities Act (ADA) Statement

Disability Accommodations for <u>On-Campus courses</u>

If you have a disability for which you may require academic accommodations for this class, please register with Disability Resources (DR) as soon as possible. Students who have an accommodation letter

from DR are encouraged to meet privately with course faculty to discuss the provisions of those accommodations as early in the semester as possible. To qualify for accommodation assistance, students must first register to use the disability resources in DR, Science Center Rm. 2206, 812-464-1961, www.usi.edu/disabilities. To help ensure that accommodations will be available when needed, students are encouraged to meet with course faculty at least 7 days prior to the actual need for the accommodation. However, if you will be in an internship, field, clinical, student teaching, or other off-campus setting this semester please note that approved academic accommodations may not apply. Please contact Disability Resources as soon as possible to discuss accommodations needed for access while in this setting.

Disability Accommodations for for Online-Learning courses

If you have a disability for which you may require academic accommodations for this class, please contact Disability Resources at 812-464-1961 or email Disability Communications at usi1disres@usi.edu as soon as possible. Students who are approved for accommodations by Disability Resources should request their accommodation letter be emailed to them to forward to their online instructors. Due to the nature of online courses some accommodations approved for on campus courses may not apply. Please discuss this with Disability Resources to clarify as needed. Students who receive an accommodation letter from Disability Resources are encouraged to discuss the provisions of those accommodations with their professors before or during the first week of the semester. If you will be in an internship, field, clinical, student teaching, or other off-campus setting this semester please note that approved academic accommodations may not apply. Please contact Disability Resources as soon as possible to discuss accommodations needed for access while in this setting. For more information, please visit the Disability Resources website at www.usi.edu/disabilities.

Essential Functions of the Occupational Therapy Assistant

Essential functions are those physical, mental, and psychosocial characteristics that are necessary to meet the clinical/practice/fieldwork expectations for the College of Nursing and Health Professions programs. Becoming a healthcare professional requires the completion of an education program that is both intellectually and physically challenging. The purpose of this statement is to articulate the essential function requirements of the CNHP programs in a way that allows students to compare their own capabilities against these demands.

There are times when reasonable accommodations can be made in order to assist a student with a disability. Reasonable accommodation does not mean that students with disabilities will be exempt from certain tasks; it does mean that we will work with students with disabilities to determine whether there are ways that we can assist the student toward completion of the tasks.

Motor Skills

- Ability to independently manipulate and guide weights up to 50 pounds,
- Ability to move about freely and maneuver in small spaces,
- Tolerate regular changes of physical position, both stationary and mobile, for extended (8 to 12-hour shift) periods of time,
- Possess skills to independently handle and operate a range of items, devices or equipment,
- Maintain a stable physical position, and
- Agility to respond in an emergency.

Communication Skills

- Process, comprehend and communicate information effectively, clearly, in a timely

manner, in the English language, and with individuals from various social, emotional, cultural, and intellectual backgrounds.

Cognitive/Critical Thinking Skills

- Collect, measure, calculate, analyze, interpret, and apply information,
- Exercise good judgment in a variety of settings, and
- Ability to set priorities and manage time effectively.

Interpersonal and Behavioral Skills

- Establish and maintain professional working relationships,
- Apply conflict management and problem-solving strategies,
- Demonstrate professional, ethical, and legal behavior,
- Demonstrate appropriate maturity, stability, and empathy to establish effective and harmonious relationships in diverse settings,
- Demonstrate flexibility and ability to adapt to change,
- Maintain self-control in potentially stressful environments, and
- Comply with professional standards regardless of circumstance.

Sensory Skills

- Uses all available senses to collect data regarding patient status and provide patient care.

Title IX – Sexual Misconduct

USI does not tolerate acts of sexual misconduct, including sexual harassment and all forms of sexual violence. If you have experienced sexual misconduct, or know someone who has, you may seek help by contacting USI's Interim Title IX Coordinator, Chelsea Givens at 812-464-1703 or ccgivens@usi.edu or Deputy Title IX Coordinator Dr. Laurie Berry at 812-464-1862 or lberry@usi.edu . It is important to know that federal regulations and University policy require faculty to promptly report incidences of potential sexual misconduct known to them to the Title IX Coordinator. The University will work with you to protect your privacy by sharing information with only those who need to know to ensure we can respond and assist. If you are seeking help and would like to speak to someone confidentially, you can make an appointment with a counselor in the University Counseling Center by calling 812-464-1867. Find more information about sexual violence, including campus and community resources, at https://www.usi.edu/dean-of-students/title-ix-sexual-assault-and-gender-violence .

Student Basic Needs

Students who have difficulty affording food on a regular basis or lack a safe place to live and believe this may affect their class performance are encouraged to contact the Dean of Students Office. A list of resources can also be found at https://www.usi.edu/financial-success/financial-wellness .

If you have any questions or wish to discuss further the essential functions required of an occupational therapy assistant contact the OTA Program Chair.

University of Southern Indiana is an Affirmative Action/Equal Opportunity Institution and complies with all requirements of the Americans with Disabilities Act

Health Information

Medical Evaluation, Immunization, and Record Keeping

Please see "Medical Evaluation, Immunizations, and Record Keeping" in the Infection Control Program section that follows.

Disability Resources

The USI Office of Disability Resources (ODR) coordinates services and academic accommodations for USI students with disabilities to ensure equal access to university facilities, programs, services and resources. ODR staff review documentation for eligibility, collaborate with students to determine appropriate accommodations, assist with the implementation of the accommodations, offer support and guidance, and advocate for access as needed. Counseling services are also available.

If you have a disability for which you may require academic accommodations for this class, please register with Disability Resources (DR) as soon as possible. Students who have or who receive an accommodation letter from DR are encouraged to meet privately with course faculty to discuss the provisions of those accommodations as early in the semester as possible. To qualify for accommodation assistance, students must first register to use the disability resources in DR, Science Center Rm. 2206, 812-464-1961 http://www.usi.edu/disabilities . To help ensure that accommodations will be available when needed, students are encouraged to meet with course faculty at least 7 days prior to the actual need for the accommodation.

Pregnancy and Change of Health Status

Student pregnancy or a change in health status is to be reported to the program director. The pregnant student must provide to the Occupational Therapy Assistant Program and to pertinent clinical sites copies of a physician's release to begin or continue Level I and Level II fieldwork experiences. After an injury, surgery, or other hospitalization, the student must also provide to the Occupational Therapy Assistant Program and to pertinent clinical sites copies of a physician's release to begin or continue Level I and Level II fieldwork experiences. A copy of a physician’s release must be provided to the Occupational Therapy Assistant Program after the student experiences an illness or injury that will restrict participation in any of the fieldwork or classroom activities (e.g. lifting restrictions which may affect the ability to learn and/or perform patient lifting and transfer techniques).

Personal Injury

Students who become injured in the Health Professions Center classrooms, offices, or student housing must report the incident immediately. An *Injury and Illness Report* form, available from the Occupational Therapy Assistant Program support staff or under the following Infection Control section, must be completed. Students, who become injured in the clinical setting, are to report the incident immediately to their instructor and complete an agency and College of Nursing and Health Professions incident report. The College incident report will be submitted to the Dean's office.

Zachary Law Compliance Policy

To comply with the state and federal regulations, potential and current students and faculty of the College of Nursing and Health Professions clinical programs within the College of Nursing and Health Professions, will be required to have a criminal records check relating to sexual and violent offenses against children.

The clinical programs of the College of Nursing and Health Professions are:

1. Dental Assisting
2. Dental Hygiene

3. Diagnostic Medical Sonography
4. Nursing
5. Occupational Therapy Assistant
6. Occupational Therapy
7. Radiologic Technology and Imaging Sciences
8. Respiratory Therapy

In accordance with the state of Indiana's revisions of Zachary's law made in January of 2003, the College of Nursing and Health Professions will verify if the student or faculty member is registered with his or her state registry for convicted sexual and violent offenders against children and will continue to do so at least annually for as long as the student remains in the program. Due to varying state applications nationwide, it is possible that some out-of-state students will be required to provide certified documentation of a criminal background check conducted by the student's respective state as related to sexual offenses against children. This process will also continue annually for as long as the student or faculty member remains in the clinical program.

Should the student's name appear in the Indiana Registry or his or her respective state's registry, the student will be denied admission/progression in the College of Nursing and Health Professions clinical program. Current students shall be dismissed from the College of Nursing and Health Professions clinical programs. If the listing is the result of an error, it will become the student's responsibility to correct the error before admission/progression in the College of Nursing and Health Profession program will be permitted.

Should a faculty's name appear in the Indiana Registry or his or her respective state's registry, the faculty will be denied employment in the College of Nursing and Health Professions. Current faculty shall be dismissed from employment in the College of Nursing and Health Professions. If the listing is the result of an error, it will become the faculty's responsibility to correct the error before employment in the College of Nursing and Health Profession program will be permitted.

Zachary Law Compliance Procedures

The College of Nursing and Health Professions will notify current students of the required criminal background check in one or more of the following ways.

1. Information will be provided during an on-campus class session,
2. List-serves, distribution lists and Blackboard course announcements,
3. Program Webpages, and
4. Student Handbooks.

The College of Nursing and Health Profession's will notify prospective students of the required criminal background check in one or more of the following ways.

1. Program recruitment and information materials,
2. Advising sessions as appropriate, and
3. Program Webpages.

The College of Nursing and Health Profession's will notify prospective faculty of the required criminal background check in one or more of the following ways.

1. Written and/or oral communication with faculty candidates prior to offer of employment.

The College of Nursing and Health Profession's procedure for criminal background checks is as follows:

1. Every prospective student, faculty member, or current student in a selected program will be informed of the school's policy to perform a background check pertaining to convictions for sexual and violent offenses against children.
2. For as long as a student or faculty member remains in a selected College program, his or her status will be verified annually with the said state registry.
3. The Program Director of the selected College programs will be responsible for verifying each student and faculty's status with his or her state's sexual and violent offender registry and maintaining appropriate documentation.
4. The Dean of the College of Nursing and Health Professions will be responsible for verify the status of all Program Directors.
5. Criminal Check reports will be contained in the student/faculty's health data file.
6. Should a student or faculty member appear in a state registry, he or she will be either denied access if a new student to College of Nursing and Health Professions clinical programs or be dismissed from the program if a current student.
7. If the listing with the state registry is an error, it is the student's responsibility to correct their error, and admittance to the select programs in the College of Nursing and Health Professions will be denied until the student's removal or confirmation of removal can be officially documented.

For further questions regarding this policy, please contact the College of Nursing and Health Professions at (812)-464-1708.

Health Professions Center Policies, Procedures, and Guidelines

Portions of the Health Professions Center are shared by many groups; therefore, students must abide by policies established by the University of Southern Indiana regarding the use of this facility.

Lactation Room

The Health Professions Center has a lactation room, HP 3138, available to students.

Phone Calls

Students will not be excused from class for phone calls except for emergencies. The student who abuses this privilege will be counseled the first time and will receive a *Course Deficiency Report* for the next abuse of this privilege.

Personal Cellular Phones

Students may carry cellular phones; however, these devices must be turned off during class. Under no circumstances will student texting on the cellular phone be tolerated during any class activity. Leaving class to respond to personal calls should be limited to emergencies only. The student who abuses this privilege will be counseled the first time and will receive a *Course Deficiency Report* for the next abuse of this privilege.

Eating and Drinking Policies

Eating and drinking are not permitted in the second floor Charles E. Day Learning Resource Center. Drinks in containers that close are allowed in the Occupational Therapy Lab (HP 2111 and HP 2112). Classroom table surfaces must be clean at the end of each day's scheduled classes or the privilege of bringing liquids into the OT lab will be revoked for the entire cohort of students. Consumption of food is not allowed during class. Students who bring their lunches are required to eat in designated areas in the lower level of the HP building.

Medical Education Modeling

The Occupational Therapy Assistant Program uses students as medical education models. Modeling allows program participants to obtain the basic knowledge and skills required to provide quality health care. Procedures performed by USI students on student medical models are supervised by an appropriately qualified health care professional. Students enrolled in these programs are encouraged to speak with their course instructor if they have questions or concerns about participating as a medical education model.

College of Nursing and Health Professions Social Media Policy

The use of social media has grown exponentially in the last decade and continues to reshape how society communicates and shares information. Social media can have many positive uses in health care; it can be used to establish professional connections, share best practices in providing evidenced based care, and educate professionals and patients. However, communication about professional issues can cross the line and violate patients' privacy and confidentiality, whether done intentionally or not. Health professionals, including students in health profession disciplines, have a legal and ethical obligation to protect the privacy and confidentiality of each patient's health information and privacy. The unauthorized or improper disclosure of this information, in any form, violates state and federal law and may result in civil and criminal penalties. Health professionals, including students in health care profession disciplines, have an obligation to respect and guard each patient's privacy and confidentiality at all times.

Postings on social media sites must never be considered private, regardless of privacy settings. Any social media communication or post has the potential to become accessible to people outside of the intended audience and must be considered public. Once posted, the individual who posted the information has no control over how the information will be used. Students should never assume information is private or will not be shared with an unintended audience. Search engines can find posts, even when deleted, years after the original post. Never assume that deleted information is no longer available.

<u>Policy</u>

- Patients (and their families) and clinical experiences with patients must **never** be discussed on any social media site. A patient's identifying information is only to be discussed with faculty and other health care providers who have a need to know and have a role in the patient's care. Discussion of a patient's case may occur with faculty and peers in a course related assignment in a place where such discussion can't be heard by people who are not involved in the clinical experience. Patients (and their families) are never to be discussed in a negative manner. At no time during course discussions is the patient to be identified by name or any other personally identifying information such as any relationship to the student. Students are prohibited from using any form of social media to discuss patients, their families or any of their patients/ families medical or health care information.
- No photos or videos of clients/patients (and their families) or of any client/patient health records may be taken on any personal electronic devices (such as, but not limited to, cameras, smartphones and tablets), **even if** the patient gives you permission.
- No photos or videos of patients/clients (and their families) or clinical field work or internships may be taken on personal electronic devices (such as, but not limited to, cameras, smartphones and tablets), unless the video or photo is a specific requirement of the internship experience and is requested in writing by an authorized representative of the clinical site.
- Students may not post messages that: incite imminent lawless action, are a serious expression of intent to inflict bodily harm upon a person, are unlawful harassment, are a violation of any law prohibiting discrimination, are defamatory or are otherwise unlawful.

