Academic Policies and Procedures,
Rules and Regulations,
And
Miscellaneous Information
You Need to Know

Including
(in the order in which they appear)

I. Mission Statement

II. School of Health Technology and Management Policies and Procedures
   A. Academic Standing
   B. Academic Dishonesty

III. Dean’s Memorandum on Uniform Regulations, Miscellaneous Rules and Points of Information

IV. Clinical Practicum Student Responsibilities and Statement on Student Risks

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VI. Policies on Non-Discrimination and Sexual Harassment – Please visit the following websites:

   http://www.stonybrook.edu/vpadmin/policy/policies.shtml?ID=105
   http://www.stonybrook.edu/vpadmin/policy/policies.shtml?ID=106

Certificate Programs
(Anesthesia Technology, EMT- Paramedic, Medical Dosimetry, Nuclear Medicine, Radiologic Technology)
Mission Statement

School of Health Technology and Management

The mission of the School of Health Technology and Management is to provide the highest quality education in a multidisciplinary learning environment that fosters research, scholarly activity, critical thinking, evidence-based practice, leadership, and professionalism, while affirming the importance of ethical behavior, human diversity, service, and a team approach to health care. To achieve this, the School endeavors to:

- promote patient health and well being by teaching the knowledge, attitudes, and skills needed to ensure excellence in practice;
- expand knowledge through translational research, scholarship and creative activity;
- encourage innovative and responsible methods of managing and delivering high quality, cost-effective, accessible health care;
- respond to current and emerging public health challenges both locally and globally; and
- cultivate partnerships among faculty, staff, students, and community.
ACADEMIC STANDING

I. INTRODUCTION

A student’s academic standing is subject to university standards and to the policies of the School of Health Technology and Management (SHTM). The dean of the school shall be responsible for final decisions concerning a student’s status. A student needs to be in good standing (p. 1) to maintain matriculation within the school’s programs. If the student fails to maintain good academic standing, they may be subject to either departmental warning (p. 2), probation (p. 3), suspension (p. 4), reinstatement (p. 6), or termination (p. 6). Students have right of appeal to challenge any change in academic standing (p. 7). In cases of academic dishonesty, see SHTM policy and procedures on academic dishonesty.

II. POLICIES AND PROCEDURES

A. GOOD STANDING

A student who meets the following academic standards of the School of Health Technology and Management will be considered to be in good standing:

1. Undergraduate students must maintain a 2.0 minimum overall cumulative grade point average, a 2.5 minimum cumulative grade point average in required professional courses, and, if relevant, a minimum clinical grade point average as determined by the program/department.

2. Graduate students must maintain a 3.0 overall grade point average.

3. Students must successfully complete all program courses (e.g., pass all coursework the first time around).

4. In the course of academic evaluation, students must also demonstrate adherence to professional codes of ethics, sensitivity to patient and community needs, and appropriate professional behavior and demeanor.* This includes the ability to work with and relate to peers and other members of the health care team, attitude, attendance, appearance and punctuality.

- Examples of inappropriate behavior may include the inability to respond to constructive criticism, failure to recognize the impact of verbal/non-verbal communication without appropriate modification, inaccuracy of self-assessment, and inability to adapt to change.
B. DEPARTMENTAL WARNING

Policy

A student who does not meet the standards set forth in Section II.A. 3 shall be given a departmental warning. Depending on the severity of non-compliance with II.A. 4 the student may either receive a departmental warning, or be placed on probation or both. Students who are not in good standing (e.g., failure of a course, inappropriate professional behavior) shall be informed of this difficulty in writing by the program director. This warning does not imply or necessarily preclude suspension and/or probation.

Procedure

1. At intervals within each three month period the program faculty will review each student’s academic record and identify students who fail to meet expected professional standards of conduct and/or who are experiencing academic difficulty, by means of faculty consultation, or by means of these academic records.

2. The program director may inform the student in writing of the difficulty and possible consequences, and inform the student of resources available for remediation.

3. The program director will follow up on the student’s progress and be available for consultation.

4. A student may receive any number of these "warning" letters from the program director without a change in academic standing.

5. A student may be placed on probation or suspended without receiving prior "warning” letters. Depending on the severity of non-compliance with II.A. 4 the student may receive a departmental warning and/or probation.
C. PROBATION

Policy

A student who does not meet the standards set forth in sections II.A. 1 & 2, e.g., a student who does not maintain the minimum grade point average or does not demonstrate appropriate professional behavior shall be placed on probation for an appropriate academic period (ordinarily two modules or one semester, depending on the student’s schedule). Depending on the severity of non-compliance with II.A. 4 the student may either receive a departmental warning, or be placed on probation or both. A student who has been placed on probation (e.g., failure of a prerequisite) may not ordinarily be permitted to participate in full-time clinical practice, except under extraordinary circumstances, and upon recommendation by the program director to the dean.

Procedure

1. The program director, acting on information provided by the department faculty, will recommend probation to the dean, by memo, as soon as possible after probation is indicated.

2. The program director's memo to the dean may include:
   a. the reasons for such action
   b. the period of time for probation
   c. the conditions for removal from probationary status
   d. documentation substantiating the action.

3. After receipt of the program director’s recommendation, the dean shall inform the student of the decision and conditions for probation in writing within ten business days. Copies of this letter go to the program director, the Office of Student Services, and the academic standing committee.

4. If the student has met the conditions for removal from probation by the end of the probation period, the program director, with advisement of department faculty, will recommend return to good academic standing to the dean. The dean will then act on this recommendation within ten business days.
5. If the student has not met the conditions for reinstatement and there is evidence that the student should not be immediately terminated, the program director may choose to recommend to the dean an extension of the probationary period.

6. The student may request extension of probation by petition to the dean who would ordinarily refer this to the academic standing committee for review and recommendation. In this case, the program director would be asked to submit a statement concerning the student.

7. If the student has not met the conditions by the end of the probation period, the student will be subject to termination. (p. 8).

D. SUSPENSION

Policy

A student may be recommended for suspension if the student fails to successfully complete prerequisites for a course or program, as outlined by the SHTM’s admission policy. A student may be immediately removed from participation in school activities by a faculty member and recommended for suspension if the student's continued participation appears to be detrimental to the best interests of patients, peers, and/or the programmatic mission and principles of the School of Health Technology and Management. In such cases, the faculty member, after consultation with the program director, will issue a verbal directive to the student, followed by a written statement. Action to determine the student's status should be taken within ten business days of the verbal directive.

Procedure

1. A student may be recommended for suspension by the program director on the recommendation of the department faculty any time there is a serious error in professional judgment on the part of the student (e.g., actions taken by the student that jeopardize patient safety).

2. Whenever possible complete documentation should be kept of any incidents leading to the recommendation for suspension.
3. The program director's recommendation for suspension must include: a. the reasons for suspension; b. the defined period for suspension, not to exceed one year; and c. the conditions for reinstatement.

4. The dean will review for acceptance, rejection, or modification the program director’s recommendation for suspension and inform the student of the decision in writing within ten business days.

5. The program director will review the student’s status to ascertain if the conditions are met:
   a. If the student has met the conditions by the end of the suspension period, the program director may recommend reinstatement to the dean, who will then inform the student of the decision in writing within ten business days.
   b. If the student has not met the conditions for reinstatement by the end of the suspension period, the student will be subject to termination. (p. 6).
   c. Suspension may be extended by program director’s recommendation to the dean, with appropriate documentation to warrant continuation of suspended status. The dean shall notify the student of the extension, the extension period, and the conditions for reinstatement by letter within ten business days.

6. Grades for interrupted courses will be determined for each student on an individual basis by the program faculty for each course. The options are withdrawal, incomplete, or delete.

7. A suspended student ordinarily will not be permitted to participate in any school activities or in the required periods of clinical practice. Exceptions may be made at the discretion of the program director.

