



**2016 STUDENT ORIENTATION HANDBOOK  
SCHOOL OF HEALTH TECHNOLOGY AND MANAGEMENT**

**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. Student Responsibilities for Clinical Education
- V. Americans with Disability Act
- VI. Policies on Non-Discrimination and Sexual Harassment – Please visit the following website:

[http://medicine.stonybrookmedicine.edu/ugme/mistreatment\\_policy](http://medicine.stonybrookmedicine.edu/ugme/mistreatment_policy)

Certificate Programs

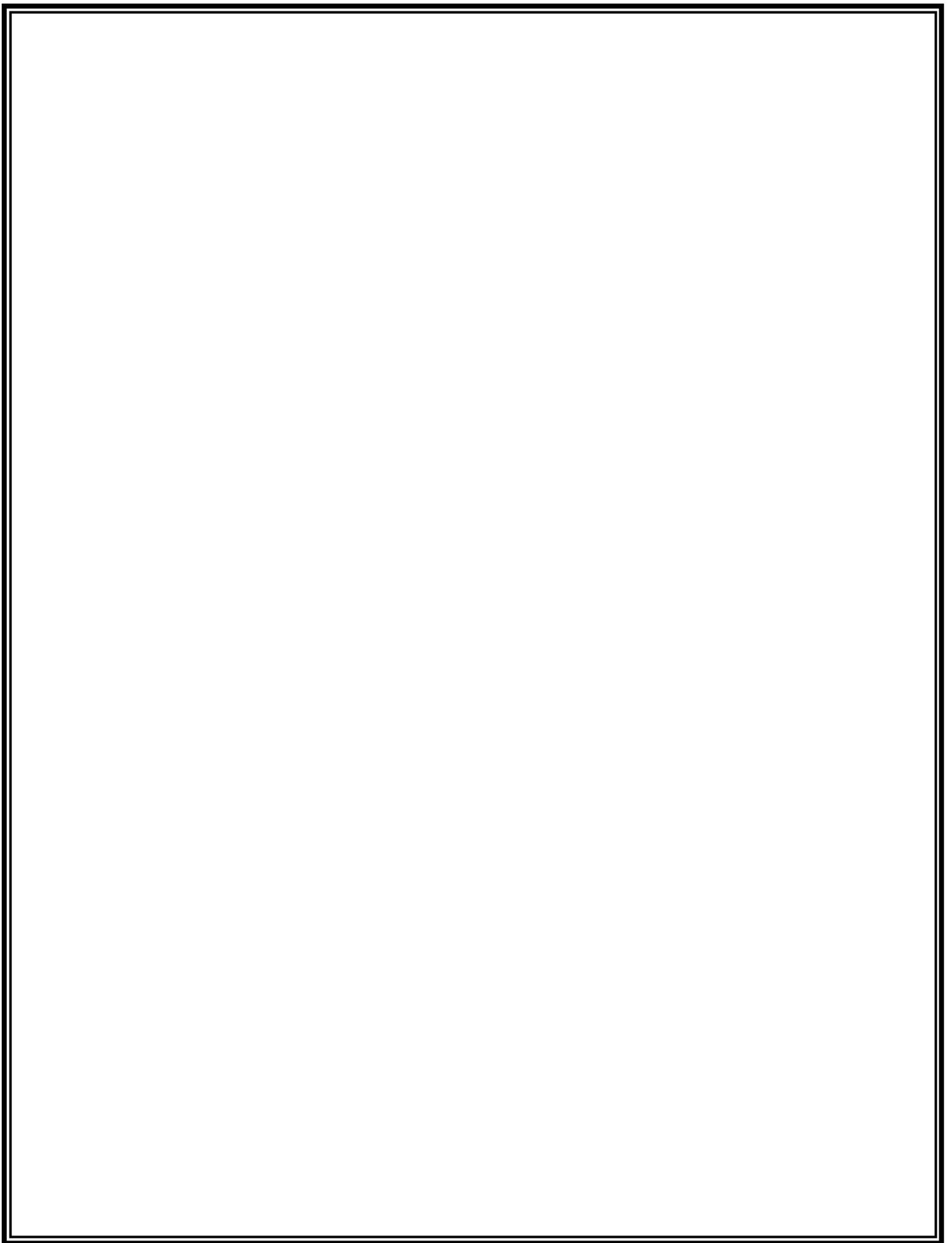
(Anesthesia Technology, EMT- Paramedic, Medical Dosimetry, Nuclear Medicine, Radiologic Technology)