- Students are prohibited from uploading tests/quizzes, faculty generated presentations, or faculty information to any website.
- Students are prohibited from claiming or even implying that they are speaking on behalf of the University.

Sanctions

- Violations of patient privacy will be subject to the policies outlined in the University's Student Rights and Responsibilities: A Code of Student Behavior Handbook and HIPAA procedures/guidelines and sanctions.
- Students may be subject to disciplinary action if they:
    - violate University policy or HIPAA regulations;
    - share any confidential patient and/or University-related information;
    - make unprofessional or disparaging comments or posts related to patients, patients' families, or employees of third party organizations which provide clinical experiences for University students.

College Approval: May 12, 2022

Professional Attire

OTA students are required to always follow the OTA Program's dress code. When participating in community experiences and when guest speakers are scheduled in class, students must wear their university-issued name tags and follow the OTA Program's dress code: dress pants (blue, tan or black color) may not be of the "hip hugger" type or capri length; shirt must be a plain polo-type shirt with a collar and front buttons. Long or short sleeved polo shirts or undershirts may be worn but must be solid in color. The shirt should have no labels or markings other than the USI logo or occupational therapy assistant. Shirts should fit appropriately to cover the chest, abdomen and low back while sitting, standing and moving during class activities.

Hospital type scrubs are allowed if solid in color (top and bottom colors need not match). Scrubs are not appropriate for community activities/programs or when guest speakers visit the classroom.

Shoes must have closed toes and closed heels. Socks must be worn with the shoes. Jewelry must be kept to a minimum with a maximum of 2 earrings in each ear. *Other visible piercings should be avoided.*

Tattoos must be completely covered during all community experiences, including but not limited to fieldwork.

Students who fail to comply with these guidelines will not be allowed to participate in the scheduled activity and will be marked absent for the course meeting.

Learning Resource Center

Policies

The Charles E. Day Learning Resource Center may be reached at 465-1153. Students using the Day Learning Resource Center must sign in and out in the logbook located on the ledge at the Audiovisual Secretary's desk. The Day Learning Resource Center has been designed to promote a learning environment for individual and small group study. Students are asked to maintain an atmosphere conductive for studying. Headphones are available for use when viewing media in the learning carrels. The doors to the individual Audiovisual study rooms and the Clinical Skills Room are to be kept closed when in use. Media software, hardware, and lab equipment may not be removed from the Learning Resource Center without written permission.

The Day Learning Resource Center is authorized for use by University of Southern Indiana College of Nursing and Health Professions faculty and students. Children, friends, family members and other University of Southern Indiana students are not permitted in the Day Learning Resource Center. Eating and drinking are not permitted in the Day Learning Resource Center.

Procedures

Hours for the Day Learning Resource Center are posted and use of Day Learning Resource Center facilities and equipment is on a first come, first serve basis. During peak hours of operation, students may be asked to observe a two-hour time limit on their use of equipment and software. Only one program at a time should be taken from media cabinets so that other students may have access to copies not in use. Sound rooms should be used for viewing media in groups; booths should be used for viewing media individually. When viewing media software, please sign-out the software with the Learning Resource Center staff. Please leave all skills lab area in order when finished; return equipment to designated spaces in cabinets, make-up beds, bag all used linen, dispose of trash, etc. If a problem arises when using equipment, please ask for assistance.

Facilities and Equipment Available for Independent Student Use

1. Learning carrels equipped with desktop computers,
2. Printing is available for a fee,
3. Individual or small group audiovisual study rooms,
4. Clinical Skills Room,
5. Media software (CAI, IVD, videotapes, audiotapes),
6. Videotape players,
7. Audiotape players, and
8. Clinical equipment/models for skills practice.

Online and Hybrid Courses

The OTA Program coursework includes one hybrid course each semester. OTA 213, OTA 214 and OTA 372 are designed to deliver course material in both face-to-face class meetings and online. OTA students will need to access their course information on Blackboard as well as their USI email in order to stay informed. USI Information Technology (IT) provides many important resources for students, including help with USI email, using Blackboard and safe computing.

Occupational Therapy Assistant Program Facilities

Occupational Therapy Lab

Rooms 2111 and 2112 of the Health Professions Center have been designated as the Occupational Therapy Lab, to be utilized only for classes, labs, and meetings for the Occupational Therapy and Occupational Therapy Assistant Programs. If occupational therapy students wish to reserve the lab during a time when scheduled classes are not in session, they must confirm with the Occupational Therapy Assistant Program director or support staff. Occupational therapy assistant students may bring hot beverages or soft drinks into HP 2111 and HP 2112 if the container has a lid or cap. Open food containers and use of the OT Lab refrigerator are not permitted.

Occupational Therapy Assistant Program Library

The Occupational Therapy Assistant Program library is in room HP 2111. With the consent of faculty or support staff, students may check out materials owned by the OTA Program. Students must sign-out as well as sign-in books in the presence of Occupational Therapy Assistant Program support staff or faculty in

the binder with sign out sheets located in the Occupational Therapy Assistant Program support staff area (HP 2068). Whenever possible, the students should utilize books located in the Rice Library as well.

Occupational Therapy Assistant Program Equipment

The Occupational Therapy Assistant Program owns many pieces of equipment, books, assessment instruments, tools, etc. Students have the privilege to check out equipment owned by the Occupational Therapy Program with the consent of faculty or staff. In the presence of Occupational Therapy Assistant Program support staff or faculty, students may sign-out as well as sign-in items in the Equipment Sign-out Notebook in the Occupational Therapy Assistant program administrative support area). During the time the item is signed out to the student, that student is responsible for replacing any item that is not returned. Faculty and or support staff members will revoke a student's sign-out privilege for any misuse of the system. Unofficial use of the equipment is not permitted.

Job Postings

Potential employers submit job posting requests to the Occupational Therapy Assistant Program. All job postings are available on the University of Southern Indiana Career Services webpage. Refer to Career Services webpage for information: https://www.usi.edu/career-services

Attendance, Preparation, and Assignments Policies

Attendance

Absences and tardiness jeopardize the student's ability to achieve the objectives of the course. Unlike many academic classes, in a professional program much of the information presented in a particular class session is competency-based. After receiving new material, students apply new theoretical approaches, practice new skills, etc., until they are deemed "competent" by the instructor. The material may never again be presented. Absence from that class causes the student to miss the opportunity of achieving that specific professional competency.

To keep a record of the content of each class session and student attendance, faculty in the Occupational Therapy Assistant Program use sign-in sheets. On these sheets, each student signs in at the beginning of the class. Students are responsible for notifying their instructor by email in advance of any class that they will be missing.

Students are responsible for making up material they have missed because of absence or tardiness. If a student must leave class early, he or she must have the permission of the instructor. A student who is ill or must be absent from a clinical experience (Level I practicum or Level II affiliation) must notify his or her Fieldwork Educator in accordance with the policies of the facility. The Occupational Therapy Assistant Program has adopted a policy which delineates the impact of unexcused absences on final course grades. See Table 3 for specifics. Excused absences will be determined by faculty of the OTA program.

Table 3. The Effects of Unexcused Absences on Course Grades

Number of Unexcused Absences	Percentage of Grade Decrease	Maximum Percentage of Grade Possible	Maximum Possible Letter Grade Possible
1	0%	100%	A
2	8%	92%	B+
3	12%	88%	B
4	16%	84%	C+
5	20%	80%	C
6	24%	76%	D

Preparation

Students must prepare for class and lab activities and for clinical experiences. Preparation for class includes completing reading assignments, assignments, assigned group activities, etc. Students who are unprepared for class will be referred for advising and issued an *OTA Program Deficiency Report* (see page 39).

University Midterm Deficiency Letter

The letter written by the registrar notifying a student that he or she is earning a grade of "D" or “F” in a course at midterm is equivalent to one *OTA Program Deficiency Report*.

Assignments

Written assignments are essential to meeting course objectives and must be submitted to faculty by the announced date. All assignments and exams must be completed prior to receiving final grade in each course. Assignments are due promptly by the due date and time. Any assignment that is received past the due date/time by 24 hours will be deducted 10%, 48 hours 25%, and 72 hours 50%. An assignment will not be awarded points if it is more than 3 days late unless approved by the instructor for extenuating circumstances. All assignments are mandatory and must be completed in sequential order. That is, all assignments must be completed before the student will be allowed to progress to the next assignment. **All assignments are to be submitted through USI blackboard unless otherwise indicated by the instructor.**

Student Progression, Suspension, and Removal Policies

Progression

To progress in the Occupational Therapy Assistant program, the student must:

1. General Information
   a. Achieve at least a grade of C for each University Core Curriculum Course and maintain a minimum GPA of 2.9 is required for admission to the OTA Program.
   b. Achieve a Pass rating for each occupational therapy assistant course that is evaluated with Pass/No Pass rating options.
   c. The student will not be allowed to progress through the program if they achieve a grade below a C in any of the OTA classes.
   d. A student achieving a GPA score of less than 2.9 in any semester during the OTA program will be placed on academic probation.
   e. A student that receives a GPA score of less than 2.9 for a second semester will be dismissed from the program.
2. Course Specific Term-to-Term Progression Information
   a. All classes scheduled for the Fall semester must be successfully completed prior to beginning OTA classes in the spring semester. All Spring semester courses must be successfully completed prior to beginning summer OTA courses.
   b. Before the beginning of the OTA classes in the fall semester
      i. Submission of all required health forms completed appropriately.
      ii. Submission of evidence of Hepatitis B vaccination information.

1. Documentation that the student has had the first Hepatitis B injection, if the student is just starting the series.
2. Documentation of post-vaccination testing if the student has completed the Hepatitis B series at least one month prior.

iii. Receipt of official personalized occupational therapy assistant intern nametag.
iv. Submission of current CPR certificate for photocopying
v. Submission of current health insurance certificate if required by fieldwork site.
vi. Submission of Indiana criminal history background check.
vii. Achieve at least a grade of C in ENG 101: Rhetoric and Composition I, ENG 201: Rhetoric and Composition II, PSY 201: Introduction to Psychology, BIOL 121: Human Anatomy and Physiology I, BIOL 122: Human Anatomy and Physiology II, HP 115: Medical Terminology for the Health Professions, and UNIV 101: First Year Experience.
viii. Maintain an overall GPA of 2.9 in all required core classes.

c. Before second Level I fieldwork experience (OTA 298: Practicum Seminar B)

ix. Completion of fieldwork Level I (Practicum A) with a grade of passed.
x. Submission of all required paperwork for first Level I fieldwork experience.
xi. Submission of evidence of immunization updates:
   1. Documentation of the annual testing for tuberculosis if at least one year has passed from the time of the initial immunization.
xii. Submission of Indiana criminal history background check if your initial submission of Indiana criminal history background check is one year or longer.
xiii. Achieve at least a grade of C and maintain a composite GPA of 2.9 in ENG 101: Rhetoric and Composition I, PSY 201: Introduction to Psychology, BIOL 121: Human Anatomy and Physiology I, BIOL 122: Human Anatomy and Physiology II, HP 115: Medical Terminology For The Health Professions, and UNIV 101: First Year Experience, OTA 213: Pathophysiology and Conditions I, OTA 214: Pathophysiology and Conditions II; OTA 221: Technical Communications, OTA 231: Therapeutic Media, OTA 241: Occupational Performance Components I; OTA 242: Occupational Performance Components II; OTA 297: Practicum Seminar A; OTA 343: Occupational Performance Areas I, OTA 344: Occupational Performance Areas II

d. Before first Level II fieldwork experience (OTA 397: Technical Fieldwork A)

xiv. Achieve a pass grade for both Level I fieldwork experiences.
xv. Submission of all required paperwork for both Level I experience.
xvi. Submission of documentation that the student has had the third Hepatitis B injections, if the student is just starting the series.
xvii. Submission of evidence of immunization updates:
   1. Documentation of the annual testing for tuberculosis (Two-Step TB test) if at least one year has passed from the time of the initial immunization.
xviii. Submission of current CPR certificate for photocopying if the initial submission of the CPR certificate was one year or more.
xix. Submission of current health insurance certificate if required by fieldwork site.
xx. Submission of Indiana criminal history background check if your initial submission of Indiana criminal history background check is one year or longer
xxi. Achieve at least a grade of C in ENG 101: Rhetoric and Composition I, PSY 201: Introduction to Psychology, BIOL 121: Human Anatomy and Physiology I, BIOL 122: Human Anatomy and Physiology II, HP 115: Medical Terminology For The