8. A student may appeal suspension by petitioning the dean, who will ordinarily refer this to the academic standing committee for review and recommendation. In such cases, the student must inform the dean in writing no later than five business days after receipt of written notice of suspended status. In the written letter petitioning the appeal, the student shall state their intention to, and reasons for, the appeal. (p. 7).

9. A suspended student will not be granted a leave of absence except under extenuating circumstances.
E. **REINSTATEMENT**

Policy

A student who, by the end of the specified period, satisfies suspension, probationary, or leave of absence criteria imposed by the dean may be reinstated at the end of that period.

Procedure

1. Reinstatement requires a memo from the program director to the dean for recommendation of reinstatement.

2. The dean will advise the student in writing within ten business days of the change in status.

3. **Probation** - Reinstatement after a probationary period means that the student returns to good standing.

4. **Suspension or Leave** - Reinstatement after a suspension or leave period means that the student is allowed to register for courses, but may not necessarily be in good standing. The student’s academic standing would depend on the conditions for reinstatement, and individual circumstances.

F. **TERMINATION**

Policy

A student who fails to satisfy the conditions imposed by the dean by the end of the probationary or suspension period will be subject to termination. A student who has been informed that he/she is subject to termination will not be permitted to participate in any school activities pending any appeal process except under extraordinary circumstances as determined by the program director and the dean.

Procedure

1. A student may be recommended for termination by the program director at the close of a probationary, suspension, or leave period if the student has failed to satisfy the conditions for reinstatement.
2. The program director will inform the dean, in writing within ten business days, that the student has failed to satisfy the conditions for reinstatement and that the student is recommended for termination. The reasons for this decision and the conditions for reinstatement that have not been met shall be provided to the dean by the program director, along with supporting documentation.

3. The dean will inform the student, in writing by certified mail, that termination has been recommended and that the termination will be stayed if the student chooses to exercise the right to appeal. If appeal is elected, the student must do so in writing, stating the reason(s) for the appeal, within ten business days following the student’s receipt of the letter from the dean.

4. If the student does not appeal the decision, he/she is terminated automatically by the dean at close of business on the tenth business day following receipt of the dean's certified letter.

G. APPEAL

Policy

If a student wishes to appeal a recommendation made by the program director to the dean, the student must direct a letter stating the reason(s) for the appeal to the dean, who may refer this to the academic standing committee for review and recommendation. If the student wishes to challenge the final decision made by the dean, a further appeal may be directed to the Vice President, Health Sciences Center within ten business days of receipt of the written notice of change in academic standing.

Procedure

1. If the student chooses to appeal a change in academic standing, he/she must inform the dean in writing of the intent, and reason(s) for the appeal, within ten business days of receipt of the dean's certified letter. Reasons for appeal may include the perception by the student that departmental or program policies and procedures were not followed. Appeals will not be granted to those students seeking to challenge course grades, or the validity of exams/exam questions.

2. If the student submits a written request, he/she may be present for the hearing. The student may also bring witnesses and an advisor to the hearing. If such is the intent, the student must inform the chair of the academic standing
committee in writing no later than five business days before the hearing, identifying the witnesses and advisor by name and title

3. The chair of the academic standing committee will create a hearing board. Hearing boards are made up of individuals on the academic standing committee. A hearing board shall consist of a minimum of five voting members and a hearing officer. Normally the chair of the academic standing committee serves as the hearing officer, except under unusual circumstances (e.g., illness, conflict of interest). In such case, the chair of the academic standing committee will notify the elected alternate hearing officer. In all hearings there will be at least one student and four faculty present as voting members plus the hearing officer. Neither the course instructor nor any faculty member of the department/program from which the termination originated shall be impaneled on the hearing board. When a quorum is not available, hearing boards may be staffed by past members of the committee. In instances where it is impossible to reach a quorum with current or past committee members, ad hoc appointees will be determined by the dean.

4. The committee chair will ask the program director to prepare a statement concerning the student’s request for appeal and to produce all pertinent documentation and list witnesses, if any.

5. The associate dean for SHTM shall be available to explain process, policy and procedures to any faculty involved in a hearing. The assistant dean for student affairs shall be available to explain process, policy and procedures to the student.

6. The hearing officer will set a time for the hearing at the earliest possible date to allow all concerned parties adequate time for preparation. Unless there are unusual circumstances, the hearing will be scheduled no sooner than five business days, and no later than ten business days after receipt of the student’s written notice of intent to appeal.

7. The hearing officer will open the hearing by presenting the program director's written recommendation. The role of the hearing officer shall be to oversee the hearing process, ensure that the policies and procedures of the SHTM governing the process are followed, and ensure that the hearing moves in an orderly manner. As a member of the academic standing committee, the hearing officer may ask questions of principles and witnesses. The hearing officer will participate in the proceedings but cast no vote, except as noted in 10 below.
8. The student’s written statement will explain the grounds of appeal and include any documentation supporting the reason for the appeal.

9. The program director and the student may call witnesses to the appeal hearing if the testimony would prove relevant to the final decision.

10. The advisor may counsel their advisee during the hearing but does not have privilege of the floor.

11. After reviewing all of the evidence and interviewing any witnesses, the hearing board will meet in executive session to review all information presented during the hearing and come to a decision. All decisions of the board shall be by majority of the voting members present; voting shall be by secret ballot. In case of a tie, the hearing officer will cast the deciding vote. The cast vote tally will not be divulged.

12. The chair will inform the dean of the hearing board’s recommendation to uphold or deny the student’s appeal.

13. Complete records of the hearing shall be kept in the strictest confidence by the chair of the academic standing committee. Indeed, all case-specific activities, correspondence and communication related to the case shall be held in strict confidence by all members of the hearing board at all times both during and after the appeal.

APPEAL DECISION

1. The dean of the School of Health Technology and Management may or may not accept the recommendation of the hearing board and shall inform the student of the final decision in writing within ten business days.

2. Appeal Upheld:

If an appeal results in reversal/reinstatement the student shall be notified by the dean, in writing, within ten business days.
3. Appeal Denied:

   a. If an appeal from termination is denied, the student shall again be subject to termination. If the student wishes to pursue further appeal, no action will be taken on the student's status until the Vice President, Health Sciences Center has had the opportunity to review the case.

   b. If an appeal from other than termination (e.g., probation, suspension) is denied, the student shall continue their present status until the conditions of probation or suspension are met. A student who fails to satisfy the conditions imposed by the dean by the end of the probationary or suspension period will be subject to termination (p. 6).

H. LEAVE OF ABSENCE

Policy

A student may request a leave of absence for medical or personal reasons, but not for longer than one year. A suspended student will not be granted a leave of absence. A student may not be granted more than one leave of absence for other than medical reasons.

Procedure

1. A student requesting a leave of absence, either medical or personal, must do so in writing to the program director.

2. The program director reviews the leave request and makes a recommendation either approving or denying the request to the dean, supplying a copy of the student's letter.

3. The program director's recommendation shall include the following:

   a. Reason for leave.

   b. Length of time of the leave, not to exceed one year.
c. The date by which the student must inform the program and the dean, in writing of the intent to return (usually one to two months prior to the date of resuming studies).

d. Academic standing of the student at the time of leaving and the time of resuming studies.

e. Any conditions for reinstatement.

4. The dean shall inform the student, in writing, within ten business days, of the final decision. Copies of this letter are sent to the Office of Student Services and the program director.

5. Students requesting a leave for medical reasons must also submit a physician's note recommending leave. A physician's note indicating that the student is able to resume studies when the leave is over shall be a condition for reinstatement.

6. Leave may be extended by the student's petition to the program director, who will review the request and make a recommendation to the dean, as in #3 above, but in no case, will the leave be extended to total more than one year. (Under exceptional circumstances, a medical leave may be extended beyond one year.)

7. If the conditions for reinstatement are not met by the date indicated, the student will be subject to termination. (p. 6).

8. Should there be disagreement between the student and the program director concerning the arrangements for leave, the matter shall be referred to the academic standing committee for review and recommendation.