## **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 Policies & Procedures

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### 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, the student may be subject to either departmental warning (p. 2), probation (p. 2), suspension (p. 3) or termination (p. 6). Students have the 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.
4. Students must demonstrate professional performance as evidenced by adherence to professional codes of ethics, sensitivity to patient and community needs, patient/consumer safety 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. For example, students should be able to respond appropriately to constructive criticism, recognize the impact of verbal/non-verbal communication, accurately self-assess and have the ability to adapt to change.

## Academic Policies & Procedures

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### B. DEPARTMENTAL WARNING

#### Policy

A student who does not meet the standards set forth in Section II.A. shall be informed of this in a written departmental warning by the Program Director. This warning does not imply or necessarily preclude the imposition of other penalties.

#### Procedure

1. The faculty advisors of each program will periodically 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. The faculty advisor will meet with the student to discuss failure to meet program expectations/requirements.
2. The Program Chair/Director may inform the student in writing of the failure to meet program requirements and possible consequences, and inform the student of resources available for remediation.
3. The Program Chair/Director will follow up on the student's progress and be available for consultation.
4. A student may receive any number of these departmental warnings from the Program Chair/Director without a change in academic standing.
5. A student may be placed on probation or suspended without receiving prior departmental warnings, depending on the severity of non-compliance with II.A.

### C. PROBATION

#### Policy

A student who does not meet the standards set forth in sections II.A. 1, 2, 3 or 4, e.g., a student who does not successfully complete all courses, maintain the minimum grade point average or does not demonstrate appropriate professional behavior, may be placed on probation. A student who has been placed on probation may not be permitted to participate in full-time clinical practice, except under extraordinary circumstances, and upon recommendation by the Program Chair/Director to the Dean.

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### Procedure

1. The Program Chair/Director will review information provided by the department faculty and if probation is indicated, make a timely written recommendation to the Dean.
2. The Program Chair/Director's recommendation 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 Chair/Director's recommendation, the Dean shall inform the student of the decision and conditions for probation in writing via certified mail within ten (10) business days of the decision. Copies of the probation letter shall be provided to the Program Director, the Office of Student Services, and the Academic Standing Committee (ASC).

### D. SUSPENSION

#### 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 Program Chair/Director, after consultation with the faculty member, will issue a verbal directive to the student, followed by an immediate written recommendation for suspension to the Dean. Action by the Dean to determine the student's status should be taken within ten (10) business days of the verbal directive.

## Academic Policies & Procedures

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### Procedure

1. A student may be recommended for suspension by the Program Chair/Director on the recommendation of the program faculty any time there is an error in professional judgment on the part of the student that is deemed by the faculty to be inconsistent with professional standards of care. (e.g., actions taken by the student that jeopardize patient safety).
2. Complete documentation should be kept of any incidents leading to the recommendation for suspension.
3. The Program Chair/Director's recommendation for suspension must include, but is not limited to: 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 decide to accept, reject, or modify the Program Chair/Director's recommendation for suspension and inform the student of the decision in writing via certified mail within ten (10) business days of the verbal directive.
5. Copies of the action taken by the Dean will be forwarded to the Program Chair/Director, ASC Chair, Assistant Dean for Academic and Student Affairs and the Office of Student Services.
6. Grades for courses interrupted by suspension will be determined for each student on an individual basis. The options are withdrawal or incomplete.
7. A suspended student 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 Chair/Director.