Health Professions, and UNIV 101: First Year Experience, OTA 213: Pathophysiology and Conditions I, OTA 214: Pathophysiology and Conditions II; OTA 221: Technical Communications, OTA 231: Therapeutic Media, OTA 241: Occupational Performance Components I; OTA 242: Occupational Performance Components II; OTA 297: Practicum Seminar A; OTA 298: Practicum Seminar B; OTA 343: Occupational Performance Areas I; OTA 344: Occupational Performance Areas II; OTA 345: Occupational Performance in Pediatrics; OTA 372: Management for Occupational Therapy Assistants (or permission of instructor)

e. Before second Level II fieldwork experience (OTA 398: Technical Fieldwork B)
    xxii. Achieve a pass grade for first Level II fieldwork experience.
    xxiii. Submission of all required paperwork for first Level II experience.
    xxiv. Submission of completed health form updates, if your most recent submission of health forms and or health form updates is one year or more.
        1. Documentation of the annual testing for tuberculosis.
    xxv. Submission of current CPR certification, if your certification expires prior to or during the time of your second Level II fieldwork experience.
    xxvi. Submission of current health insurance certificate if required by fieldwork site and if your initial submission of health forms is one year or longer.
    xxvii. Submission of Indiana criminal history background check if your initial submission of Indiana criminal history background check is one year or longer
    xxviii. Achieve at least a grade of C in ENG 101: Rhetoric and Composition I, PSY 201: Introduction to Psychology, BIOL 121: Human Anatomy and Physiology I, BIOL 122: Human Anatomy and Physiology II, HP 115: Medical Terminology For The Health Professions, and UNIV 101: First Year Experience, OTA 213: Pathophysiology and Conditions I, OTA 214: Pathophysiology and Conditions II; OTA 221: Technical Communications, OTA 231: Therapeutic Media, OTA 241: Occupational Performance Components I; OTA 242: Occupational Performance Components II; OTA 297: Practicum Seminar A; OTA 298: Practicum Seminar B; OTA 343: Occupational Performance Areas I; OTA 344: Occupational Performance Areas II; OTA 345: Occupational Performance in Pediatrics; OTA 372: Management for Occupational Therapy Assistants, OTA 398: Technical Fieldwork A or permission of instructor

f. No part of fieldwork level I (Practicum A or B) may be substituted for level II fieldwork sites. Before graduation
    xxix. Achieve a pass grade for the second Level II fieldwork experience (OTA 397: Technical Fieldwork A or OTA 398: Technical Fieldwork B).
    xxx. Submission of all required Level II fieldwork paperwork for the second required Level II fieldwork experience (OTA 397: Technical Fieldwork A or OTA 398: Technical Fieldwork B).
    xxxi. Submission of acceptable assignments for the seminars connected with OTA 397: Technical Fieldwork A and OTA 398: Technical Fieldwork B.
    xxxii. Changing of all incomplete grades to letter grades or achieve at least a grade of C at the registrar's office.
    xxxiii. Submission of evidence that the University of Southern Indiana considers the student has completed all the requirements. For example, the student has no unpaid parking tickets or library fines, or other university "holds."

   g. Fieldwork Level II B must be completed within 18 months of completion of the didactic portion of the OTA program.

3. OTA Program Deficiency Report
   In the Occupational Therapy Assistant program, an *OTA Program Deficiency Report* will be issued to the student by the program director &/or faculty when any behavior is observed that places the student at risk for failure and/or entry into the Occupational Therapy Assistant program suspension or removal process. The *OTA Program Deficiency Report* serves as written notice to the student that they are at risk for suspension or removal from the OTA program.
   At this time, an *OTA Program Deficiency Report* may be issued for
   a. receipt of a university midterm deficiency letter,
   b. receipt of a course grade below C (2.0 on a 4.0 scale),
   c. abuse of cell phone policies,
   d. excessive tardiness for class,
   e. excessive absences from class,
   f. late assignments,
   g. lack of preparation for class activities,
   h. failure to secure and maintain personal access to required course materials, texts, tools on a timely basis,
   i. unfitness to continue preparation for the occupational therapy profession,
   j. unsafe practices,
   k. unsatisfactory performance,
   l. unprofessional behavior,
   m. unauthorized use of OTA Program equipment and/or resources,
   n. failure to successfully complete the College of Nursing and Health Professions OSHA and HIPAA exams in the assigned timeframe, or
   o. failure to maintain health insurance and required immunizations.

Since receipt of the *OTA Program Deficiency Report* often indicates the student is having difficulty with the academic components of the occupational therapy assistant curriculum, they must relinquish outside obligations related to the occupational therapy profession. This includes offices and duties in the student cohort organization and in SOTA.

Receipt of two *OTA Program Deficiency Reports* will result in review by the OTA program director &/or faculty and possible entry into the OTA Program suspension or removal process.

Grading Scale

The grading scale for the Occupational Therapy Assistant Program is uniform across programs and courses. Generally, classes have multiple measures of assessing learning and the final course grade is based on the percentage of total points each student achieves. If the course instructor chooses to use myUSI Blackboard for posting of grades, the student should be aware that Blackboard postings are not official grades. Please see Table 4. for the grading scale of the Occupational Therapy Assistant Program.

Absences and tardiness also effect grades and ratings of clinical experiences. For specifics, please refer to Table 3: The Effects of Unexcused Absences on Course Grades" listed under the section entitled "attendance."

Table 4. Occupational Therapy Assistant Program Grading Scale

Percentage	Letter Grade
93% - 100%	A
90% - 92%	B+
85% - 89%	B
82% - 84%	C+
77% - 81%	C
69% - 76%	D
0% - 68%	F

Academic Leave of Absence

A student may apply to the director of the Occupational Therapy Assistant Program for a leave of absence. An authorized leave permits the student to return to the Occupational Therapy Assistant Program at the designated time without the necessity of formal program reapplication and admissions processing. If a leave of absence is granted, the student must report to the office of director of the Occupational Therapy Assistant Program by the date specified. If the student does not return by the date of expiration of the leave of absence, the student will be considered to have withdrawn from the Occupational Therapy Assistant Program.

Student Probation

Occupational Therapy Assistant Program students who receive a C grade in any OTA program course or an OTA course cumulative GPA of a 2.9 on the 4.0 grading scale will be placed on academic probation. Students on academic probation are expected to work with their OTA advisor on a Performance Improvement Plan and meet regularly with their advisors and program directors to monitor progress. If student receives a subsequent "C" grade in any other OTA program course, student will be removed from the OTA program.
During semester of academic work, a student placed on academic probation may be advised to withdraw by their advisor or program director. If student withdrawals from an OTA course, at the discretion of the OTA faculty, they may be allowed to re-enroll when the course is offered again.

Student Suspension or Removal

A student may be suspended (termination of student status for a period of time) or removed (permanent termination of student status) from the Occupational Therapy Assistant Program for one or more of the following conditions (per the USI Policies, Procedures, and Community Standards):
https://www.usi.edu/dean-of-students/policies-procedures-and-community-standards

CNHP Policies

All students and faculty are expected to abide by the policies found in the 2023-24 CNHP Handbook. These policies include but are not limited to the Academic Integrity Policy and Academic Affairs Student Grievance Procedure. The handbook is located on the CNHP website listed under **About the College:** https://www.usi.edu/health/handbook

All students and faculty are expected to abide by the policies found on the Dean of Students Academic Integrity Policies found on the following webpage: https://www.usi.edu/dean-of-students/academic-integrity

Student Grievance Procedures

The Student Grievance Procedures can be found in the University handbook located at https://handbook.usi.edu/student-academic-grievance-procedure

Occupational Therapy Assistant Program Policies

A student may be suspended (termination of student status for a period of time) or removed (permanent termination of student status) from the Occupational Therapy Assistant Program for one or more of the following conditions:

1. **Unfitness**
   The faculty reserves the right to suspend or remove any student whose personal integrity, health or behavior demonstrates unfitness to continue preparation for the occupational therapy profession.

2. **Unsafe Practice**
   The student who is considered by a fieldwork educator, academic fieldwork coordinator, or faculty to be an unsafe practitioner may be suspended or removed from the program.

3. **Unsatisfactory Performance**
   The student whose progress in meeting program objectives is judged unsatisfactory may be suspended or removed from the program.

4. **Interference in Fieldwork Arrangements**
   A student may be suspended or removed from the Occupational Therapy Assistant Program if he or she, or a family member, or anyone working on the student's behalf (outside of the Occupational Therapy Assistant Program) interferes with any fieldwork arrangement.

5. **A Second No Pass Rating in a Repeated Practicum Course**
   A No Pass rating in the practicum aspect of a course (i.e., OTA 297: Practicum Seminar A, or OTA 298: Practicum Seminar B) from both the facility's fieldwork educator and academic fieldwork coordinator will result in the student's removal from the occupational therapy assistant curriculum.

6. **A Second No Pass Rating in a Repeated Level II Fieldwork Course**
   With a No Pass rating (OTA 397: Technical Fieldwork A or OTA 398: Technical Fieldwork B or Level I Fieldwork OTA 297: Practicum A or OTA 298: Practicum B), results in removal from the occupational therapy assistant curriculum. The student may retake only one Level I or Level II fieldwork course one time.

7. **No Pass Rating during one Level I Fieldwork**
   No pass rating during one Level I Fieldwork (OTA 397 or OTA 298) and another No Pass Rating during a Level II fieldwork (OTA 397 or OTA 398), constitutes two No Pass Ratings which will result in suspension or removal from the occupational therapy assistant curriculum.

Student Suspensions or Removal Process

The suspension or removal process consists of the following steps:

1. The Occupational Therapy Assistant Program Director notifies the student and Dean of the College of Nursing and Health Professions of the intention to suspend or remove the student from the occupational therapy assistant major.
2. The student meets with the Dean of the College of Nursing and Health Professions to respond to the Occupational Therapy Assistant Program Director's charges.

3. The Dean of the College of Nursing and Health Professions confers with the Occupational Therapy Assistant Program Director.
4. The student is removed or suspended from the occupational therapy assistant major.
5. The student can appeal suspension to the Vice President for Academic Affairs.

Withdrawal

1. The option of withdrawing from a course and receiving a grade of "W" is possible within the withdrawal period listed on the academic calendar each semester.
2. See University of Southern Indiana guidelines for the procedure that must be followed regarding withdrawal. Students who do not follow the required university procedure to withdraw officially from a course will receive an "F" grade.
3. OTA Students will not progress through the OTA Program curriculum until the “withdrawn” course is completed successfully. OTA Students must enroll in the “withdrawn” course the next time is it offered in order to remain in the OTA Program.

Incomplete Grade

An "incomplete" grade at the close of an academic semester must be approved by the Occupational Therapy Assistant Program. An incomplete will be used only when extenuating circumstances have resulted in the student's being unable to complete course requirements by the end of the semester. In rare instances in which this occurs, the following policies are in effect:

1. A grade of incomplete will not be used to allow for remedial work; student work must be at the passing level.
2. All University of Southern Indiana policies regarding incomplete are applicable to occupational therapy assistant courses. Please refer to the *University of Southern Indiana Bulletin*.
3. Students will receive a date by which the incomplete grade must be removed. A student, who is unable to complete the class tasks to have the incomplete grade removed by the date given, must understand that he or she must drop out of that year's occupational therapy assistant class and wait until the next year's class to resume the study of occupational therapy assistant since all courses are taken sequentially by all students admitted to a specific year's class. The student is encouraged to explore all other alternatives before requesting an incomplete in any class.

Fieldwork Policies

Fieldwork Experiences

Fieldwork experiences are scheduled clinical internships during which time students have the opportunity to observe and apply knowledge of occupational therapy. Occupational therapy assistant students shall complete the two traditional fieldwork levels (Level I and Level II). All fieldwork experiences are completed under the supervision of a fieldwork educator. Generally, for all fieldwork experiences, student appearance, attire, and conduct must be appropriate to comply with the high standards of the profession and with the requirements of the clinical instructor. In addition, students must comply with the following.

1. Students must report to their fieldwork educators in the assigned fieldwork site in accordance with the policy of the agency.

2. All information related to persons receiving services is confidential. Confidential information **WILL NOT BE DISCUSSED** after leaving the clinical agency or classroom.

3. For confidentiality, the client's name must not be placed on information. One initial or a fictitious name (identified as fictitious) of a person receiving services may be used for written assignments.

4. Students shall abide by all policies and procedures of the facilities to which they are assigned. At all times, students must remember they are ambassadors of the Occupational Therapy Assistant Program at the University of Southern Indiana.

Level I Fieldwork

Called "practicum" experiences in the Occupational Therapy Assistant Program at the University of Southern Indiana, Level I fieldwork experiences are part of practicum seminars. Level I practicum experiences are designed to enrich the didactic coursework through directed participation in selected aspects of the occupational therapy process. For Level I fieldwork, fieldwork educators **MAY** be certified occupational therapy assistants, occupational therapists (without a minimum duration of practice time), or other health care practitioners. Please note that for Level I practicum experiences, fieldwork educators are **NOT** required to be occupational therapy practitioners.

1. Students must report to their clinical instructors in the assigned fieldwork site in accordance with the policy of the agency.

2. All information related to persons receiving services is confidential. Confidential information will NOT be discussed after leaving the clinical agency or classroom.

3. For confidentiality, the client's name must not be placed on information. One initial or a fictitious name (identified as fictitious) of a person receiving services may be used for written assignments.

4. Students shall abide by all policies and procedures of the facilities to which they are assigned. At all times, students must remember they are ambassadors of the Occupational Therapy Assistant Program at the University of Southern Indiana.

Students are responsible for their copies of Level I fieldwork practicum forms. Students are also responsible for their Level II fieldwork packets which they receive prior to each Level II experience when they have completed all the requirements.

Students must purchase the required CastleBranch (formerly Certified Profile) packages from Castle Branch.com. Students are responsible for updating requirements using Castle Branch and providing health record copies as required by any Level I or Level II fieldwork site.

Level I fieldwork shall not be substituted for any part of Level II fieldwork.

Level I A Practicum

Level I A Practicum is a 40-clock hour experience to be completed as part of OTA 297: Practicum Seminar A. For this experience, the fieldwork coordinator places each student in a site and notifies the student of the placement. The student will then contact the site to obtain specific directions, including arrival and departure time, dress code, etc. Students are responsible for completion of all required documents for this clinical experience (student evaluation of the site, timesheet, and all written assignments).

The fieldwork educator at the site is responsible for completing the evaluation of the student. The evaluation of the student cannot be completed until all written assignments are submitted to the

fieldwork educator. The fieldwork educator will write comments, suggestions, corrections, criticism, etc. on assignments. The original assignments (with the fieldwork educator's feedback) must be submitted to the fieldwork coordinator at the same time as the evaluation of the student, student evaluation of the fieldwork site, and timesheet. Students may rewrite assignments and submit the revisions; however, the original assignments with the fieldwork educator's comments must be turned in to the fieldwork coordinator. The student will not have completed the fieldwork practicum until all paperwork has been submitted to and processed by the fieldwork coordinator.