I. WITHDRAWAL

1. Authorized Withdrawal

Withdrawal from the Health Sciences Center, for any reason, will be recorded only when the student requests to withdraw in writing and the program director supports the request. The program director forwards the request to the dean. The date upon which the student requests to withdraw, and not the date of the last documented class attendance, is considered the official day of withdrawal. Non-attendance or notification to the
instructors does not constitute formal withdrawal. The student must submit the form no later than two modules after the date of the last class attended.

2. Unauthorized Withdrawal

A student who leaves the school without obtaining an official withdrawal may forfeit the privilege of honorable dismissal and the prospect of readmission, and will be reported on the official student transcript as having failed all courses which have not been completed.
ACADEMIC STANDING: GRADING

Every health care professional must demonstrate, in his or her professional activity, competent clinical performance in patient care and theoretic understanding, as demonstrated by scholastic achievement.

The School of Health Technology and Management has adopted a policy on grading which is based upon the criteria that are characteristic of a competent practitioner. The following considerations will be included in the determination of student grades, as appropriate to the specific course being taken:

1. Scores achieved on written tests, based upon material presented in the course and/or assigned outside readings or other learning experiences;

2. Scores on oral tests, based upon material presented in the course and/or upon outside readings or other learning experiences;

3. Assigned written reports or essays;

4. Instructor’s evaluation of assigned oral presentations;

5. Competent performance of laboratory procedures according to established protocols;

6. Skill demonstrated in the performance of laboratory procedures;

7. Competent performance of clinical procedures according to established protocols;

8. Demonstrated skill in the performance of clinical procedures;

9. Consistent, conscientious performance of assigned professional duties; students will recognize the need to continue service to their patients until responsible, authorized arrangements for continuity of the patient’s care has been arranged;

10. Demonstration of equal effort and skill in dealing with all patients contacted;

11. Appreciation of personal professional limitations as demonstrated by appropriate request for instructor assistance and the eschewing of professional tasks for which the student is not yet qualified. Students will carefully display and explain their status to patients and professional contacts;
12. Integrity and honesty in dealings with associates, instructors, supervisors, patients, and others;

13. Observance of the code of ethics for the relevant profession’s practice and the policies of the School of Health Technology and Management;

14. Consistent respect for the confidentiality and rights of instructors, colleagues and patients (especially as required by HIPAA regulations);

15. Fiscal integrity: Students will not accept unauthorized payment for gifts for the performance of professional services;

16. Accuracy in the maintenance of patient and professional records.

Because the requirements for each course vary, the specific weight given to each of the above criteria may also be expected to vary in relationship to course objectives. However, it should be clearly recognized that all relevant criteria from the above list will be included to some degree in the evaluation of student participation in each course offered by the school.

Each primary course instructor has the responsibility to review these considerations for the students in her/his course and to list those which will be used in student evaluation in the course syllabus to be distributed to the students at the beginning of the course.
I. INTRODUCTION

Intellectual honesty is a cornerstone of all academic and scholarly work. Therefore, the University, including the School of Health Technology and Management, views any form of academic dishonesty as a serious matter. The University Senate Academic Judiciary Committee is responsible for the establishment of general guidelines for dealing with academic dishonesty. The academic judiciary committee or the committee on academic standing of the school in which the student is enrolled has the responsibility for handling individual cases of academic dishonesty. In the School of Health Technology and Management, this is the academic standing committee.

Academic dishonesty includes any act which is designed to obtain fraudulently, either for oneself or for someone else, academic credit, grades, or other recognition which is not properly earned. It is to behave, or to help another to behave, so as to improperly advance, protect, or diminish the academic status of individuals or the University.

II. EXAMPLES OF ACADEMIC DISHONESTY

Typical examples of academic dishonesty include but are not limited to:

A. Classroom Dishonesty

1. Cheating on course or proficiency examinations by the use of books, notes, or other aids when these are not permitted, or by copying from another student.

2. Submission of similar papers or projects in more than one course without permission of the instructor(s).

3. Collusion: Two or more students helping each other on an examination or assignment, unless specifically permitted by the instructor.

4. Use of substitutes: Sitting in for another student at an examination, or permitting someone else to sit in for oneself.

5. Plagiarism: The submission of another's work as one's own original work without proper acknowledgment of the source.
6. Falsifying documents or records related to credit, grades, change of status forms (e.g., adds and drops), and other academic matters.

7. Altering an examination or a paper after it has been graded for the purpose of fraudulently requesting a revision of the grade.

8. Use of unauthorized materials for an exam or project (e.g., use of calculators on an exam where they have been prohibited, beepers, or other electronic devices).

9. Circulation and/or use of unauthorized “old exams”.

10. Unauthorized possession of an exam, even if inadvertent or un-premeditated.

11. Theft, concealment, destruction, or inappropriate modification of classroom or other instructional material (e.g. posted exams, library materials, laboratory supplies, computer programs and outputs).

12. Preventing relevant material from being subjected to academic evaluation.

B. Clinical Dishonesty

The principles of academic dishonesty shall also apply to those courses taken during the clinical phases of a program of instruction. In clinical programs academic dishonesty shall be defined further to include, but not be limited to:

1. Falsification of client or institutional records.

2. Concealing information or activities that affect the safety and well-being of clients.

3. Inappropriate violation of client confidentiality.

4. Engaging in activities that are contrary to professional codes of ethics or standards or practice as defined by the program, school, or professional associations.

5. Misrepresenting one's role as a student to an institution, client, or to the public at large so as to mislead them in their expectations of the student's competencies and/or limitations.

6. Failure to seek supervision for clinical activities or neglecting to obtain required clearance for such clinical activities.
7. Performance of procedures without supervision, for which the student has not been prepared.

8. Failure to follow the University guidelines regarding the use of human subjects or laboratory animals in research or experimentation.

III. POLICY

A. Under the principle of academic freedom, each faculty member reserves the authority, and with it the responsibility, to clearly define the bounds of acceptable conduct and to carry on his/her duties in a fashion conducive to academic honesty. The faculty member retains the right to take immediate and appropriate actions to prevent and/or deal with any act of unacceptable conduct on the part of a student. Students may bring forth charges of academic dishonesty as well. The faculty member and/or student shall formally refer the matter to the program director to resolve acts of academic dishonesty within the program from which the student originates.

B. Students who are accused of academic dishonesty during an exam have the right to and should be encouraged to finish the exam; in this way students who appeal the accusation will have a completed exam on which their final grade will be based, should the accusation not be sustained. When academic dishonesty is suspected during an exam it is at the discretion of the instructor whether the student should be informed of suspicions immediately or when the exam is over. When academic dishonesty is confirmed before an exam (e.g., unauthorized possession), the student should be prohibited from taking that exam; if the instructor suspects that other students may have been exposed to the exam, the instructor may void that exam, at his/her discretion, and re-test. The course instructor may recommend a penalty prior to a formal finding of academic dishonesty; the student may either admit to academic dishonesty and accept the penalty, or appeal the finding or the penalty to the academic standing committee. See IV A.

C. Students who are accused of academic dishonesty while on clinical rotation should be allowed to continue during the appeal process, unless the department or clinical institution believes that this would not be in the client's best interest.

D. Students are presumed innocent until found guilty. Students may be found guilty of academic dishonesty on the basis of preponderance of evidence. This may be obtained from direct evidence, circumstantial evidence, or a combination of the two. For example:
1. In cases of suspected plagiarism, a dramatic change in writing style may contribute toward a finding of guilty; identification of source material strengthens the accusation.

2. Possession of an accessible crib sheet may contribute toward a finding of guilty even if the student was not observed using the crib sheet.

3. Students may be found guilty of academic dishonesty if they are observed to be communicating with one another even if there is no clear indication on the exam paper of where collusion may have taken place.

4. Students may be found guilty of academic dishonesty on the basis of similarity between exams, papers, or other work even though there were no witnesses to communication between the accused students.