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### 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 Chair/Director to the Dean for recommendation of reinstatement.
2. The Dean will advise the student in writing within ten (10) business days of the change in status.
3. Probation - Reinstatement after a probationary period means that the student returns to good academic 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.
5. The Program Chair/Director will review the student's status to determine whether the conditions have been met:
  - a. If the student has met the conditions by the end of the probation/suspension/leave period, the Program Chair/Director may recommend reinstatement to the Dean, who will then inform the student of the decision in writing within ten (10) business days of the date of this recommendation.
  - b. If the student has not met the conditions for reinstatement by the end of the probation/suspension/leave period, the student may be subject to termination.
  - c. Probation and suspension/leave may be extended by Program Chair/Director's recommendation to the Dean, with appropriate documentation to warrant continuation of the probation/suspended status. The Dean shall notify the student of the extension, the extension period, and the conditions for reinstatement by letter within ten (10) business days of the Program Chair/Director's recommendation.

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### F. TERMINATION

#### Policy

A student who fails to satisfy the conditions imposed by the Dean by the end of the probation or suspension/leave period may 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 extenuating circumstances as determined by the Program Chair/Director and the Dean.

#### Procedure

1. A student may be recommended for termination by the Program Chair/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 Chair/Director will inform the Dean, in writing within ten (10) 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 Chair/Director, along with supporting documentation.
3. The Dean will inform the student, in writing by certified mail, that the student is terminated, and that the termination will be stayed if the student chooses to exercise the right to appeal. If appeal is elected, the student must submit in writing the reason(s) for the appeal, within ten (10) business days following the student's receipt of the letter from the Dean.
4. If the student does not appeal the decision, the student's status is terminated automatically by the Dean at close of business on the tenth (10) business day following receipt of the Dean's certified letter.

***For purposes of this policy, correspondence shall be deemed "received" 5 days after mailing by regular USPS mail service or, if sent by certified mail on the date of actual receipt or the date that the correspondence is returned to the sender as undeliverable.***

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### G. APPEAL

#### Policy

If the student wishes to appeal a probation, suspension or termination, the student must direct a letter stating the reason(s) for the appeal to the Dean. The student's written statement will explain the grounds of appeal and include any documentation supporting the reason for the appeal. The Dean may refer this to the ASC for a hearing and recommendation. A further appeal may be directed to the Senior Vice President, Health Sciences, or his/her designee.

#### 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 (10) business days of receipt of the Dean's certified letter. Appeals will not be granted to those students seeking to challenge course grades, the validity of exams/exam questions or course requirements.
2. If the Dean refers the appeal to the ASC for a hearing, the student may be present, and bring witnesses and/or an advisor. If such is the intent, the student must inform the Chair of the ASC in writing no later than five (5) business days before the hearing, identifying the witnesses and advisor by name and title.
3. The Chair of the ASC will create a hearing board. Hearing boards are made up of individuals on the ASC. A hearing board shall consist of a minimum of five (5) voting members of the ASC and a hearing officer. Normally the chair of the ASC serves as the hearing officer, except under unusual circumstances (e.g., illness, conflict of interest). In such case, the Chair of the ASC will notify the alternate hearing officer. In all hearings, there will be at least one student. Neither the course instructor nor any faculty member of the department/program from which the student 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 ASC Chair will ask the Program Chair/Director to prepare a statement concerning the student's request for appeal and to produce to the hearing board all pertinent documentation and list witnesses, if any. The student has the right to request all documentation related to the case.

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5. The SHTM Assistant Dean for Academic and Student Affairs or his or her designee, shall be available to explain policy and procedures to the student.
6. The Associate Dean for the SHTM or his/ her designee shall be available to explain policy and procedures to any faculty involved in a hearing.
7. 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 (5) business days, and no later than ten (10) business days after receipt of the student's written notice of intent to appeal.
8. The hearing officer will open the hearing by presenting the Program Chair/Director's written recommendation. The role of the hearing officer shall be to: (1) oversee the hearing process, (2) ensure that the policies and procedures of the SHTM governing the process are followed and (3) ensure that the hearing moves in an orderly manner. As a member of the ASC, the hearing officer may ask questions of principals and witnesses. The hearing officer will participate in the proceedings but cast no vote, except in the case of a tie.
9. The Program Chair/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 the student during the hearing but does not have the 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 vote of the eligible 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 hearing board's written recommendation to the Dean of the SHTM will become part of the official record. Audio recordings made during board hearing also become part of the official record.