Level I B Practicum

Level I B Practicum is a 40-clock hour experience to be completed as part of OTA 298: Practicum Seminar B. For this experience, the fieldwork coordinator places each student in a site and notifies the student of the placement. The student will then contact the site to obtain specific directions, including arrival and departure time, dress code, etc. Students are responsible for completion of all required documents for this clinical experience (student evaluation of the site, timesheet, and all written assignments).

The fieldwork educator at the site is responsible for completing the evaluation of the student. The evaluation of the student cannot be completed until all written assignments are completed and submitted to the fieldwork educator. The fieldwork educator will write comments, suggestions, corrections, criticism, etc. on assignments. The original assignments (with the fieldwork educator's feedback) must be submitted to the fieldwork coordinator at the same time as the evaluation of the student, student evaluation of the fieldwork site, and timesheet. Students may rewrite assignments and submit the revisions; however, the original assignments with the fieldwork educator's comments must be turned in to the fieldwork coordinator. The student will not have completed the fieldwork practicum until all paperwork has been submitted to and processed by the fieldwork coordinator. The student must finish the second Level I prior to beginning Level II internship. If the student has not completed the practicum (including paperwork requirements and submission to fieldwork coordinator), the student will not progress in the program since courses must be taken sequentially.

Level II Technical Fieldwork

In the Occupational Therapy Assistant Program at the University of Southern Indiana, Level II fieldwork is called *internship* (designated as OTA 397: Technical Fieldwork A, OTA 398: Technical Fieldwork B) and termed *affiliation* in many other occupational therapy assistant programs. Level II fieldwork is designed to in-depth experiences in delivering occupational therapy services and to develop and expand a repertoire of occupational therapy practice. For Level II fieldwork, fieldwork educators MUST be certified occupational therapy assistants or occupational therapists who have practiced a minimum of one year. At the conclusion of each fieldwork experience, the OTA student's performance must be at entry-level for a certified OTA in that setting. Students must meet this requirement to pass each fieldwork experience.

Level II Technical Fieldwork Assignments

To ensure fairness and work with students needs a variety of options may be utilized for selection and placement of Level II fieldwork. Level II fieldwork sites should reflect a range of treatment settings, for example, pediatric to geriatric or acute to chronic. Generally, a partial or complete lottery method of assigning OTA students to Level II fieldwork sites is utilized. Another method of assignment may be done by matching student requests for location and types of experiences with the most appropriate sites available by the OTA Fieldwork Coordinator. Regardless of how assignments are made, at times special considerations may occur. Three examples include (a) pre-approval for lottery, (b) academic fieldwork coordinator veto, and (c) Administrative Placement.

Pre-approval for Lottery

Recently, some fieldwork educators have requested that students have pre-approval to enter the lottery for their specific sites. In some cases, a facility requests a group interview of interested students. Following a facility interview, the fieldwork educator works with the academic fieldwork coordinator to determine which students will be granted pre-approval to enter the lottery for that specific site. In other cases, a facility requests faculty to select an appropriate student. To select an appropriate student for a particular site, faculty may request interested students to complete a group interview, individual interview, or written essay. During the lottery, only pre-approved students may select a site that requests pre-approval.

Academic Fieldwork Coordinator Veto

The academic fieldwork coordinator shall have the power to veto a facility selection if they determine the site is not appropriate, for any reason, for the student who made the selection during the lottery. Prior to lottery, the academic fieldwork coordinator may choose to meet privately with students in order to veto one or more facilities.

Administrative Placement

The academic fieldwork coordinator reserves the option of removing students and/or sites from the lottery. In most cases students will be notified prior to the lottery that they will not participate. At times the academic fieldwork coordinator may have to remove a student during the lottery to make an academic placement. For example, a student holding the number 1 selection in the first lottery selects a mental health internship for her first internship will removed from the second lottery if the only site available to her (since she will be last to choose) is a mental health site. Administrative Placement consists of a student-site match proposed by the academic fieldwork coordinator and approved by other faculty members.

Level II A Fieldwork

(OTA 397: Technical Fieldwork A) consists of a minimum of 8 full-time work weeks. When the student has completed the necessary requirements, he or she will receive a packet with the *AOTA Fieldwork Evaluation for Occupational Therapy Assistant Students* (*OTA FWE*), student evaluation of the site, midterm evaluation sheet, envelope, certificate of professional liability insurance, and medical/CPR information. Students cannot start this clinical experience without official records of appropriate immunizations and other required medical information in addition to other documentation (e.g., current CPR certification). Students are responsible for their requisite medical records. It is advised that the student make copies of the records prior to submitting them to the OTA program.

All attendance policies of the Occupational Therapy Assistant Program pertain to students enrolled in the course, OTA 397: Technical Fieldwork A. Within the Level II fieldwork experience, students must make up any duration of time missed beyond one day which includes holidays and/or sick days. Students are not permitted to take vacation during Level II fieldwork; taking a vacation during Level II fieldwork will result in a No Pass rating for the course, OTA 397: Technical Fieldwork A. The student who has to enroll in OTA 397: Technical Fieldwork A a second time because of a No Pass rating earned the first time may be required to wait for an additional Level II fieldwork placement because this student is now out of original class sequence. A student who repeats this course will undergo Administrative Placement for the next Level II fieldwork site. This student is neither eligible to assist in establishing a new fieldwork site for this experience or any subsequent Level II experiences nor eligible for a fieldwork site that is new to the Occupational Therapy Assistant Program. For additional information, please see Table 9 for the effects of receiving one or more No Pass ratings for OTA 397: Technical Fieldwork A.

Level II B Fieldwork

(OTA 398: Technical Fieldwork B) consists of a minimum of 8 full-time work weeks. When the student has completed the necessary requirements, he or she will receive a packet with the *Fieldwork Evaluation for Occupational Therapy Assistant Students* (*OTA FWE*), student evaluation of the site, midterm evaluation sheet, envelope, postcard, certificate of professional liability insurance, and medical/CPR information. Students cannot start this clinical experience without official records of appropriate immunizations and other required medical information in addition to other documentation (e.g., CPR certification).

All attendance policies of the Occupational Therapy Assistant Program pertain to students enrolled in the course, OTA 398: Technical Fieldwork B. Within the Level II fieldwork experience, students must make up any duration of time missed beyond one day which includes holidays and/or sick days. Students are not permitted to take vacation during Level II fieldwork; taking a vacation during Level II fieldwork will result in a No Pass rating for the course, OTA 398: Technical Fieldwork B. If a student has to enroll in OTA 398: Technical Fieldwork B a second time because of a No Pass rating earned the first time, he or she may be required to wait for an additional Level II fieldwork placement because for each class of students the academic fieldwork coordinator holds reservations for Level II fieldwork experiences for specific times. A student who repeats this course will undergo Administrative Placement for the next Level II fieldwork site. This student is neither eligible to assist in establishing a new fieldwork site for this experience or any subsequent Level II experiences nor eligible for a fieldwork site that is new to the Occupational Therapy Assistant Program. For additional information, please see Program Director or Academic Fieldwork Coordinator for the effects of receiving one or more No Pass ratings for OTA 398: Technical Fieldwork B.

Enrollment in Academic Coursework During Level II Fieldwork Experiences

Although each Level II affiliation is an intense experience requiring the student to spend long hours at the fieldwork site and often extra time after the work day is over, preparing for the next day, some students enroll in academic courses in addition to the Level II fieldwork course. The student who wishes to enroll in courses other than OTA 351: Independent Study in addition to OTA 397: Technical Fieldwork A or OTA 398: Technical Fieldwork B must successfully complete the following process.

1. Submit to the academic fieldwork coordinator a written plan of action called *Balancing Level II Fieldwork with Additional Academic Courses* with the headings:

    a. Courses. Provide a listing of courses for the entire College term (semester or summer sessions). Be sure to list for each course: discipline, number, course name, credit hour, and university.

    b. Strategies for Success. Describe the proposed strategies to be successful in both Level II fieldwork and additional course(s).

    c. Contingency Plan. Discuss what will happen if the proposed strategies to be successful in both Level II fieldwork and additional course(s) fail.

2. Schedule a meeting with the academic fieldwork coordinator to discuss the written plan of action.

3. Sign the written plan of action that has been accepted and signed by the academic fieldwork coordinator.

One copy of the signed plan of action will be sent to the fieldwork educator at the student's fieldwork site and a second copy will be retained in the student's files.

Fieldwork Absences

During practicum and internship experiences, attendance is mandatory for continuity of care. Excessive absences may result in No Pass ratings in the clinical experience from the fieldwork coordinator at the University of Southern Indiana even if the facility's clinical instructor passes the student.

Fieldwork Locations

Final acceptance into the Occupational Therapy Assistant Program was based on the student's willingness to
(a) participate in the lottery system for the selection of Level II fieldwork experience sites and (b) leave the Evansville area, if necessary, for one or both 8-week Level II fieldwork experiences. The final decision for each clinical experience is the discretion of the academic fieldwork coordinator.

Transportation

Students are required to provide their own transportation to and from any agency or institution included in curriculum requirements.

Relation of Fieldwork Completion to Didactic Work

For full compliance with these standards, all students in the Occupational Therapy Assistant Program at the University of Southern Indiana shall complete all fieldwork within an 18-month period following completion of academic didactic preparation.

Housing

Fieldwork experiences (Level I practicum and Level II internships) are integral aspects of the educational program of the Occupational Therapy Assistant Program at the University of Southern Indiana. Students must make their own arrangements for and finance their housing needs. The financial assistance budget for occupational therapy assistant majors has been adjusted to provide the additional funds required for fieldwork requirements.

Errors and Incidents during Fieldwork Experiences

It is the College policy that all incidents occurring during fieldwork experiences be reported for the purpose of generating and maintaining a record of such incidents. This information is considered confidential and is retained only for the period of time a student is enrolled in the Occupational Therapy Assistant Program.

While on fieldwork experiences, students who participate in or observe an incident involving students must take responsibility for notifying the appropriate persons. A student responsible for or a witness to an incident shall make out an agency incident report as appropriate.

Background Check/Health Requirements

The CNHP and/or OTA Program policies require OTA students to complete a thorough background check through CastleBranch prior to beginning OTA courses and OTA Fieldwork. Students must also submit proof of physical examination, medical history and immunization completion to CastleBranch prior to the start of OTA courses and Fieldwork. Students will receive instructions regarding these requirements

prior to the start of fall classes. Refer to the CNHP Infection Control Handbook at the end of this handbook for further information.

Family Educational Rights and Privacy Act (FERPA)

The University of Southern Indiana College of Nursing and Health Professions adheres to standards set forth in the Family Educational Rights and Privacy Act (FERPA) of 1974 (sometimes called the *Buckley Amendment*). A copy of the Act is available at <http://www.clhe.org/3a2-1.htm>. According to Section 99.5 of FERPA, "when a student becomes an eligible student, the rights accorded to, and consent required of, parents under this part transfer from the parents to the student" [Authority: 20 U.S.C. 1232g (d)]. "Eligible student," according to Section 99.3, "means a student who has reached 18 years of age or is attending an institution of postsecondary education" [Authority: 20 U.S.C. 1232g (d)]. Personal information about students or graduates of the University of Southern Indiana College of Nursing and Health Professions is protected under the tenets of FERPA. Therefore, Occupational Therapy Assistant Program faculty and support staff will not provide information to parent(s) or guardian(s) of a student unless:

1. The student's written consent to release information to his or her parent(s) or guardian(s) is on file in the Occupational Therapy Program Assistant office
2. The student is present with his or her parent(s) or guardian(s) during a meeting or on another phone extension or conference call speaker system for a telephone call.

Additional information regarding FERPA is available on the USI Registrar website: https://www.usi.edu/registrar/academic-records/privacy

Student Organizations and Participation

Students are encouraged to participate actively in class, Occupational Therapy Assistant Program, College of Nursing and Health Professions, and University of Southern Indiana organizations. To serve as officers in class or student organizations (including representatives to national or state organizations), students must be in good standing (i.e., if students receive an *OTA Program Deficiency Report* and/or are placed on probation of any kind, they must relinquish their offices and duties).

SOTA: Student Occupational Therapy Association

In the fall of 1992, the Occupational Therapy Student Occupational Therapy Association (SOTA) at the University of Southern Indiana was established in accordance with University of Southern Indiana rules and regulations regarding student clubs, associations, etc. This group elects officers and representatives (and alternates) to the following organizations: The Assembly of Student Delegates (ASD) of the American Occupational Therapy Association (AOTA), the Indiana Occupational Therapy Association (IOTA). The directors of Occupational Therapy Program and Occupational Therapy Assistant Program are the faculty advisors to this group.

University of Southern Indiana Student Organizations

Occupational therapy assistant students are encouraged to participate in the University of Southern Indiana Student Association and other organizations and activities. Information regarding student organizations is available in a manual in the Health Professions Center Learning Center upon request. This manual contains current copies of all organization bylaws, College outline for activities and projects, and various forms necessary to initiate any activity or projects.

Fundraising and Other College Activities

Student involvement in fundraising or any activities identified with the University of Southern Indiana Occupational Therapy Assistant Program must have the approval of the OTA Program Chair and the Dean of the College of Nursing and Health Professions. Proposal and final project forms for fundraising and other College activities are available in the Learning Center. A formal written plan must be submitted to the OTA Program Chair & Dean's office 30 days prior to implementation of the plan. The proposal must be signed by the organization's faculty advisor before submission to the Dean. Upon completion of the project/activity a final report must be submitted. This information is maintained in a fundraising file to assist students in selecting future projects or activities.

Program and College Committees

Students are invited to attend and participate in committee activities of the Occupational Therapy Assistant Program and College of Nursing and Health Professions. Information about meetings will be announced and posted.