IV. PROCEDURE

A. ALLEGATIONS

Any member of the academic community may bring forth a complaint of academic dishonesty concerning a SHTM student. Such complaints are normally submitted to the director of the program from which the student originates. The program director shall review the nature of the complaint. The program director has two options: 1) If the allegation is uncontested by the student, the program director may decide to resolve the allegation within the program. In this instance, the program director shall inform the student of the nature of the allegation, review the evidence, consult with the accuser, the accused, and relevant (involved) faculty as appropriate, and render a penalty. This penalty must be acceptable to both the accused and the accuser in order for resolution at the departmental level to be accomplished. The program director shall also inform the student of their right to appeal to the academic standing committee. If the student chooses to appeal the penalty rendered by the program director, the program director shall inform the dean’s office and the chair of the academic standing committee in writing within five business days of the decision and forward all relevant documentation to both parties. 2) If the allegation is contested by the student, the case shall be referred directly to the academic standing committee. In the latter instance the complaint should be addressed to the dean with copies to the chairperson of the academic standing committee.

Upon completion of resolution at the programmatic level, the program director shall submit a typewritten report and the Program Resolution Form (PRF: see Appendix A) to both the assistant dean for academic and student affairs and the chair of the academic standing committee, with full particulars, within five (5) working days of the resolution.
The chair of the academic standing committee shall oversee the program resolution process in order to ensure that appropriate policy and procedure is adhered to and in order to monitor equality of penalties across SHTM programs. The chair of the academic standing committee shall refer the charge directly to the academic standing committee if there was a prior finding of academic dishonesty, or if the penalty sought by the program appears disproportionate to the alleged offense.

The assistant dean for academic and student affairs shall maintain PRFs in a separate file from the student’s record. The PRFs shall be accessible to only the dean. The chair of the academic standing committee shall also maintain PRFs in a file accessible only to the chair. The PRF can not be used against the student in any subsequent allegation of academic dishonesty. The PRF can only be used in a finding of academic dishonesty, and then only in the penalty (closed session) phase of the hearing.

Role of the assistant dean for academic and student affairs: The assistant dean may offer advisement concerning policies and procedures to the accused student once charges of academic dishonesty have been brought forth. The assistant dean shall limit advisement to the accused student and their advisors and family, as appropriate, to process, policy and procedure governing academic dishonesty.

Role of the associate dean of the SHTM: The associate dean may offer advisement concerning policies and procedures to the faculty or student accuser and/or program director once charges of academic dishonesty have been brought forth. The associate dean shall limit advisement to the accuser/program director to process, policy and procedure governing academic dishonesty.

B. INFORMING STUDENT

Upon receipt of an accusation the chairperson of the committee will immediately inform the student of the charge and the mechanism of appeal. Upon written request, accused students have right of access to copies of relevant documentation concerning the charges, which may include the letter of accusation from the person bringing forth the charges and statement(s) of witness(es), if any. The chairperson of the academic standing committee shall provide such documentation as soon as it is reasonably possible.

C. INVESTIGATION

The academic standing committee will investigate charges of academic dishonesty, determine whether the charges are substantiated by a preponderance of evidence, and define extenuating circumstances, if any.
D. PENALTIES FOR ACADEMIC DISHONESTY

The course instructor may render a penalty for any suspected act of academic dishonesty. If the accused student appeals the finding or penalty to the academic standing committee (ASC), the ASC may either support the course instructor’s penalty, or render its’ own penalty. The penalty for any substantiated act of academic dishonesty may be expulsion from the school unless the dean and the program director in which program the accused is a student concur with an academic standing committee recommendation for a modified penalty.

1. In Course Work: Penalty may be dismissal from the University and/or may be a specific course grade. A grade received by a student found guilty of academic dishonesty may not be removed by withdrawal from the course or changed to pass/no credit. Students registered pass/no credit will receive a letter grade rather than a P or NC.

2. In Clinical Work: An allegation of academic dishonesty in clinical work reviewed and accepted by the committee in accordance with the academic standing policies may lead to an immediate suspension of the student. Students found guilty of such an allegation may be dismissed from the University.

3. Other Situations: In cases of academic dishonesty not related to a course (e.g., stealing a library book) a suitable notation may be entered on the student’s permanent academic record, as determined by the committee. All such cases are to be reported to the school’s academic standing committee.

E. MULTIPLE OFFENSES

If a student is found to have committed two or more acts of academic dishonesty, the committee in consultation with the dean or his designee shall consider a further penalty, in addition to those already established for the separate offenses. This action must be taken 1) in the semester in which the multiple offenses were discovered or 2) within two months of the discovery, whichever is longer. Normally the penalty for multiple offenses will be expulsion from the University and this action will be noted on the student's permanent educational record.

F. APPEAL

Policy

If a student wishes to appeal a recommendation made by the program director to the dean, the student must direct a letter stating the reason(s) for the appeal to the dean, who may refer this to
the academic standing committee for review and recommendation. If the student wishes to challenge the final decision made by the dean, a further appeal may be directed to the Vice President, Health Sciences Center within ten business days of receipt of the written notice of change in academic standing.

Procedure

1. If the student chooses to appeal, he/she must inform the dean in writing of the intent, and reason(s) for the appeal, within ten business days after the accused receives written notice of the charge. A reason for the appeal may include the student’s intent to contest either the charge or the penalty.

2. If the student submits a written request, he/she may be present for the hearing. The student may also bring witnesses and an advisor to the hearing. If such is the intent, the student must inform the chair of the academic standing committee in writing no later than five business days before the hearing, identifying the witnesses and advisor by name and title.

3. The chair of the academic standing committee will create a hearing board. Hearing boards are made up of individuals on the academic standing committee. A hearing board shall consist of a minimum of five voting members and a hearing officer. Normally the chair of the academic standing committee serves as the hearing officer, except under unusual circumstances (e.g., illness, conflict of interest). In such case, the chair of the academic standing committee will notify the elected alternate hearing officer. In all hearings there will be at least one student and four faculty present as voting members plus the hearing officer. Neither the course instructor nor any faculty member of the program from which the charge originated shall be impaneled on the hearing board. When a quorum is not available, hearing boards may be staffed by past members of the committee. In instances where it is impossible to reach a quorum with current or past committee members, ad hoc appointees will be determined by the dean.

4. The committee chair will ask the accuser to prepare a statement describing the student’s behavior that triggers the charge of academic dishonesty and to produce all pertinent documentation and list witnesses, if any.

5. The associate dean for SHTM shall be available to explain process, policy and procedures to any faculty or student accuser once a formal charge has been brought forth. The assistant dean for academic and student affairs shall be available to explain process, policy and procedures to the accused student.
6. The hearing officer will set a time for the hearing at the earliest possible date to allow all concerned parties adequate time for preparation. Unless there are unusual circumstances, the hearing will be scheduled no sooner than five business days, and no later than ten business days after receipt of the student's written notice of intent to appeal.

7. The board shall attempt to reach a decision on the basis of the evidence before it, regardless of the presence or absence of the persons concerned, their witnesses, or their advisers. In cases where reasonable notice of absence has been given (at least 24 hours), the hearing will be postponed to be rescheduled as soon as possible.

8. The hearing officer will open the hearing by presenting the accuser's written recommendation. The role of the hearing officer shall be to oversee the hearing process, ensure that the policies and procedures of the SHTM governing the process are followed, and ensure that the hearing moves in an orderly manner. As a member of the academic standing committee, the hearing officer may ask questions of principles and witnesses. The hearing officer will participate in the proceedings but cast no vote except to break a tie vote.

9. The accused student's written statement will explain the grounds of appeal and include any documentation supporting the reason for the appeal.

10. When two or more students are accused of collusion in an academic dishonesty accusation, each shall have the opportunity to meet with the board independently of the other(s) and the others' advisers and witnesses.

11. The advisor may counsel their advisee during the hearing but does not have privilege of the floor.

12. The accuser and the student may call witnesses to the appeal hearing if the testimony would prove relevant to the final decision.