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13. Complete records of the hearing shall be kept in the strictest confidence by the ASC Chair. 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. Confidential records\* are made available, in case of appeal and upon request, to the designated University Official or board hearing the appeal and to the student(s) requesting the appeal. If the student wishes a transcript of the hearing, they are responsible for the cost of transcription. The school shall also get a copy of the transcript.

\* Confidential records are defined as records pertaining to the student who is seeking the appeal. This does not include records of other students.

### 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 (10) business days of the hearing date.
2. Appeal Denied:
  - a. If an appeal from termination is denied, the student's status shall be terminated. However the termination shall be stayed if the student wishes to pursue further appeal to the Senior Vice President, Health Sciences or his/her designee.
    - i. The appeal to the Senior Vice President, Health Sciences should take place within ten (10) business days of receipt of the Dean's decision, and this appeal must be based on new evidence and/or errors in procedure. The decision of the Senior Vice President, Health Sciences will be final.
  - b. If an appeal from other than termination (e.g., probation, suspension) is denied, there shall be no further appeal and the student shall continue at the current status until the conditions of probation or suspension are met.

### 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.

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### Procedure

1. A student requesting a leave of absence, either medical or personal, must do so in writing to the Program Chair/Director.
2. The Program Chair/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 Chair/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 Chair/Director 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 (10) business days, of the final decision. Copies of this letter are sent to the Office of Student Services and the Program Chair/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 Chair/Director, who will review the request and make a recommendation to the Dean, as in #3 above.
7. If the conditions for reinstatement are not met by the date indicated, the student may be subject to termination. (p. 6).
8. Should there be disagreement between the student and the Program Chair/Director concerning the arrangements for leave, the matter shall be referred to the ASC for review and recommendation.

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### I. WITHDRAWAL

#### 1. Authorized Withdrawal

Withdrawal from the Health Sciences, for any reason, will be recorded only when the student requests to withdraw in writing and the Program Chair/Director supports the request. The Program Chair/Director shall forward 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 request in writing no later than two (2) modules or ten (10) weeks after the date of the last class attended.

#### 2. Unauthorized Withdrawal

A student who leaves the school without obtaining an official withdrawal shall be considered to have an unauthorized withdrawal and may forfeit; 1) the privilege of honorable dismissal, 2) 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.

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### **ACADEMIC DISHONESTY**

#### **I. INTRODUCTION**

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. The School of Health Technology and Management has its own Academic Standing Committee (hereafter known as the ASC).

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.

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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 as specified by HIPAA regulations.
4. Engaging in activities that are contrary to professional codes of ethics or standards of practice as defined by the program, school, professional associations or state/federal laws or regulations.
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.

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### III. POLICY

Intellectual honesty is a cornerstone of all academic and scholarly work. Stony Brook University, including the School of Health Technology and Management, views any form of academic dishonesty as a serious matter and responds appropriately when allegations of academic dishonesty are presented.

### IV. GENERAL PRINCIPLES

- A. The Chair of the ASC shall oversee the academic dishonesty incident process in order to ensure that appropriate policy and procedure is adhered to and to monitor equality of penalties across SHTM programs.
- B. 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 Chair/Director to resolve acts of academic dishonesty within the program from which the student originates.
- C. 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 her/his 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 ASC. (See VI. A.)
- D. 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.
- E. Students are presumed innocent until found guilty. Students may be found guilty of academic dishonesty if it is determined that it is more likely than not that the student engaged in academic dishonesty. This may be obtained from direct evidence, circumstantial evidence, or a combination of the two. For example:

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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 seen attempting to view other student's work during an examination.
4. 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.
5. 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.

### V. PENALTIES FOR ACADEMIC DISHONESTY

The course instructor, in concert with the Program Chair/Director or designee, may render a penalty for any act of academic dishonesty. If the accused student appeals the finding or penalty, the case is referred to the ASC for hearing. The ASC may either support the proposed penalty, or render its own penalty. The Dean and the Program Chair/Director may concur with an ASC recommendation to institute a modified penalty. The penalty for any substantiated act of academic dishonesty may be expulsion from the University or the SHTM.