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College of Nursing and Health Professions

Infection Control Policy

Academic Year 2023-2024

Revised March 2023

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Previous reviews/revisions: May 2014 / October2015/ May 2016/No revisions for May 2017/Revised May 2018/April 2019/May 2020/March 2021/March 2021/ March 2022

Introduction

Protecting health care professions students from exposures to pathogenic microorganisms is a critical component of the educational environment. Clinical situations present the possibility for contact with blood, body fluid, or biological agents which pose infectious disease risk, particularly risk associated with the hepatitis B virus, hepatitis C virus, the human immunodeficiency virus, and tuberculosis.

Medical histories and examinations cannot identify all clients infected with pathogens. Therefore, the concept of **STANDARD PRECAUTIONS** is to be practiced with all clients during treatment and post-treatment procedures. Standard precautions encompass the standard of care designed to protect health care providers and clients from pathogens that may be spread by blood or any other body fluid, excretion, or secretion. Clients must be protected from disease transmission which can occur via contaminated hands, instruments, and other items. Use of appropriate infection control procedures will minimize this risk of transmission.

Guidelines for reducing risk of disease transmission have been issued by many health related organizations. The *Bloodborne Pathogens Standard* issued through the Federal Occupational Safety and Health Administration along with recommendations from the Centers for Disease Control and Prevention, (CDC), provide the basis for the University of Southern Indiana College of Nursing and Health Professions *Infection Control Policy* developed by the College of Nursing and Health Professions Infection Control and HIPAA Committee.

The policies and procedures contained in the *Infection Control Policy* are designed to prevent transmission of pathogens. All students and faculty in the College of Nursing and Health Professions are expected to adhere to the policies and procedures at all times when participating in educational experiences where the potential for contact with blood or other potentially infectious materials (OPIM) exists. These experiences include practice on peers. The goal of the *Infection Control Policy* is to provide procedures and guidelines to be used by students to prevent transmission of infectious diseases while enrolled as a student in the College of Nursing and Health Professions.

Exposure to infectious diseases is an integral part of practicing as a health care professional (HCP). All students must recognize and accept this risk in order to complete their education and participate fully in their chosen career. Students may not refuse to care for a client solely because the client has an infectious disease or is at risk of contracting an infectious disease such as HIV, AIDS, HBV, HCV, or TB. *PROFESSIONAL STANDARDS OF INDIVIDUAL DISCIPLINES MAY NECESSITATE EXCEPTIONS TO THE PRECEDING STATEMENT.*

All information regarding a client's medical status is considered confidential and shall be used for treatment purposes only. No information about the client's medical status will be disclosed or reported without the client's express written consent, except in those cases as stipulated by law.

The curriculum of each program in the College of Nursing and Health Professions includes information regarding the etiology, symptoms, and transmission of infectious diseases, as well as specific methods of preventing disease transmission to be utilized in various clinical sites. This information will be provided to the student prior to initiation of clinical experiences.

Information contained in the *Infection Control Policy* will be reviewed with students on an annual basis or more often if changes in content occur.

The College of Nursing and Health Professions Infection Control and HIPAA Committee will review the *Infection Control Policy* annually and will make revisions as needed.

The Committee will also evaluate exposure incidents to determine the need for modification of the *Infection Control Policy*.

Documentation

1. All records related to a student's medical status and program required documents will be maintained by CastleBranch. Reports related to medical records and other documents will be available to program administrators.
2. The records will be maintained separately from all other student records.
3. The records will be maintained in a secured and confidential manner and will not be disclosed or reported without the student's express written consent.
4. Student workers will not have access to student or faculty medical records.

Medical Evaluation

All students admitted to a clinical program in the College of Nursing and Health Professions are required to undergo comprehensive medical evaluation prior to enrolling in professional courses. Students should refer to their program (major) for Medical Evaluation forms that must be completed.

Required Immunizations

All students and faculty who have client contact are **required** to be immunized or provide documentation of:

- Laboratory confirmation of disease or immunity against varicella, mumps, measles, and rubella OR two doses of MMR vaccine and varicella vaccine.
- Completed hepatitis B vaccine series, and evidence of post-vaccination serologic testing for anti-HBs is required.
- One dose of tetanus, pertussis, and diphtheria vaccine (Tdap); documentation of booster Td every 10 years
- Annual influenza immunization.

All required vaccines must be complete by the time frame indicated by the student's major. Influenza vaccine must be received annually.

Vaccine & Recommendations in Brief

http://www.immunize.org/catg.d/p2017.pdf

COVID-19 – If not up to date, provide COVID-19 vaccine according to current CDC recommendations (see www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html).

Hepatitis B –Previously unimmunized students must receive an approved two (2) or three (3) dose series of hepatitis B vaccine.

For HCP who perform tasks that may involve exposure to blood or body fluids, obtain antibody serology 1–2 months after final dose.

- Unvaccinated healthcare personnel (HCP) and/ or those who cannot document previous vaccination must receive an approved two (2) or three (3) dose series of hepatitis B vaccine.
- HCP who perform tasks that may involve exposure to blood or body fluids should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after completion of the two or three-dose series.
- If anti-HBs is at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended. • If anti-HBs is less than 10 mIU/mL (negative), the vaccinee is not protected from hepatitis B virus (HBV) infection and should receive another 2-dose or 3-dose series of Hep B vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later.
- A vaccinee whose anti-HBs remains less than 10 mIU/ mL after 2 complete series is considered a "non-responder." For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood or blood with unknown HBsAg status.
- It is also possible that non-responders are people who are HBsAg positive. HBsAg testing is recommended. HCP found to be HBsAg positive should be counseled and medically evaluated. For HCP with documentation of a complete 2-dose or 3-dose vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): HCP who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation.
- **Students determined to be non-responders must complete and submit a nonresponder form found in CastleBranch.**

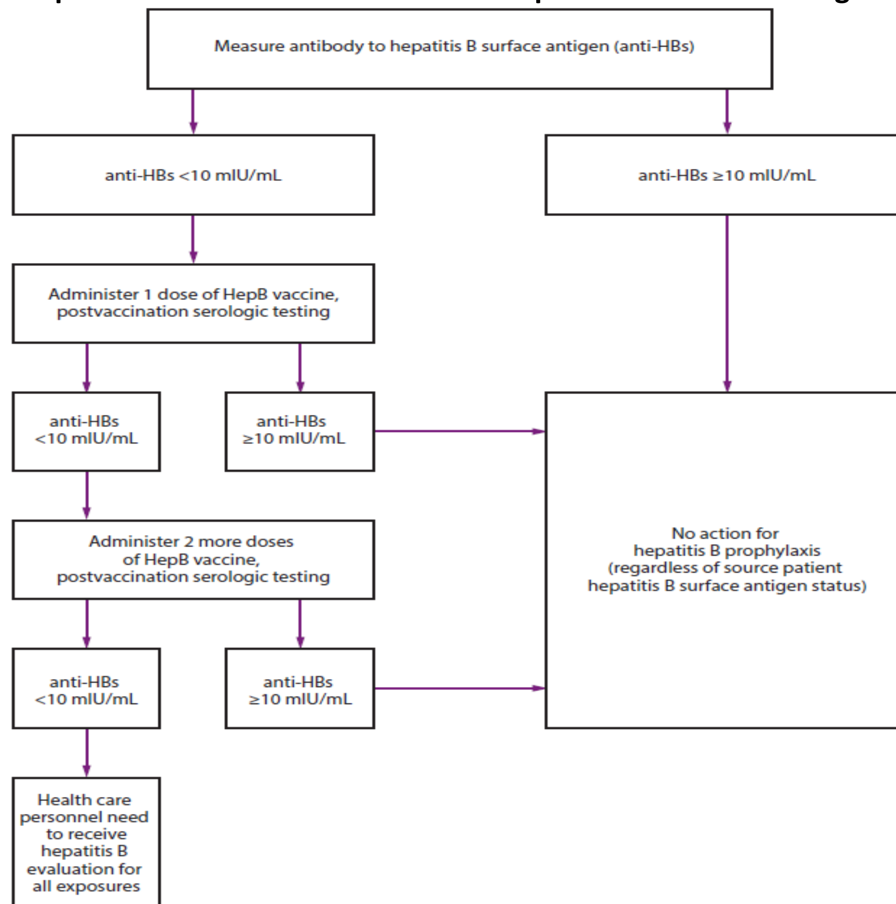
Influenza – Give 1 dose of influenza vaccine annually. All students admitted to clinical programs and completing internships must receive annual vaccination against influenza. All clinical faculty must receive annual vaccination against influenza. Students and faculty will follow current influenza recommendations from ACIP for the year in which immunization is administered. All HCP students participating in volunteer assignments should follow the guidelines of the facility.

MMR – For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart.

HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should

be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.
Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.
Varicella (chickenpox) – For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart.
Tetanus, diphtheria, pertussis – Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy (see below). Give Td or Tdap boosters every 10 years thereafter.
Meningococcal – Give both MenACWY and MenB to microbiologists who are routinely exposed to isolates of Neisseria meningitidis. As long as risk continues boost with MenB after 1 year, then every 2–3 years thereafter; boost with MenACWY every 5 years.
Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.

Pre-exposure evaluation for health care personnel previously vaccinated with complete, ≥3-dose HepB vaccine series who have not had postvaccination serologic testing*



Source: *Adapted from CDC. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP). Part II: immunization of adults. MMWR 2006;55(No. RR-16). * Should be performed 1–2 months after the last dose of vaccine using a quantitative*

method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL) (e.g., enzyme-linked immunosorbent assay [ELISA]).

Testing anti-HBs for health care personnel (HCP) vaccinated in the past:

The issue: An increasing number of HCP have received routine hepatitis B (Hep B) vaccination during childhood. No postvaccination serologic testing is recommended after routine infant or adolescent Hep B vaccination. Because vaccine-induced antibody to hepatitis B surface antigen (anti-HBs) wanes over time, testing HCP for anti-HBs years after vaccination might not distinguish vaccine non-responders from responders.

Guidance for health care institutions: Health care institutions may measure anti-HBs upon hire or matriculation for HCP who have documentation of a complete Hep B vaccine series in the past (e.g., as part of routine infant or adolescent vaccination). HCP with anti-HBs <10 mIU/mL should receive one or more additional doses of Hep B vaccine and retesting (Figure 3). Institutions that decide to not measure anti-HBs upon hire or matriculation for HCP who have documentation of a complete Hep B vaccine series in the past should ensure timely assessment and postexposure prophylaxis following an exposure (Table 5).

Considerations: The risk for occupational HBV infection for vaccinated HCP might be low enough in certain settings so that assessment of anti-HBs status and appropriate follow-up should be done at the time of exposure to potentially infectious blood or body fluids. This approach relies on HCP recognizing and reporting blood and body fluid exposures and therefore may be applied on the basis of documented low risk, implementation, and cost considerations. Certain HCP occupations have lower risk for occupational blood and body fluid exposures (e.g., occupations involving counseling versus performing procedures), and non-trainees have lower risks for blood and body fluid exposures than trainees. Some settings also will have a lower prevalence of HBV infection in the patient population served than in other settings, which will influence the risk for HCP exposure to HBsAg-positive blood and body fluids.

Tuberculosis Screening

All students admitted to a clinical program in the College of Nursing and Health Professions will receive baseline TB screening within 12 months prior to admission, using two-step TST, a single BAMT to test for infection with *M. tuberculosis, t-Spot, or* QuantiFERON Blood Gold Test.
A student or faculty who is exposed to tuberculosis or whose negative PPD test converts to positive, will be referred to the County Public Health Department for evaluation.

https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w

TB Screening, Testing and Treatment of Healthcare Personnel (CDC, 2019) summary of recommendations:

Baseline (preplacement) screening and testing TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI; individual TB risk assessment.

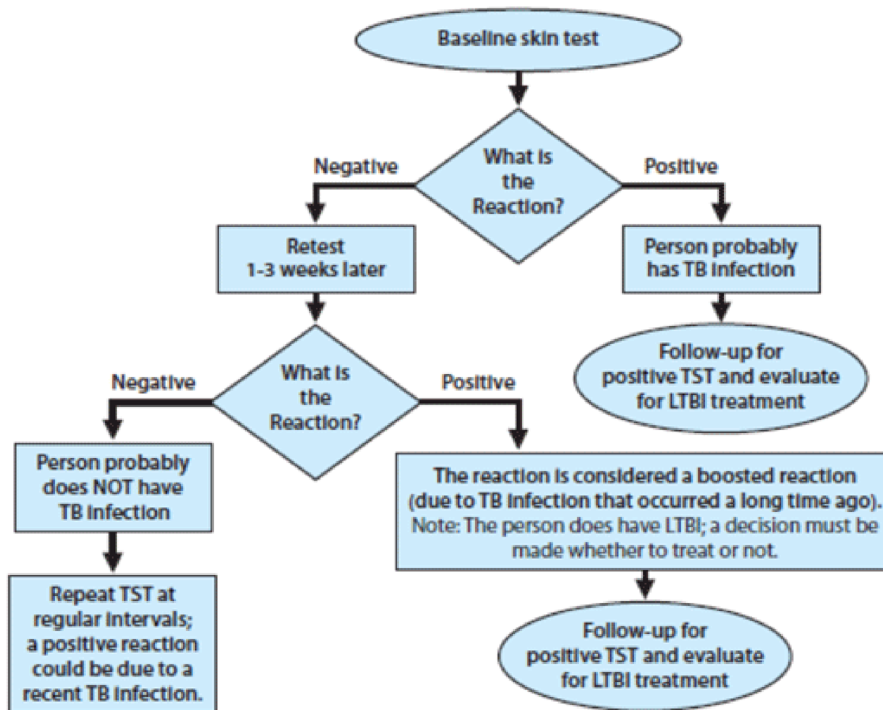
Postexposure screening and testing Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure.

Serial screening and testing for HCP without LTBI Not routinely recommended; can consider for selected HCP groups; recommend annual TB education for all HCP, including information about TB exposure risks for all HCP.

Evaluation and treatment of positive test results Treatment is encouraged for all HCP with untreated LTBI, unless medically contraindicated.