13. After reviewing all of the evidence and interviewing any witnesses, the hearing board will meet in executive session to review all information presented during the hearing and come to a decision. All decisions of the board shall be by majority of the voting members present; voting shall be by secret ballot. In case of a tie, the hearing officer will cast the deciding vote. The cast vote tally will not be divulged.

14. The chair will inform the dean of the hearing board's recommendation to uphold or deny the student's appeal.
15. Complete records of the hearing shall be kept in the strictest confidence by the chair of the academic standing committee. Indeed, all case-specific activities, correspondence and communication related to the case shall be held in strict confidence by all members of the academic standing committee at all times both during and after the appeal.

G. APPEAL DECISION

1. The dean of the School of Health Technology and Management may or may not accept the recommendation of the hearing board and shall inform the student of the final decision in writing within ten business days. The dean shall notify the student, the instructor, and the program director of the decision. The dean shall also notify the student that any further appeal must be made within five (5) business days of receipt of the dean’s decision.

2. Appeal Upheld:

   If an appeal results in reversal/reinstatement the student shall be notified by the dean, in writing, within ten business days.

3. Appeal Denied:

   a. If an appeal from academic dishonesty is denied, the student shall again be subject to the imposed penalty. If the student wishes to pursue further appeal, the accused may appeal the committee’s findings directly to the dean. Appeals must be based on new evidence and/or errors in procedure or conduct on the part of the board. This new appeal to the dean must be presented in writing within five business days of the notification of the student of the original hearing board decision.

   b. To hear the new appeal, the dean shall either rule on the merits of the letter from the accused defining the basis of the appeal, or appoint a special ad hoc committee composed of faculty and students from the School of Health Technology and Management who have not previously been involved in the case. This new hearing shall follow the above procedures and shall hear all witness statements and any new evidence presented by either side.

   c. Any subsequent appeals shall follow the above procedures and should be addressed to the Vice President, Health Sciences Center.
H. CONFIDENTIALITY

Unless the school's academic standing committee specifically decides otherwise as provided above, all records of findings of academic dishonesty are confidential and are accessible only to the student, the committee, the dean, and to the Vice President, Health Sciences Center or his/her designee. The hearing board may recommend releasing findings of academic dishonesty to pre-professional committees who request such information. In order for other individuals or agencies to be granted access to findings they must be specifically granted such access in writing by the student named in the case. In situations where more than one student is involved, the information given out will only pertain to the individual student and only upon written permission from that student. The hearing board may request that a statement of the board's finding be entered in the student's permanent education record.
SHTM ACADEMIC DISHONESTY INCIDENT REPORT
PROGRAM RESOLUTION FORM

PROGRAM:

ACCUSED:

CHARGES BROUGHT FORTH BY:

DATE OF ALLEGED EVENT:

DESCRIPTION OF ALLEGED EVENT:

CHAIR OF ACADEMIC STANDING COMMITTEE NOTIFIED:
   (ASAP after alleged event)
   Date of notification: _____

DATE OF RESOLUTION:

DESCRIPTION OF RESOLUTION PROCESS:

OUTCOME OF RESOLUTION PROCESS:

PENALTY:

SIGNATURES, SUPPORTIVE DOCUMENTATION, INCLUDING SEPARATE STATEMENTS FROM ACCUSER AND ACCUSED REGARDING THE INCIDENT, ATTACHED:
SIGNATURE PAGE 1 OF 3 – ACCUSATION ACCEPTANCE OR DENIAL

TO THE ACCUSED: I have been notified of the accusation, and have been referred to the policies and procedures for academic dishonesty which is a part of my student handbook. I have been informed of my right to consult the dean of academic and student affairs on matters pertaining to policy and procedure on academic dishonesty. I have been presented with the opportunity to admit the allegation and accept the penalty recommended by the program. I have also been advised of my right to appeal this allegation and/or penalty to the SHTM academic standing committee. I have been given a time period of five business days to consider either resolution within the program or adjudication by the SHTM academic standing committee.

Signed: __________________________ Date: ____________

TO THE ACCUSED: I have been notified of the accusation, and agree that I have committed the act of academic dishonesty described above:

Signed: __________________________ Date: ____________

OR

TO THE ACCUSED: I have been notified of the accusation, and deny that I have committed the act of academic dishonesty, and request that the allegation be brought forward to the academic standing committee:

Signed: __________________________ Date: ____________
SIGNATURE PAGE 2 OF 3 - PENALTY ACCEPTANCE OR DENIAL

TO THE ACCUSED: I have been advised of the penalty, and am in full agreement, and will comply, with the penalty:

Signed: _________________________ Date: ____________

OR

TO THE ACCUSED: I have been advised of the penalty, and do not accept the penalty, and therefore request that the matter be brought forward to the academic standing committee:

Signed: _________________________ Date: ____________

TO THE FACULTY OR STUDENT ACCUSOR: I have been advised of the penalty, and/or process as appropriate, and am in full agreement with the penalty:

Signed: _________________________ Date: ____________

OR

I am not in agreement with the penalty and request that the matter be brought forward to the academic standing committee:

Signed: _________________________ Date: ____________
SIGNATURE PAGE 3 OF 3 – PROGRAM RESOLUTION REVIEW

TO THE CHAIR OF THE ACADEMIC STANDING COMMITTEE: I have overseen the program resolution process, and found it to be in compliance with current policies and procedures governing academic dishonesty.

Signed: ____________________________ Date: ____________
TO: All New SHTM Students

FROM: Craig Lehmann, PhD
Dean

SUBJECT: A Few Rules and Points of Information

The rules governing academic standing have been spelled out for you elsewhere in your School of Health Technology and Management (SHTM) orientation packet. Since we are all adults involved in professional disciplines, we attempt to operate the school with as few other rules as possible. However, we ask that you adhere to these rules in order to provide a comfortable environment for all.

Class Time – Classes meet at the scheduled time and adjourn ten minutes before the time published for adjournment (ex. 8:00 to 9:00 a.m. course adjourns at 8:50). Habitual lateness or leaving a class before it ends is not acceptable.

Attendance – Attendance at all scheduled didactic and clinical learning activities is required of students in the School of Health Technology and Management. Since the teaching programs of the school seek not only to present facts, but also to develop skills and attitudes appropriate to the health professional, mere acquisition of cognitive knowledge may not be sufficient to pass a particular course or to learn the skills required of a professional person.

Advisors – Each student will be assigned a faculty advisor. Any problems that arise should be discussed with that advisor.

Proper Attire and Identification – This is a professional school; the code of dress is casual, but professional. For biological and safety reasons, bare feet are not permitted within the building at any time.

In all clinical assignments and fieldwork, you will be expected to present a neat, clean appearance that will reflect favorably on yourself, your profession, and the school. Each program has specified its own “proper attire and identification” requirements, which you are expected to adhere to.

Cheating - As previously mentioned, the school policy on academic dishonesty is spelled out elsewhere in your orientation packet. I wish to emphasize that the school is responsible for educating health professionals; dishonesty of any kind is unacceptable in any health profession. You must check with your program to verify that a copy of a specific “old exam” is authorized for circulation.

Electronics – The use of cell phones, laptops, tablets and other electronic devices in the classrooms will be dictated by the instructor. Students are expected to adhere to the rules and guidelines set forth for each class.
Use of Office Equipment – We are unable to permit use of SHTM office computers, fax, photocopy machines, etc. by students. Copy machines, computers and printers for student use are available in the Health Sciences Library (HSC) on Level 3.

Telephones – There are public pay telephones near both elevator cores on Level 2. There is also a telephone for on-campus calls located outside the entrance to the Library on Level 3. Please do not ask permission to use any other telephones. We cannot have the limited available phone lines tied up with personal business.

Lockers – A limited but reasonably adequate number of lockers is available to SHTM students. Lockers will be assigned through your program.

Student Mailroom – The SHTM Student Mailroom is located next to the dean’s office. Each student has a folder marked with his/her name in the appropriate program file cabinet drawer. Visit the mailroom often and check your folders. Important personal messages, faculty or administrative staff communication, returned exams or papers, special announcements, etc. will be left there for you. It is your responsibility to pick them up. Students should also use the bulletin board, mail folders and e-mail to communicate with faculty and each other.