- A. In Course Work: Penalty may be dismissal from the University or SHTM and/or may be a reduced 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.
- B. 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 the immediate suspension of the student. Students found guilty of such an allegation may be dismissed from the University or SHTM.
- C. Other Situations: Cases of academic dishonesty not related to a course should be reported to the ASC.
- D. Multiple Offenses: If a student is found to have committed two or more acts of academic dishonesty, the ASC in consultation with the Dean or his/her designee shall consider a

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further penalty, in addition to those already established for the separate offenses. Further penalty must be implemented in the semester in which the multiple offenses were discovered or within two months of the discovery, whichever is longer. Generally the penalty for multiple offenses will be expulsion from the University and this action will be noted on the student's permanent educational record.

### VI. PROCEDURE

#### A. Initiation of Complaint

All academic dishonesty complaints are submitted to the Program Chair/Director of the program from which the accused student originates. The Program Chair/Director shall review the complaint and may request a written statement from the accuser(s) regarding the incident. If the Program Chair/Director, after consultation with the Chair of the ASC, determines that the accused student had a prior finding of SHTM academic dishonesty then the matter will be referred to ASC, and the Program Chair/Director shall notify the accused student that the matter has been referred to ASC. If there has not been a prior finding of SHTM academic dishonesty, the Program Chair/Director will notify the accused of the complaint and advise that he/she may: (a) resolve the matter within the program (and not contest the complaint/accept responsibility for the misconduct); or (b) contest the complaint in which case the complaint will be referred to the ASC. The Program Chair/Director may also refer the case directly to the ASC for adjudication in lieu of resolution within the program.

The accused student has five (5) days from notification of the complaint, to decide how he/she wishes to proceed. During this five (5) day period, and at anytime during the process, the accused student has access to the Assistant Dean for Academic and Student Affairs, with whom the student may review and discuss the policies and procedures. Also during this period or at any time during the process, the accuser and/or Program Chair/Director may seek advisement concerning policies and procedures from the Associate Dean of the School of Health Technology & Management.

1. If the accused chooses to resolve the matter within the Program, the Program Chair/Director shall meet with the student to discuss the proposed penalty and assess a penalty. If the penalty assessed by the Program Chair/Director is uncontested by the accused student, the matter is considered resolved.
2. If the penalty rendered by the Program Chair/Director pursuant to # 1 above is contested, then the matter shall be referred directly to the ASC.

Upon completion of steps #1 or # 2 above, the Program Chair/Director, shall submit a signed Academic Dishonesty Incident Report (ADIR: see Appendix A) with supporting documentation, to the Chair of the ASC and a copy to the Assistant Dean for Academic and Student Affairs within five (5) business days of completion of Step # 1 or # 2, as appropriate.

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The Chair of the ASC shall maintain ADIRs. The ADIR can only be used in a *finding* of academic dishonesty, and then only in the *penalty* (closed session) phase of the hearing.

### B. ASC Hearing Board Procedure

If the accused student denies the charges or does not accept the penalty the case is brought forward to the ASC hearing board for review according to following procedure:

1. The accused student is informed in writing by the ASC Chair of the hearing date.
2. The student may bring witnesses and/or an advisor to the hearing. The student must inform the Chair of the ASC in writing no later than five (5) business days before the hearing, of the identity of the witnesses and/or advisor. The student has the right to request all documentation related to the case.
3. The Chair of the ASC will create a hearing board. The hearing board is to be comprised of individuals from the ASC and SHTM students. A hearing board shall consist of a minimum of five (5) voting members and a hearing officer. Generally the Chair of the ASC serves as the hearing officer, except under unusual circumstances (e.g., illness, conflict of interest). In such case, the Chair of the ASC will notify the elected alternate hearing officer. In all hearings there will be at least one (1) student and four (4) 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 ASC Chair will ask the accuser to prepare a statement describing the student's behavior that triggered the charge of academic dishonesty and to produce all pertinent documentation and list witnesses, if any.
5. The student will be asked to prepare a written statement on his/her behalf and submit all supporting documentation supporting the appeal. This shall be submitted to the hearing officer five (5) days prior to the scheduled hearing.
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 (5) business days, and no later than ten (10) business days after ACS's notification from the Program Chair/Director.