Abbreviations: IGRA = interferon-gamma release assay; LTBI = latent tuberculosis infection; TST = tuberculin skin test.

Two-Step TST Testing



Indicators of risk* for tuberculosis (TB) at baseline health care personnel assessment†
Health care personnel should be considered to be at increased risk for TB if they answer "yes" to any of the following statements.

1. Temporary or permanent residence (for ≥1 month) in a country with a high TB rate (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe)

Or

2. Current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month), or other immunosuppressive medication

Or

3. Close contact with someone who has had infectious TB disease since the last TB test

Abbreviation: TNF = tumor necrosis factor.

* Individual risk assessment information can be useful in interpreting TB test results. (Lewinsohn DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention clinical practice guidelines: diagnosis of tuberculosis in adults and children. Clin Infec Dis 2017;64:111–5). https://academic.oup.com/cid/article/64/2/111/2811357external icon

† Adapted from a tuberculosis risk assessment form developed by the California Department of Public Health.

Infection Prevention and Control: COVID-19

COVID-19 (SARS CO-V-2) was first declared a global pandemic by the World Health Organization on March 11, 2020. Since this is a new pathogen, information regarding infection control practices are continually evolving. The Centers for Disease Control and Prevention (CDC) is the repository for most current evidence-based recommendations and practices. Policies for the USI College of Nursing and Health Professions, and for the

general USI community, align with CDC, so the CDC websites will be cited for specific information.

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

COVID-19 Immunization

All students and employees are strongly encouraged to receive the primary series of immunization against COVID-19 with any available vaccine and receive a booster when eligible.

Indiana Department of Health
https://www.coronavirus.in.gov/vaccine/

CDC https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html

USI COVID Vaccine Resources https://www.usi.edu/covid-19/covid-19-vaccination/

Communicable Diseases/Infections and Immunocompromised Status

Students and faculty with a communicable disease/infection, or who are considered to be immunocompromised, should consult with their health care provider to assess the risks to their health and to others. The health care provider should make written recommendations related to the student's educational experience.

Exposure Potential

A. All HCP participating in clinical activities have the potential for skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (contained in the following list) and will adhere to policies and procedures contained in the *Infection Control Policy.* Adherence is required without regard to the use of personal protective equipment.

B. Other Potentially Infectious Materials (OPIM)
   - semen
   - vaginal secretions
   - cerebrospinal fluid
   - synovial fluid
   - pleural fluid
   - pericardial fluid
   - peritoneal fluid
   - amniotic fluid
   - breast milk
   - saliva/sputum

- airborne infections
- body fluids visibly contaminated with blood
- any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- HIV containing cells or tissues cultures
- HIV, HBV, or HCV containing culture medium or other solutions
- blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV

Percutaneous/Mucous Membrane Exposure to Blood or Other Potentially Infectious Materials (Exposure Incident)

A. An exposure that might place HCP at risk for HIV infection is defined as a percutaneous injury (e.g., a needlestick or cut with a sharp object) or contact of mucous membrane or non-intact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious. In addition to blood and visibly bloody body fluids, semen and vaginal secretions are also considered potentially infectious. Although semen and vaginal secretions have been implicated in the sexual transmission of HIV, they have not been implicated in occupational transmission from patients to HCP. The following fluids are also considered potentially infectious: cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid.

   Exposures are to be reported ***immediately,*** (within 2 hours of the incident), by the student to the clinical instructor so that appropriate post-exposure procedures can be initiated. An exposure is considered an urgent medical concern. A delay in reporting/treatment of the incident may render recommended HIV post-exposure prophylaxis, (PEP), ineffective. If a delay occurs, (defined as later than 24-36 hours after the incident), it is advised that expert consultation for HIV/PEP be sought. **The clinical instructor will complete the agency incident report, the University Injury or Illness Report, and the College of Nursing and Health Professions Student Exposure Incident Report, and Acknowledgement of Refusal if applicable**. The completed college report and the university report will be submitted to the College of Nursing and Health Professions Infection Control and HIPAA Committee for review. The University report will be forwarded by the College of Nursing and Health Professions Infection Control and HIPAA Committee to appropriate University personnel. The clinical instructor will also notify the course coordinator and program administrator of the exposure incident.

B. After a percutaneous or mucous membrane exposure to blood or body fluids, the student is to follow USPHS and clinical site policy for immediate post-exposure wound cleansing/infection prophylaxis such as cleansing the affected area with antimicrobial soap, irrigation of the eyes or mouth with large amounts of tap water or saline.

C. The source client, if known, should be tested serologically for evidence of HIV, HbsAg and anti-HCV. HIV consent must be obtained from the source client prior to testing. Testing should be within 2 hours if at all possible.

D. The exposed HCP will be referred for medical attention and counseling by a physician immediately. **Any expenses that are incurred for medical care are the responsibility of the student.**

   Most current recommendations include:

- If source is unknown, the use of Post Exposure Prophylaxis (PEP) is to be decided on a case by case basis taking into consideration of exposure.
- If the source patient from whom the practitioner was exposed has a reasonable suspicion of HIV infection or is HIV positive and the practitioner anticipates that hours or day may be required, antiretroviral medications should be started immediately.
- Severity of the exposure to determine the number of drugs to be offered should no longer be used.
- PEP should be stopped if source patient is determined HIV negative.
- The HCP should receive base-line testing for the HIV virus.
- Follow-up counseling should be within 72 hours of exposure with additional follow up in 6 and 12 weeks and again at 6 months.
- The full article: *Updated US Public Health Service Guidelines for the management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post-exposure Prophylaxis* can be read at: https://stacks.cdc.gov/view/cdc/20711

Hepatitis B Postexposure Prophylaxis

https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm#T5_down

Vaccinated HCP

- For vaccinated HCP (who have written documentation of a complete HepB vaccine series) with subsequent documented anti-HBs ≥10 mIU/mL, testing the source patient for HBsAg is unnecessary.
- No postexposure prophylaxis for HBV is necessary, regardless of the source patient's HBsAg status (Table 5).
- Postexposure management of health care personnel after occupational percutaneous or mucosal exposure to blood or body fluids, by health care personnel HepB vaccination and response status.
- For vaccinated HCP (who have written documentation of a complete HepB vaccine series) without previous anti-HBs testing, the HCP should be tested for anti-HBs, and the source patient (if known) should be tested for HBsAg as soon as possible after the exposure. Anti-HBs testing should be performed using a method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL).
- Testing the source patient and the HCP should occur simultaneously; testing the source patient should not be delayed while waiting for the HCP anti-HBs test results, and likewise, testing the HCP should not be delayed while waiting for the source patient's HBsAg results (Table 5).
    - If the HCP has anti-HBs <10 mIU/mL and the source patient is HBsAg-positive or has an unknown HBsAg status, the HCP should receive 1 dose of HBIG and be revaccinated as soon as possible after the exposure. HepB vaccine may be administered simultaneously with HBIG at a separate anatomical injection site (e.g., separate limb). The HCP should then receive the second 2 doses of HepB vaccine to complete the second series (likely 6 doses total when accounting for the original series) according to the vaccination schedule. So that the HCP's vaccine response status can be documented for future exposures, anti-HBs testing should be performed 1–2 months after the final vaccine dose.
    - If the HCP has anti-HBs <10 mIU/mL and the source patient is HBsAg-negative, the HCP should receive an additional single HepB vaccine dose, followed by repeat anti-HBs testing 1–2 months later. HCP whose anti-HBs remains <10 mIU/mL should undergo revaccination with two more doses (likely 6 doses total when accounting for the original series). So, the HCP's vaccine response status can be documented for future exposures, anti-HBs testing should be performed 1–2 months after the final dose of vaccine.
    - If the HCP has anti-HBs ≥10 mIU/mL at the time of the exposure, no postexposure HBV management is necessary, regardless of the source patient's HBsAg status.
- For vaccinated HCP with anti-HBs <10 mIU/mL after two complete HepB vaccine series, the source patient should be tested for HBsAg as soon as possible after the exposure. If the source patient is HBsAg-positive or has unknown HBsAg status, the HCP should receive 2 doses of HBIG (*1*,*10*). The first dose should be administered as soon as possible after the exposure, and the second dose should be administered 1 month later. HepB vaccine is not recommended for the exposed HCP who has previously completed two HepB vaccine series. If the source patient is HBsAg-negative, neither HBIG nor HepB vaccine is necessary (Table 5).

Unvaccinated HCP

- For unvaccinated or incompletely vaccinated HCP, the source patient should be tested for HBsAg as soon as possible after the exposure. Testing unvaccinated or incompletely vaccinated HCP for anti-HBs is not necessary and is potentially misleading, because anti-HBs ≥10 mIU/mL as a correlate of vaccine-induced protection has only been determined for persons who have completed an approved vaccination series (Table 5).
- If the source patient is HBsAg-positive or has an unknown HBsAg status, the HCP should receive 1 dose of HBIG and 1 dose of HepB vaccine administered as soon as possible after the exposure. HepB vaccine may be administered simultaneously with HBIG at a separate anatomical injection site (e.g., separate limb). The HCP should complete the HepB vaccine series according to the vaccination schedule. To document the HCP's vaccine response status for future exposures, anti-HBs testing should be performed approximately 1–2 months after the final vaccine dose. Anti-HBs testing should be performed using a method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL). Because anti-HBs testing of HCP who received HBIG should be performed after anti-HBs from HBIG is no longer detectable (6 months after administration), it might be necessary to defer anti-HBs testing for a period longer than 1–2 months after the last vaccine dose in these situations (Table 5).
  - HCP with anti-HBs ≥10 mIU/mL after receipt of the primary vaccine series are considered immune. Immunocompetent persons have long-term protection and do not need further periodic testing to assess anti-HBs levels.
  - HCP with anti-HBs <10 mIU/mL after receipt of the primary series should be revaccinated. For these HCP, administration of a second complete series on an appropriate schedule, followed by anti-HBs testing 1–2 months after the final dose, is usually more practical than conducting serologic testing after each additional dose of vaccine. So the HCP's vaccine response status can be documented for future exposures, anti-HBs testing should be performed 1–2 months after the final vaccine dose.
- If the source patient is HBsAg-negative, the HCP should complete the HepB vaccine series according to the vaccination schedule. So the HCP's vaccine response status can be documented for future exposures, anti-HBs testing should be performed approximately 1–2 months after the final vaccine dose (Table 5).
  - HCP with anti-HBs ≥10 mIU/mL after receipt of the primary vaccine series are considered immune. Immunocompetent persons have long-term protection and do not need further periodic testing to assess anti-HBs levels.
  - HCP with anti-HBs <10 mIU/mL after receipt of the primary series should be revaccinated. For these HCP, administration of a second complete series on an appropriate schedule, followed by anti-HBs testing 1–2 months after the final dose, is usually more practical than conducting serologic testing after each additional dose of vaccine. So the HCP's vaccine response status can be documented for future exposures, anti-HBs testing should be performed 1–2 months after the final vaccine dose.

Clinical Management of Exposed HCP

- HCP who have anti-HBs <10 mIU/mL (or who are unvaccinated or incompletely vaccinated) and sustain an exposure to a source patient who is HBsAg-positive or has an unknown HBsAg status should undergo baseline testing for HBV infection as soon as possible after the exposure, and follow-up testing approximately 6 months later. Testing immediately after the exposure should consist of total anti-HBc, and follow-up testing approximately 6 months later should consist of HBsAg and total anti-HBc (Table 5).
- HCP exposed to a source patient who is HBsAg-positive or has an unknown HBsAg status do not need to take special precautions to prevent secondary transmission during the follow-up period;

however, they should refrain from donating blood, plasma, organs, tissue, or semen (*10*). The exposed HCP does not need to modify sexual practices or refrain from becoming pregnant (*10*). If an exposed HCP is breastfeeding, she does not need to discontinue (*7,10*). No modifications to an exposed HCP's patient-care responsibilities are necessary to prevent transmission to patients based solely on exposure to a source patient who is HBsAg-positive or has an unknown HBsAg status.

Previously Vaccinated HCP

- Providers should only accept written, dated records as evidence of HepB vaccination (*151*).
- An increasing number of HCP have received routine HepB vaccination during childhood. No postvaccination serologic testing is recommended after routine infant or adolescent HepB vaccination. Because vaccine-induced anti-HBs wanes over time, testing HCP for anti-HBs years after vaccination might not distinguish vaccine nonresponders from responders. Pre-exposure assessment of current or past anti-HBs results upon hire or matriculation, followed by one or more additional doses of HepB vaccine for HCP with anti-HBs <10 mIU/mL and retesting anti-HBs, if necessary, helps to ensure that HCP will be protected if they have an exposure to HBV-containing blood or body fluids (Box 5; Figure 3).
    - HCP who cannot provide documentation of 3 doses of HepB vaccine should be considered unvaccinated and should complete the vaccine series. Postvaccination serologic testing for anti-HBs is recommended 1–2 months after the third vaccine dose. HCP who are inadvertently tested before receiving 3 documented doses of HepB vaccine and have anti-HBs ≥10 mIU/mL should not be considered immune because anti-HBs ≥10 mIU/mL is a known correlate of protection only when testing follows a documented 3-dose series. Health care facilities are encouraged to try to locate vaccine records for HCP and to enter all vaccine doses in their state immunization information system.

College of Nursing and Health Profession students should complete the Hepatitis B Non-responder Acknowledgement Form in CastleBranch.