E-mail - Each new student will receive a Stony Brook Health Sciences Center e-mail address. Important messages regarding registration, graduation, etc. will be sent to this address. It is your responsibility to check your e-mail on a regular basis. Failure to do so may preclude you from meeting critical deadlines or receiving important information. Students should use their e-mail to communicate with faculty and each other. You can forward your SB e-mail to your own preferred e-mail address. This can be done in SOLAR. Students are responsible for updating their e-mail address in both SOLAR and with their department.

Parking – Students living on campus are provided with parking near their residence halls. Commuter students may park in “South P Lot” (off Stony Brook Road) and take the campus bus to the Health Sciences Center/University Hospital. There are a limited number of parking passes available for purchase to access the Health Sciences Center garage. If you hope to park in the HSC garage, you may be able to purchase your monthly parking pass in the HSC ID office between the hours of 8:30am and 3pm. You must show your student ID badge to purchase a monthly parking card. Certain access cards will only work after 3:00pm. When purchasing your card, verify what hours your card will open the gate to the HSC garage.

Vehicle Registration – It is important that you register your vehicle on campus via the website (www.parking.sunysb.edu). The parking hang tag is generated by computer and mailed to you.

Miscellaneous –

- No pets or bicycles are permitted in this building. Bike racks are located under the HSC on level 1.
- No food or beverages may be brought into a classroom.
- SMOKING is not permitted in the Health Sciences Center, or anywhere on the East Campus.

Important! If at any time you change your address (either local or permanent), you can submit the change through the SOLAR System. Please advise your program secretary who will advise the Dean’s Office and the Office of Student Services.
School of Health Technology and Management
Clinical Practicum
Student Responsibilities

These guidelines are to be used in addition to those established by each program/department.

All students are responsible for conducting themselves in a professional manner during any educational experience conducted at a clinical affiliate and for demonstrating respect toward its personnel, patients and their families. This includes being enthusiastic, mature, motivated to learn and accepting of responsibility.

Physical Examination and Immunization Records

All SHTM students are required to submit a completed Health History and Examination Form to the Student Health Service prior to the first day of classes. This form includes a health history, physical exam, PPD, documentation of a Tdap immunization within the last 5 years, and documentation of titers for measles, mumps, rubella, varicella and hepatitis B. Students must also sign the meningitis form online via SOLAR. If a student has a history of a positive PPD, documentation of a negative chest x-ray and/or treatment is required.

State law requires that all students have their health assessment and PPD updated annually. Any student not in compliance will not be allowed to attend class or participate in any clinical activities.

HIPAA

All students must complete the required HIPAA training. All information concerning patients is confidential and must not be discussed with anyone who is not authorized or does not require the information for care of that patient.

Rules and Regulations of the Clinical Facility

Though students are not employees of the clinical site, nevertheless, they are subject to all rules and regulations of the clinical facility as well as those of the School of Health Technology and Management (SHTM). Rules and regulations will be specified by the clinical faculty and given to the student at the start of the clinical experience. The student is required to become familiar with them and strictly abide by them.

Unexcused tardiness or absence; unavailability; inappropriate behavior, conduct or dress; or failure to comply with university or clinical facility rules and regulations may result in
immediate disciplinary action by the clinical faculty, director of clinical education, or program director/department chair.

The clinical site may request additional health clearance, drug screening, criminal background check or an interview with the student before accepting the student for the clinical rotation.

**IDENTIFICATION**

While on clinical rotation, all students are to wear proper SHTM identification as follows:

- **SHTM emblem** sewn on the left shoulder of your white coat. (You will be provided with one patch before going on clinical rotation. Additional patches may be purchased for $2.00 in the Dean’s office.)
- **A name tag and/or ID badge** (provided by SHTM or the clinical site) identifying you as a student.

**PROPER ATTIRE CODE**

The uniform or proper attire used during clinical practice will be in accordance with the policy established by your program and SHTM.

- **The student shall be neat, clean and presentable at all times.**
- **Students who do not wear the appropriate uniform or proper attire will be asked to leave the clinical site and the program will be notified. Any time missed must be made up.**

**ATTENDANCE/Absence**

Each student is to complete all assigned clinical time. Each student is expected to be present and ready to begin his/her clinical practicum promptly at the assigned starting time each day and to remain until the assigned ending time. There will be no exceptions!

In case of illness or tardiness, it is the student’s responsibility to notify the clinical facility at least one hour prior to the assigned starting time. The student should then contact their SHTM professional program for further instructions regarding the make up of that time. Repeated tardiness or unexcused absences will result in a lowering of the final grade (or failure of the clinical course). Students who have clinical time to make up may be required to have prior written permission from their program. If at the end of a rotation a student has not made up all the missed time, an Incomplete grade (I) will be submitted. This Incomplete grade will convert to an “F” at the appropriate time and in accordance with the SHTM policies if not completed within the designated time.
**Student Performance**

All students are expected to be responsive and enthusiastic in their performance. They are to follow directions, be attentive to patients, ask questions and participate actively in all learning experiences.

All students are expected to seek out independent learning experiences, as well as those assigned. Students are expected to utilize all clinical time effectively and should be familiar with all objectives prior to the start of each clinical day.

**Health Insurance**

All full time matriculated students pay a required “student health service fee” during registration for courses. This fee entitles students to be seen by a physician in Student Health Service without charge. Students are responsible for fees that are incurred for lab work, medications, and immunizations related to their medical care. In addition, all Stony Brook full-time students are required to purchase mandatory health insurance, or document equivalent coverage to receive a waiver (effective fall 2005).
STATEMENT ON RISKS TO STUDENTS

The School of Health Technology and Management (SHTM) is engaged in the education and training of students for entry into different health professions. The learning experiences which must be provided to students of the school may unavoidably create certain risks which arise from essential laboratory, classroom and clinical activities. These risks are comparable to those which exist for currently practicing health professionals.

In the various types of learning experiences which take place within the school, and at its affiliated clinical training sites, the student may be exposed to safety and health hazards which can be minimized (prevented) by adherence to the safety rules and regulations which have been established by each program. Potential hazards are controlled and monitored by competent faculty supervision, and conscientious observance of universal precautions and safety procedures. Carelessness in risk situations can lead to accidents with resultant injury or illness.

Within the educational experiences conducted by the school, the following risks may exist:

a. exposure to infectious materials including body substances, lab specimens, contaminated equipment and supplies, contaminated environmental surfaces, contaminated air or lab animals
b. exposure to radioactive materials
c. burns from chemicals, open flames, heated liquids or electrical equipment
d. physical injury from improperly operated equipment or improper body mechanics
e. electrical shock from equipment
f. lacerations or injury from improperly handled equipment
g. aggravation of students’ preexisting conditions secondary to educational exercises or activities of a strenuous nature
h. skin irritations due to exposure to materials to which the student may be sensitive.

In an effort to reduce incidents of students’ exposure to environmental hazards and infectious diseases, information regarding safety and exposure to infectious agents and hazardous substances will be provided prior to the first class meeting for each course or prior to clinical activities. Students will be educated about the principles of proper body mechanics and infection control, including standard precautions, bloodborne pathogens, appropriate first aid and exposure response procedures. Students who are concerned about their participation or believe they may be placed at unusual risk because of medical conditions or physical limitations are advised to consult with their program director/department chair and/or course instructor prior to participating in any learning exercise which may create such a risk. (Please refer to the Americans with Disabilities Act document in this orientation handbook, as relevant).
**STANDARD PRECAUTIONS**

In order to reduce the risk of transmission of bloodborne pathogens and to reduce exposure to infectious diseases and environmental hazards, the Centers for Disease Control (CDC) recommends the use of “Standard Precautions” when dealing with all patients by treating all blood and potentially infectious material (semen, vaginal secretions, synovial, pleural, peritoneal, pericardial, cerebrospinal, and amniotic fluids) with appropriate precautions. These precautions include:

a. **Handwashing**
   - Wash hands prior to and immediately after examining/treating every patient.
   - Hands must be washed as soon as possible after touching blood, body fluids, excretions and contaminated objects even if gloves have been worn.
   - Hands must be washed between patients and after removing gloves and other protective equipment.

b. **Gloves**
   - Must be worn when:
     - Touching blood, body fluids, mucous membranes, nonintact skin and contaminated objects.
     - Performing venipuncture or vascular access procedures.
     - Processing specimens.
     - Performing invasive procedures.
   - Must be changed between tasks if contaminated even when caring for the same patient.
   - Must be removed promptly after use and new gloves must be donned before caring for another patient.

c. **Mask, Eye Protection, Face Shield** - Must be worn during patient care activities that may generate splashes of blood, body fluids, secretions, excretions or bone chips.

d. **Gowns** – Must be worn during patient care activities that may generate splashes of blood, body fluids, secretions or excretions to protect skin and clothing. Soiled gowns must be removed as soon as possible followed by prompt handwashing.

e. **Dispose of all biohazard material, including blood, body fluids, and microbiological culture, as infectious.**

f. **Never pipette by mouth.**

g. **Disinfect work surfaces after a spill and when work is complete.** Appropriate disinfectants include 35% isopropyl alcohol and 10% chlorine bleach.

h. **Eliminate the use of needles/sharps whenever possible. Use medical devices with safety features.**
i. Use sharps in a safe, controlled environment whenever possible, with a sharps container nearby. Use safe techniques when using, handling, cleaning or disposing of sharp instruments and devices. Never recap used needles, do not remove used needles from disposable syringes by hand and do not bend, break or otherwise manipulate used needles by hand. Place all used sharps in appropriate puncture-resistant containers.

j. Use mouthpieces, resuscitation bags or other ventilation devices when mouth-to-mouth resuscitation is required.

**IMMUNIZATION/DISEASE SURVEILLANCE**

Preventive strategies for infections known to be transmitted in health care settings include immunizations for vaccine preventable diseases. Students entering SHTM must show immunity to measles, mumps, rubella, varicella and hepatitis (unless Hepatitis B vaccine declination statement is signed), and have received tetanus /diptheria toxoid within the past 10 years. Students must receive a PPD within 6 months prior to the start of classes, and yearly thereafter if negative. If a student has a history of a positive PPD, documentation of a negative chest x-ray and/or treatment is required prior to entering SHTM.

Each student will have an annual assessment, including a PPD, before the start of the second (and third, if applicable) year(s) of their respective programs. If a student has a newly recognized positive PPD (a new converter) they must be evaluated by the Student Health Service.

**TUBERCULOSIS (TB) EXPOSURE**

Adequate infection control measures (masks and isolation precautions) should be strictly followed in an effort to minimize the risk of exposure to an infectious patient. If appropriate precautions have not been followed, students who have been exposed to a patient with active TB will require post-exposure PPD skin testing. The student should receive a baseline PPD skin test at the clinical site as soon as possible after the exposure, unless the student has a documented negative PPD within the preceding 3 months. The student must notify the appropriate individual in his/her professional program at SHTM if he/she has been exposed to TB. A School of Health Technology and Management Incident Report must also be submitted to the program within 48 hours of occurrence. The student will then be referred to the Occupational Medicine Clinic for repeat testing which must be performed 12 weeks after the exposure. Students with previously positive PPDs who have been exposed to an infectious patient should be referred to the Occupational Medicine clinic where they will be evaluated and followed for active TB by a complete symptom review. If the student remains asymptomatic, no further testing is required.
**Bloodborne Pathogen Exposures**

Health care personnel are at risk for exposure to bloodborne pathogens including, but not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). These exposures can occur through needlesticks or cuts from sharp objects contaminated with an infected patient’s blood or visibly bloody fluid or potentially infectious fluid (semen, vaginal secretions, synovial, pleural, peritoneal, pericardial, cerebrospinal, and amniotic fluids) or through contact of mucous membranes or nonintact skin with an infected patient’s blood or visibly bloody fluid or potentially infectious fluid. In the laboratory any direct contact to concentrated virus is also considered an exposure and as such requires clinical evaluation.

Factors that influence the risk of exposure include the pathogen involved, the type of exposure, the amount of blood involved in the exposure and the amount of virus in the patient’s blood at the time of the exposure. According to the CDC, the frequency of transmission of HBV can range from 1% to 30% depending on the source patient’s “e antigen” result which, if positive, correlates with high infectivity. If exposed to HCV the risk of infection is 1.8%. When a percutaneous injury involves blood from an HIV infected source the risk of HIV transmission is roughly 0.3%. After a mucous membrane exposure the average risk of seroconversion is approximately 0.1%. Most exposures do not result in infection. The CDC publishes a brochure, “Exposure to Blood: What Healthcare Personnel Need to Know”. This is an excellent resource that you should read before your clinical experiences. It can be accessed at http://www.cdc.gov/HAI/pdfs/bbp/Exp_to_Blood.pdf

Effective management of educational exposures to blood borne pathogens requires coordination among multiple parties, SHTM, clinical affiliates and the Stony Brook University Medical Center Occupational Medicine Clinic. Students must be trained in the prevention of injuries and in the management of injuries when they occur. Upon arrival at a clinical site students must become familiar with the site specific protocols for the initial management of blood and body fluid exposures. Post exposure follow-up will be provided by the Stony Brook University Medical Center Occupational Medicine Clinic. **Exposure prevention remains the primary strategy for reducing blood and body fluid exposures.**

**General Care After Bloodborne Exposure**

1. Perform basic first aid immediately
   a. wash the area of injury with soap and water
   b. flush splashes to nose, mouth or skin with water
   c. irrigate eyes with clean water or sterile irrigants

Use of caustic products (bleach) or squeezing the puncture site is not advised. Discarded needles/sharps are not tested for bloodborne pathogens.
2. After performing basic first aid, report the exposure immediately to your supervisor/preceptor and report to the Emergency Department or Employee Health Service (as directed by your supervisor). **Prompt reporting is essential; if treatment is recommended it must be started as soon as possible after the exposure.**

3. The student **must** also notify the appropriate individual in his/her professional program at SHTM. A School of Health Technology and Management Incident Report must also be submitted to the program within 48 hours of occurrence.

4. The student must follow up in 72 hours with the Occupational Medicine Clinic for further postexposure testing, follow-up, and counseling.
   - Occupational Medicine Clinic
   - 2700 Nesconset Highway (Route 347) Building #9
   - Stony Brook, NY 11794 (631) 444-6250

**HEPATITIS B VIRUS (HBV) EXPOSURE AND POST-EXPOSURE PROPHYLAXIS (PEP)**

Percutaneous (needlestick) injuries are the most efficient mode of transmission of HBV, however, at room temperature HBV can survive in dried blood on surfaces for at least 7 days. Persons who have been adequately immunized are at virtually no risk for infection, as evidenced by the 95% reduction in the number of occupational infections since the Hepatitis B vaccine became available in 1982. In susceptible individuals (those who have not been vaccinated or who did not develop antibodies after immunization) the risk of infection after a percutaneous exposure to HBV infected blood ranges from 1-30%.

**HEPATITIS B VIRUS (HBV) PEP**

Hepatitis B immune globulin (HBIG) and/or hepatitis B vaccine may be recommended depending on the source patient’s infection status and your immune status. For students who have not been vaccinated, the CDC currently recommends hepatitis B vaccination for all exposures regardless of the source patient’s hepatitis status. (see table 7)

**HEPATITIS C VIRUS (HCV) EXPOSURE AND POST-EXPOSURE PROPHYLAXIS (PEP)**

Hepatitis C is not transmitted efficiently through occupational/educational blood exposures in the health care setting. If exposed to HCV, the average risk of transmission is 1.8%. HCV can survive outside the body and still transmit infection for 16 hours, but not longer than 4 days.