Postexposure management of health care personnel after occupational percutaneous or mucosal exposure to blood or body fluids, by health care personnel Hep B vaccination and response status

		Postexposure testing		Postexposure prophylaxis	
HCP status	**Source patient (HBsAg)**	**HCP testing (anti-HBs)**	**HBIG**	**Vaccination**	**Postvaccination Serologic testing**
Documented responder after complete series			No action needed		
Documented nonresponder after two complete series	Positive/unknown	__*	HBIG x2 separated by 1 month	--	N/A
	Negative		No action needed		
Response unknown after complete series	Positive/unknown	<10 mIU/mL	HBIG x1	Initiate revaccination	Yes
	Negative	<10 mIU/mL	None	Initiate revaccination	Yes

	Any result	≥10 mIU/mL	No action needed		
Unvaccinated/incompletely vaccinated or vaccine refusers	Positive/unknown	--	HBIG x1	Complete vaccination	Yes
	Negative	--	None	Complete vaccination	yes

Abbreviations: anti HBs = antibody to hepatitis B surface antigen; HBIG = hepatitis B immune globulin; HBsAg = hepatitis B surface antigen; HCP = health care personnel; N/A = not applicable.

* Not indicated.

Hepatitis C Postexposure Actions

https://www.cdc.gov/mmwr/volumes/69/rr/rr6906a1.htm?s_cid=rr6906a1_w

Test the Source Patient as soon as possible (preferably within 48 hours) after the exposure. This guidance provides two options for initial source patient testing: 1) option A (preferred), to test for HCV RNA, or 2) option B, to test for anti-HCV and then if positive, test for HCV RNA (Figure 1).
All source patients who are anti-HCV positive should be tested by a nucleic acid test (NAT) for HCV RNA, preferably with a reflex test by using the same specimen if cross-contamination is not a concern or by using a fresh aliquot of the same sample if stored correctly.
If HCV RNA tests are positive but the RNA level is less than the lower limit of quantitation of the assay, the results are reported as <XX IU/mL (e.g., <15 IU/mL if the lower limit of quantitation of the assay is 15 IU/mL). This means that HCV RNA was detected in the sample but is not quantifiable and that the person from whom the sample was collected should be considered to have current HCV infection.

If the source patient is known or suspected to have recent behavior risks for HCV acquisition (e.g., injection drug use within the previous 4 months) or if risk cannot be reliably assessed, initial testing should include a NAT for HCV RNA.
Persons with recently acquired acute infection typically have detectable HCV RNA levels as early as 1–2 weeks after exposure. Source patients determined to be positive for anti-HCV or HCV RNA should be reported to the state or local health department and referred for clinical management, as recommended. False-positive anti-HCV results are known to occur among populations at low risk.

HCV RNA testing is preferred for source patient testing. However, if anti-HCV testing is performed, a sufficient blood sample should be obtained for simultaneous or reflex (if anti-HCV positive) HCV RNA testing. This can minimize the need to redraw blood and reduce delays in establishing the status of the source patient. Testing of the source patient and baseline testing of the HCP might be either concurrent or sequential; follow-up testing of the HCP should be determined by the source patient's status.
If the source patient is HCV RNA or anti-HCV positive with unavailable NAT or if the HCV infection status is unknown (e.g., when the HCP sustains a percutaneous injury from a needle in the trash), follow-up testing of the exposed HCP should be initiated. Follow-up testing for an HCP exposed to blood or body fluids from a source patient who tests anti-HCV positive, but HCV RNA negative is not recommended because this status can indicate a previously cleared or cured infection. However, instances might occur when follow-up testing is warranted (e.g., when specimen integrity concerns exist, including handling and storage conditions, that might have compromised test results) or if the HCP exhibits any clinical signs of HCV infection.

Test the HCP
Baseline Testing
HCP should have an initial baseline test for anti-HCV with testing for HCV RNA if positive (i.e., either reflex or follow-up NAT) as soon as possible (preferably within 48 hours) after the exposure to rule out a

pre-existing chronic infection. HCP testing positive for HCV RNA at baseline should be referred to care for pre-existing current HCV infection. If HCP are anti-HCV positive and HCV RNA negative at baseline, this likely indicates a previously cleared infection; therefore, if test results for the source patient warrant follow-up testing for HCP in context of a current exposure, HCP should be tested for HCV RNA instead of retesting for anti-HCV, which usually will remain positive regardless of current infection status.

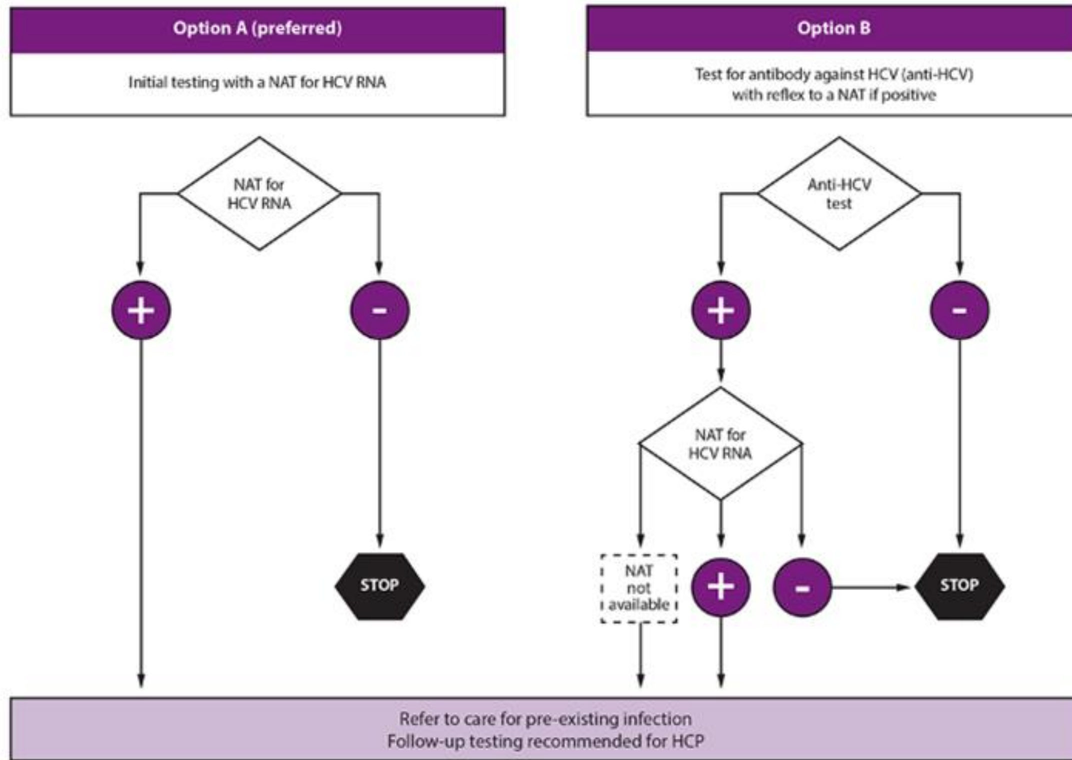
HCV PEP (postexposure prophylaxis) Not Recommended
HCV PEP with DAA therapy is not routinely recommended. The risk for transmission of HCV from percutaneous exposures (0.2%) and mucocutaneous exposures (0%) is low and in most situations does not justify giving DAAs to several hundred exposed HCP because of potential side effects; furthermore, efficient duration of PEP has not been established. DAA therapy is highly efficacious in eradicating acute and chronic infections; therefore, new HCV infections should be identified early and treated, and the strategy of testing and treating if transmission occurs is recommended.

Testing 3–6 Weeks Postexposure
If the source patient is HCV RNA positive or source-patient testing is not performed or not available, HCP baseline testing should be followed by a NAT for HCV RNA at 3–6 weeks after exposure. This test also should be performed if a source patient is anti-HCV positive and no source patient HCV RNA testing is available. A NAT performed at 6 weeks postexposure has the advantage of coinciding with HIV postexposure testing schedules, if recommended.
Testing 4–6 Months Postexposure
For all HCP for whom follow-up testing is recommended, a final test for anti-HCV at 4–6 months with testing for HCV RNA if positive (i.e., either reflex to or follow-up NAT) should be conducted. Testing performed at 6 months postexposure has the advantage of coinciding with hepatitis B virus (HBV) postexposure testing schedules, if recommended. Exposed HCP who develop illness with symptoms indicative of acute HCV infection at any point should be tested for HCV RNA.

No further follow-up is indicated for HCP who remain anti-HCV negative at 4–6 months. However, for those who had a negative anti-HCV result at 4–6 months and are immunocompromised or have liver disease, an additional test for HCV RNA can be considered. Seroconversion from anti-HCV negative to anti-HCV positive with undetectable HCV RNA can indicate resolved infection or acute infection during a period of aviremia. In addition, false-positive anti-HCV tests have been reported to occur. For HCP with a positive anti-HCV result and confirmed undetectable HCV RNA after 4–6 months, a NAT for HCV RNA should be repeated if clinical evidence of HCV infection is present. Tests should be repeated if concerns exist about results being compromised because of storage and handling errors or other issues that might affect specimen integrity.

Management of HCP Who Acquire HCV
HCP with detectable HCV RNA or anti-HCV seroconversion as a result of an occupational exposure should be referred for further care and evaluation for treatment as indicated in AASLD-IDSA guidelines (10). Because DAA therapy is highly efficacious in eradicating acute and chronic infections, new HCV infections should be identified early and treated. Additional recommendations are available to facilitate provision of occupational infection prevention and control services to HCP.

FIGURE 1. Testing of source patients after potential exposure of health care personnel to hepatitis C virus — CDC guidance, United States, 2020*



Additional Information

For additional information related to management of exposure incidents refer to:
https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/personal-safety-program-evaluation.html

National Clinicians' Post-exposure Prophylaxis Hotline:
http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/

Needlestick Reference:
http://www.cdc.gov/niosh/topics/bbp/emergnedl.html

Immunization Action Coalition:
http://immunize.org/
Healthcare Worker Immunization Recommendations
https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html

Methods of Reducing Potential for Exposure to Pathogens

Standard Precautions

Standard precautions refer to the prevention of contact with blood, all body fluids, secretions, and excretions except sweat, and must be used with every client. Exposure of non-intact skin and mucous membranes to these fluids must be avoided. All body fluids shall be considered potentially infectious materials.

Engineering and Work Practice Controls

Engineering and work practice controls shall be used to eliminate or minimize exposure to blood or OPIM (Other Potentially Infectious Materials). An example of an engineering control would include the use of safer medical devices, such as sharps with engineered sharps injury protection and needleless systems. Where potential exposure remains after institution of these controls, personal protective equipment shall also be used.

The following engineering controls will be utilized:

1. Hand washing is a " foundational component of infection prevention in all healthcare settings" (Glowicz, 2023, p. 4). Students will wash their hands before donning gloves and immediately or as soon as feasible after removal of gloves or other personal protective equipment. Students will wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact with blood or OPIM**. No nail polish or artificial fingernails are allowed during clinical activities**. Jewelry has the potential to harbor microorganisms. Refer to individual program handbooks for specific guidelines regarding wearing jewelry during clinical activities.

   - **Alcohol-based hand sanitizers (with at least 60% alcohol) are the most effective products and are the preferred method of hand hygiene in most clinical settings.**
   - Antiseptic soaps and detergents are the next most effective and non-antimicrobial soaps are the least effective.

When using alcohol-based hand sanitizer:

- Put a "palmful" of product (with at least 60% alcohol) on hands and rub hands together.
- Cover all surfaces until hands feel dry.
- This should take around 15-20 seconds.
- When hands are not visibly dirty, alcohol-based hand sanitizers are the preferred method for cleaning your hands in the healthcare setting.

Soap and water are recommended for cleaning visibly dirty hands.

  - When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for **at least 15 seconds**, covering all surfaces of the hands and fingers.
  - Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet.
  - Avoid using hot water, to prevent drying of skin.
- Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times. https://www.cdc.gov/handhygiene/providers/index.html

Use an Alcohol-Based Hand Sanitizer	**Wash with Soap and Water**
Immediately before touching a patient	When hands are visibly soiled
Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices	After caring for a person with known or suspected infectious diarrhea
Before moving from work on a soiled body site to a clean body site on the same patient	After known or suspected exposure to spores (e.g. *B. anthracis, C difficile* outbreaks)
After touching a patient or the patient's immediate environment	
After contact with blood, body fluids or contaminated surfaces	
Immediately after glove removal	

https://www.cdc.gov/handhygiene/providers/index.html
https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/sheaidsaapic-practice-recommendation-strategies-to-prevent-healthcareassociated-infections-through-hand-hygiene-2022-update/FCD05235C79DC57F0E7F54D7EC314C2C#tbl3

2. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in treatment areas or any other area where there is a reasonable likelihood of exposure to blood or OPIM.

3. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or OPIM are present.

4. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

5. Mouth pipetting/suctioning of blood or OPIM is prohibited.

6. Sharps Management
   Sharps are items that can penetrate skin and include injection needles, scalpel blades, suture needles, irrigation cannulas, instruments, and broken glass. It is recommended that the clinician select the safest medical device and/or technique available to help reduce needlesticks and other sharps injuries. The use of needles should be avoided where safe and effective alternatives are available.
   - All disposable contaminated sharps shall be disposed of immediately or as soon as feasible in closable, puncture resistant, leak proof on sides and bottom, and labeled containers. The container must be maintained in an upright position and must not be overfilled.
   - Sharps disposal containers must be readily accessible and located in reasonable proximity to the use of sharps.
   - Containers containing disposable contaminated sharps are not to be opened, emptied, or cleaned manually or in any other manner which could create a risk of percutaneous injury.
   - Contaminated needles and other contaminated sharps shall not be bent, sheared, recapped, or removed unless no alternative is feasible or is required by a specific procedure. If recapping is necessary, a one handed technique or mechanical recapping device must be used.
   - Reusable contaminated sharps shall be placed in leak proof, puncture resistant, labeled containers while waiting to be processed.
   - Sharps containers must be closed before they are moved.
   - HCP are not to reach by hand into containers of contaminated sharps.
   - Contaminated broken glass should be picked up using mechanical means such as a brush and dustpan, tongs, or forceps.
   - Whenever possible, sharps with engineered sharps injury protection or needleless systems should be used.

7. Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container must be closed before being stored, transported, or shipped. If outside contamination of the primary container occurs, or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container which prevents leakage, and/or resists puncture during handling, processing, storage, transport, or shipping.

8. Equipment Sterilization
   a. Reusable heat stable instruments are to be sterilized by acceptable methods.
   b. Heat sterilization equipment will be monitored for effectiveness and records will be maintained.

9. Equipment which may be contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary. Equipment which has not been fully decontaminated must have a label attached with information about which parts remain contaminated.

Personal Protective Equipment

1. Personal protective equipment including gloves, gowns, laboratory coats, face masks, eye protection or face shields, resuscitation bags, pocket masks or other ventilation devices shall be used whenever there is the potential for exposure to blood or OPIM.

2. Personal protective equipment must not permit blood or OPIM to pass through to or reach the student's clothes, skin, eyes, mouth, or other mucous membranes.

3. All personal protective equipment must be removed prior to leaving the treatment area. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Gloves

Gloves shall be worn in the following situations:

- when it can be reasonably anticipated that hands may contact blood, OPIM, mucous membranes, or non-intact skin.
- when performing vascular access.
- when handling or touching contaminated items or surfaces.

Disposable gloves

- shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- shall be replaced if excessive moisture develops beneath the glove.
- shall not be washed or decontaminated for re-use.
- if contaminated, must be covered by over gloves when handling non-contaminated items (e.g., client charts)

Utility gloves

- may be decontaminated for re-use if the integrity of the glove is not compromised.
- must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

Eye Protection
https://www.uptodate.com/contents/covid-19-general-approach-to-infection-prevention-in-the-health-care-setting

- Face or eye protection (goggles or face shields) should be worn in addition to a mask or respirator, particularly when caring for patients who are unable to reliably use a mask and when performing aerosol-generating procedures. HCP who use a full-face shield should be reminded that face shields alone do not provide adequate respiratory protection or source control (i.e., they should still wear a medical mask under the face shield).

Protective Body Clothing https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html

- Appropriate protective clothing such as gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in potential exposure situations.
- Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.
- Protective body clothing must be changed when visibly contaminated with blood or OPIM or if they become torn or punctured.

Housekeeping

Equipment and Environmental and Working Surfaces

- Contaminated work surfaces shall be decontaminated after completion of procedures using a tuberculocidal chemical disinfectant having an Environmental Protection Agency (EPA) registration number. Decontamination must occur between clients, immediately or as soon as feasible when surfaces are contaminated, or after any spill of blood or OPIM.

- Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and surfaces are to be removed and replaced as soon as feasible when they become contaminated. Protective coverings do not replace decontamination with tuberculocidal chemical disinfectant.

- Reusable bins, pails, cans, and similar receptacles are to be regularly inspected for contamination with blood or OPIM and decontaminated as needed.

Infectious Waste Management

1. Infectious waste is defined as:
   - contaminated disposable sharps or contaminated objects that could potentially become contaminated sharps
   - infectious biological cultures, infectious associated biologicals, and infectious agent stock
   - pathological waste
   - blood and blood products in liquid and semi-liquid form
   - carcasses, body parts, blood and body fluids in liquid and semi-liquid form, and bedding of laboratory animals
   - other waste that has been intermingled with infectious waste

2. Infectious waste must be placed in labeled containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.

3. Containers must be closed prior to moving/removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If the outside of the container becomes contaminated it is to be placed in a second container which must have the same characteristics as the primary container.

Definitions of Terms/Abbreviations

AIDS

- Acquired Immune Deficiency Syndrome
- A disabling or life threatening illness caused by HIV (human immunodeficiency virus). It is the last stage on the long continuum of HIV infection and is characterized by opportunistic infections and/or cancers.

Anti-HBs - Hepatitis B Surface Antibody

- The presence of anti-HBs (hepatitis B surface antibodies) in an individual's blood indicates immunity to hepatitis B disease. This is the test used to indicate that a person has had a serologic response to hepatitis B immunization and has developed antibodies to the infection.

Anti-HCV – Hepatitis C antibody virus

- Indicates past or present infection with hepatitis C

CDC

- Centers for Disease Control and Prevention
- The branch of the U.S. Public Health Service whose primary responsibility is to propose, coordinate and evaluate changes in the surveillance of disease in the United States.

COVID-19

- The coronavirus SARS-CoV-2, responsible for the pandemic that began in 2020.

Delayed Report

- Not reporting an exposure incident until 24 hours or more hours following the exposure.

Exposure Incident

- A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

HBIG Hepatitis B Immune Globulin

- A type of vaccine administered in the event of an exposure to hepatitis B disease. The administration of this preparation confers a temporary (passive) immunity or raises the person's resistance to hepatitis B disease.

HBsAg - Hepatitis B Surface Antigen

- A surface antigen of the hepatitis B virus. Indicates potential infectivity.

HCP

- Health Care Personnel / Professional

HIV - Human Immunodeficiency Virus

- The organism that causes AIDS.

LTBI

- Latent Tuberculosis Infection

OPIM - Other Potentially Infectious Materials

- Materials other than human blood that carry the potential for transmitting pathogens.

PEP

- Post Exposure Prophylaxis

Standard Precautions

- Treating all clients as if they are infected with a transmissible disease.

Universal Precautions

- Treating all clients as if they are infected with a transmissible bloodborne disease.

College of Nursing and Health Professions Management of Exposure Incidents

Any percutaneous (needle stick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane (splash to eyes, lips, or mouth) exposure to blood, blood products, other body fluids, or airborne exposures must be reported immediately by the student to the clinical faculty so that appropriate post-exposure procedures can be initiated. The Public Health Services (PHS) recommends that treatment should be recommended to healthcare workers who experience occupational high-risk exposures. Please see the College of Nursing and Health Profession's Infection Control Manual for further information.

Management of Exposure Incidents Checklist

☐ For exposures other than air-borne exposures: The affected area was cleansed with antimicrobial soap. Water was run through glove if puncture was suspected. Eyes: The eyes were irrigated for one minute. Mouth: The mouth cleansed with tap water for fifteen minutes.

☐ Accident/ Injury Investigation Report completed.

☐ Student Exposure Incident Report completed.

☐ Clinical Facility's Incident Report completed.

☐ Exposed student provided a copy of the Student Exposure Incident Report and sent for treatment as recommended by primary HCP. (Refer to clinical site policy for exposure incident treatment.)
For TB exposures, students will receive notice of exposure to suspected or active cases of TB through either the clinical facility's employee health department where they were exposed or, in cases of active TB, through the county health department. Instructions for follow-up are provided by the notifying department.

☐ Source Patient Management: The source client, if known, should be serologically tested for evidence of HIV, HbsAg, and anti-HCV. ***Please circle one:***

Source patient known and tested   Source patient known and refused testing   Source patient unknown
Not applicable

Clinical Faculty Signature: ____Date: ____________________

☐ The completed Accident/Injury Investigation Report, Student Exposure Incident Report and Management of Exposure Check List returned to Clinical Coordinator within 24 hours or as soon as possible.

Clinical Coordinator Signature: _______________________________________ Date: ____________________

☐ Postexposure management/counseling completed. Students have the right to be counseled about exposure by university faculty if desired. ***Please circle one:*** Counseling completed   Counseling denied

University Faculty Signature: ____ Date: ____________________

College of Nursing and Health Professions

Acknowledgement of Refusal to Seek Management of Exposure Incident

Any percutaneous (needlestick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane (splash to eye, lips, or mouth) exposure to blood, blood products, body fluids, or airborne pathogens is to be reported immediately by the student to the clinical faculty so that appropriate post-exposure procedures can be initiated. The Public Health Services, (PHS), recommends that treatment should be recommended to healthcare workers who experience occupational high-risk exposures. Please refer to the College of Nursing and Health Professions Infection Control Policy.

I understand that I have been advised to seek prompt management of an exposure incident. At this time, I am refusing referral to a healthcare professional for recommendation regarding the need for evaluation and the need for chemoprophylaxis.

Date of Exposure Incident: _________________ Time of Exposure Incident: _________________

Institution where incident took place: ____

Summary of incident: ____

____

____

____

____

Student Name: ____

Student Signature: _______________________________________Date/Time:_________________

Advising Faculty:____Date:_________________

UNIVERSITY OF SOUTHERN INDIANA

College of Nursing and Health Professions

Student Exposure Incident Report

Exposed Student Information:

Program: ____

Student Name: ______________________________________DOB:_________________

Date Incident Occurred: ________ Time Incident Occurred: ______ Time Reported: ______ Does the student have a positive hepatitis B titer? [ ] yes [ ] no

Post-vaccination HBV antibody status, if known: [ ] positive [ ] negative [ ] unknown

Date of Last Tetanus Vaccination: ___________ Date of Last Tuberculin Test: _____________

Exposure Incident Information:

Agency/site where incident occurred (include specific unit): ____________________________

Type of incident:

- [ ] needle stick
- [ ] instrument puncture
- [ ] bur laceration
- [ ] injury from other sharp object: ____
- [ ] blood/other body fluid splash or spray
- [ ] human bite
- [ ] other ____

Area of body exposed: ____

Type of body fluid/tissue/airborne pathogen exposed to: ______________________________

Describe incident in detail: ____

____

____

What barriers were being used by the student when the incident occurred?

[ ] gloves [ ] mask [ ] eye wear [ ] gown [ ] other __________________

Source Patient Information:

Access to source patient information is known/available [ ] yes [ ] no

If the answer is **yes**, complete the following information about the source patient:

Review of source patient medical history: [ ] yes [ ] no

Verbally questioned regarding:

History of hepatitis B, hepatitis C, or HIV infection [ ] yes [ ] no

High risk history associated with these diseases [ ] yes [ ] no

Patient consents to be tested for HBV, HCV, and HIV [ ] yes [ ] no

Referred to (name of evaluating healthcare professional/facility): _________________________

Incident report completed by: ____

Post-exposure management/counseling (to be completed by evaluating health care provider):

Date: _______________________________ Time: ____________

Comments: ____

____

____

____

Counselor Signature: ____

I have reviewed and confirm the accuracy of the information contained in this report. I acknowledge that I have been referred for medical evaluation and may need to receive additional medical evaluation as prescribed by the physician, *at my own expense.* I authorize the release of the information related to this exposure incident for treatment, payment activities, and healthcare operations.

Student Signature: ____ Date: ______________

TO BE COMPLETED BY THE COLLEGE OF NURSING AND HEALTH PROFESSIONS INFECTION CONTROL COMMITTEE CHAIR

Corrective action needed: ____

____

Has this action been taken? [ ] yes [ ] no

Is further investigation needed? [ ] yes [ ] no

Comments: ____

____

Signature: ____Date _______________

Updated April 2019

ACCIDENT / INJURY INVESTIGATION REPORT INSTRUCTIONS

The attached form must be completed for injuries to employees, students, visitors or volunteers that occur on the job or during USI activities/events on or off campus.

Form should be completed within 24 hours of an incident.

<u>CLAIMANT/INJURED (Employee, Student Worker, Student, Visitor, or Volunteer)</u>

1. Complete entire 1st page, sign and date form.
2. Give both pages of Accident/Injury form to your supervisor or program director for completion.

<u>SUPERVISOR OR PROGRAM DIRECTOR OF CLAIMAINT/INJURED</u>

1. Complete top section of page 2, sign and date form.
2. Return completed Accident/Injury Investigation Form to:
    - Human Resources – for injured employee or student worker.
    - Department of Risk Management – for injured student, visitor, or volunteer.

ACCIDENT / INJURY INVESTIGATION REPORT

UNIVERSITY OF SOUTHERN INDIANA

Form revised 5/1/15

MUST BE COMPLETED AND RETURNED WITHIN 24 HOURS OF ACCIDENT

☐ Employee ☐ Student Worker ☐ Student ☐ Visitor ☐ Volunteer

Date of Report		Time of Report		☐ A.M. ☐ P.M.

INJURED PERSON INFORMATION

Name of Injured		☐ Male	☐ Female
Permanent Address			
City		State	Zip
Date of Birth		USI Employee ID #	
Telephone: Home / Cell		Telephone: Work	
Department		Job Title	
Number of hours scheduled to work per week			

WITNESS INFORMATION

Name(s) of Witness			
Telephone: Home / Cell		Telephone: Work	

STATEMENT OF INJURED PERSON OR WITNESS

Date of Accident		Time of Accident	☐ A.M. ☐ P.M.
Location of Accident		Type of Injury (e.g., strain, laceration)	
Cause of Injury (e.g., slip/fall , lifting)		Part of Body Affected (e.g., arm, leg, back)	
Description of Accident			
Is Treatment being sought? If so, where?			

I authorize the release of any medical information relating to this injury / illness to the University's relevant insurers for review of this claim.

Signature of Injured Person		Date	

SECOND PAGE MUST BE COMPLETED BY SUPERVISOR OR PROGRAM DIRECTOR

1 of 2

TO BE COMPLETED BY THE SUPERVISOR OF THE ACTIVITY OR PROGRAM DIRECTOR
(attach additional information if necessary)

Name of Injured Person		**Time employee's work day began (if employee)**	☐ **A.M.** ☐ **P.M.**

Evaluation of how accident occurred / contributing factors

Possible Preventative Actions (actions that have been / will be taken to prevent recurrence)

Work Phone of Supervisor or Program Director		**Date signed**	
Signature of Supervisor or Program Director			
Printed Name of Supervisor or Program Director			

FOR HUMAN RESOURCES USE ONLY

Lost Time ☐ **Yes** ☐ **No**

Number of Days		**Anticipated Release Date**	

Work Restrictions

Medical Treatment

EMPLOYEE OR STUDENT WORKER:
FILL IN FORM, FORWARD TO SUPERVISOR FOR COMPLETION. SUPERVISOR FORWARD TO HUMAN RESOURCES.

STUDENT, VISITOR OR VOLUNTEER: FILL IN FORM, FORWARD TO SUPERVISOR OR PROGRAM DIRECTOR.
SUPERVISOR OR PROGRAM DIRECTOR PLEASE FORWARD TO THE DEPARTMENT OF RISK MANAGEMENT.

2 of 2