**HEPATITIS C VIRUS (HCV) PEP**

Currently no PEP exists for hepatitis C, recommendations for postexposure management are in place to achieve early identification of chronic disease, and if present, referral for
evaluation of treatment options. Postexposure management includes baseline testing for HCV antibodies and liver function tests, repeated at 4-6 months or at any time if symptoms develop (abdominal pain, nausea/vomiting, jaundice, malaise, fever). (see table 8)

**HUMAN IMMUNODEFICIENCY VIRUS (HIV) EXPOSURE AND POST-EXPOSURE PROPHYLAXIS (PEP)**

The average risk of acquiring HIV infection after a needlestick or other sharp injury that involves **HIV infected** blood is 0.3%; the risk after mucous membrane exposure is 0.1%. Factors that might affect the risk of HIV transmission after exposure include:
- deep injury
- visible blood on device
- procedure involving needle placed directly in a vein or artery
- terminal illness in source patient

**HUMAN IMMUNODEFICIENCY VIRUS (HIV) PEP**

An individual assessment by the Emergency Medicine or Employee Health Practitioner will be made regarding the degree of risk associated with each exposure. For example, prophylaxis may not be recommended to students who sustain exposures that are not thought to be significant (i.e., if an accidental needle stick occurs with a piggy-back intravenous solution that did not contain blood). Exposure to saliva, tears, sweat, or non-bloody urine or feces does not require PEP. (see table 2)

Students who sustain a significant exposure to material that may be infected with HIV may benefit from the prompt initiation (within 1-2 hours) of antiretroviral therapy to interrupt viral transmission. First dose antiretroviral medication will be provided by the clinical site with subsequent follow up provided by the Occupational Medicine Clinic at the student’s own expense, however, the Stony Brook University mandatory health insurance provides coverage for these expenses.

Students should be tested for HIV antibody at the time of the exposure and then again at 6 weeks, 12 weeks and 6 months. Students who elect to start PEP should have baseline (at the time of the exposure) complete blood counts and liver and kidney function testing, with repeat testing performed 2 weeks later.

Students should seek medical care from Occupational Medicine if they experience any sudden symptoms of flu like illness (fever, rash, muscle aches, malaise or swollen glands) during the weeks following an exposure. These symptoms may suggest a drug reaction or HIV or other infection.

Students are advised to follow recommendations for preventing transmission of HIV during the follow up period, especially the first 6-12 weeks. These include the correct and consistent use of condoms during sexual activity; donating blood, semen or organs; and refraining from breast feeding.
School of Health Technology and Management
Blood and Body Fluid Exposure Procedure

1. Perform basic first aid immediately
   • wash the area of injury with soap and water
   • flush splashes to nose, mouth or skin with water
   • irrigate eyes with clean water or sterile irrigants
   
   Use of caustic products (bleach) or squeezing the puncture site is not advised. Discarded needles/sharps are not tested for bloodborne pathogens.

2. After performing basic first aid, report the exposure immediately to your supervisor/preceptor and report to the Emergency Department or Employee Health Service (as directed by your supervisor). **Prompt reporting is essential; if treatment is recommended it must be started as soon as possible after the exposure.**

3. The student must also notify the appropriate individual in his/her program. An accident report must also be submitted to the program within 48 hours of occurrence.

4. The student must follow up in 72 hours with the Occupational Medicine Clinic for further postexposure testing, follow-up, and counseling.*
   
   Occupational Medicine Clinic
   2700 Nesconset Highway (Route 347) Building #9
   Stony Brook, NY 11794
   (631) 444-6250
   
   *If out of area, consult with your faculty

Bibliography

Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities. MMWR Morb Mortal Wkly Rep, October 28, 1994 / 43(RR13);1-132.


Revised 4/12
TABLE 2
EXPOSURES FOR WHICH PEP IS INDICATED

- Break in the skin by a sharp object (including both hollow-bore and cutting needles or broken glassware) that is contaminated with blood, visibly bloody fluid, or other potentially infectious material, or that has been in the source patient’s blood vessel.
- Bite from an HIV-infected patient with visible bleeding in the mouth that causes bleeding in the HCW.
- Splash of blood, visibly bloody fluid, or other potentially infectious material to a mucosal surface (mouth, nose, or eyes).
- A non-intact skin (e.g., dermatitis, chapped skin, abrasion, or open wound) exposure to blood, visibly bloody fluid, or other potentially infectious material.

TABLE 7
RECOMMENDED POST-EXPOSURE PROPHYLAXIS FOR HEPATITIS B VIRUS

| Vaccination and/or antibody response status of exposed patient<sup>a</sup> | Treatment when source patient is: |
| --- | --- | --- |
|  | HBsAg positive | HBsAg negative | Source unknown or not available for testing |
| Unvaccinated/non-immune | HBIG<sup>b</sup> × 1; initiate HB vaccine series | Initiate HB vaccine series | Initiate HB vaccine series |
| Previously vaccinated<sup>c</sup>, known responder<sup>d</sup> | No treatment | No treatment | No treatment |
| Previously vaccinated<sup>c</sup>, known non-responder<sup>d</sup> | HBIG<sup>b</sup> × 1 and initiate revaccination<sup>e</sup> or HBIG<sup>b</sup> × 2 | No treatment | No treatment unless known high-risk source; if high-risk source, treat as if source were HBsAg positive |
| Previously vaccinated<sup>c</sup>, antibody response unknown | Single vaccine booster dose | No treatment | No treatment unless known high-risk source; if high-risk source, then treat as if source were HBsAg positive |
| If still undergoing vaccination | HBIG<sup>b</sup> × 1; complete series | Complete series | Complete series |

HBsAg, hepatitis B surface antigen; HBIG, hepatitis B immune globulin; anti-HBs, antibody to hepatitis B surface antigen.

<sup>a</sup> Persons who have previously been infected with HBV are immune to re-infection and do not require PEP.

<sup>b</sup> Dose 0.06 mL/kg intramuscularly.

<sup>c</sup> Vaccinated with full three-dose series.

<sup>d</sup> Based on information available at presentation. Responder is defined as person with previously documented adequate levels of serum antibody to HBsAg (serum anti-HBs >10mIU/mL); non-responder is a person with previously documented inadequate response to vaccination (serum anti HBs <10mIU/mL). It is not recommended that decision-making be delayed while testing for anti-HBs at presentation.

<sup>e</sup> The option of giving one dose of HBIG and re-initiating the vaccine series is preferred for non-responders who have not completed a second three-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.

<sup>f</sup> High-risk is defined as sources who engage in needle-sharing or high-risk sexual behaviors, and those born in geographic areas with HBsAg prevalence of ≥2%.  

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<table>
<thead>
<tr>
<th>Clinical Scenario</th>
<th>Follow-Up&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source patient is HCV-antibody negative</td>
<td>No further testing or follow-up is necessary for source patient or the exposed HCW&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Source patient is unavailable or refuses testing</td>
<td>Exposed HCW: Follow-up HCV antibody at 3 and 6 months&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Source patient is HCV-antibody positive and HCV RNA negative</td>
<td>Manage the exposed HCW as if the source patient has chronic hepatitis C (see Section 2: Post-Exposure Follow-Up)&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Source patient is positive for both HCV antibody and HCV RNA and Exposed HCW is HCV-antibody negative</td>
<td>Source patient: Counsel and manage as chronic hepatitis C regardless of status of exposed person Exposed HCW: Follow up as outlined in Section 2: Post-Exposure Follow-Up</td>
</tr>
<tr>
<td>Exposed HCW tests positive for both HCV antibody and HCV RNA</td>
<td>Counsel and manage as chronic hepatitis C</td>
</tr>
</tbody>
</table>

<sup>a</sup> Refer to Appendix G for information about HCV tests and how to interpret results.

<sup>b</sup> If at any time the serum ALT level is elevated in the exposed HCW, the clinician should test for HCV RNA to assess for acute HCV infection.

<sup>c</sup> A single negative HCV RNA result does not exclude active infection.

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