### **Academic Policies & Procedures**

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 advisors. 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 statement. 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 ASC, 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. 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.
10. A student's advisor may counsel the student during the hearing but does not have privilege of the floor.
11. The accuser and the accused student may call witnesses to the appeal hearing.
12. After reviewing all of the evidence and interviewing any witnesses, the hearing board will meet 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.
13. The hearing board's written recommendation to the Dean of the SHTM will become part of the official record. Audio recordings made during the board hearing also become part of the official record.
14. 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 (10) business days of the hearing. The Dean shall notify the student, the instructor, and the Program Chair/Director of the decision. The Dean shall also notify the student that any further appeal must be directly made to the Senior Vice President, Health Sciences within ten (10) business days of receipt of the Dean's decision, and this appeal must be based on new evidence and/or errors in procedure or conduct. Confidential records\* are made available, in case of appeal and upon request, to the designated University Official or board hearing the appeal and to the student(s) requesting the appeal. If the student wishes a transcript of the hearing, they are responsible for the cost of transcription. The school shall also get a copy of the transcript.

## **Academic Policies & Procedures**

\*Confidential records are defined as the records pertaining to the student who is seeking the appeal. This does not include records of other students.

### **C. Appeal of Dean's Decision**

1. Upon receipt of an appeal the Senior Vice President, Health Sciences may choose to meet with the accused student or may choose to decide the appeal based upon the statements/record made by the ASC. The Senior Vice President, Health Sciences shall issue a decision within ten (10) business days of his/her receipt of the appeal or the date of the Senior Vice President's meeting with the student, whichever is later. The decision of the Senior Vice President shall be final.

### **D. Confidentiality**

The Assistant Dean for Academic and Student Affairs shall maintain Academic Dishonesty Incident Reports (ADIRs) in a separate file from the student's record. The ADIRs shall be accessible to only the Dean. The chair of the ASC shall also maintain ADIRs in a file accessible only to the chair. The ADIR cannot be used against the student in any subsequent allegation of academic dishonesty. The ADIR can only be used in a finding of academic dishonesty, and then only in the penalty (closed session) phase of the hearing.

**Academic Policies & Procedures**

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**APPENDIX A**

**SHTM ACADEMIC DISHONESTY INCIDENT REPORT  
ADIR**

DATE OF ADIR:

PROGRAM:

ACCUSED:

CHARGES BROUGHT FORTH BY:

DATE OF ALLEGED EVENT:

DESCRIPTION OF ALLEGED EVENT:

DATE ACCUSED INFORMED OF CHARGES:

PROGRAM DIRECTOR/DESIGNEE SIGNATURE: \_\_\_\_\_

DATE CHAIR OF ACADEMIC STANDING COMMITTEE NOTIFIED:  
(As soon as possible after alleged event)

DATE OF RESOLUTION AT PROGRAM LEVEL:

DESCRIPTION OF RESOLUTION PROCESS INCLUDING PENALTY:

OUTCOME OF RESOLUTION PROCESS:

SUPPORTIVE DOCUMENTATION, INCLUDING SEPARATE STATEMENTS FROM ACCUSER  
AND ACCUSED REGARDING THE INCIDENT, ATTACHED:

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*Only to be completed by the chair of the Academic Standing Committee*

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

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## Academic Policies & Procedures

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### SIGNATURE PAGE

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#### ***NOTIFICATION OF ACCUSATION***

***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 rights on matters pertaining to policy and procedure on academic dishonesty. I have been presented with the opportunity to admit to 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: \_\_\_\_\_

#### **CHECK APPROPRIATE BOXES**

#### ***ACCUSATION ACCEPTANCE OR DENIAL***

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

#### ***PENALTY ACCEPTANCE OR DENIAL***

- TO THE ACCUSED:*** I have been advised of the penalty, and **I am** in full agreement, and will comply with the penalty.
- TO THE ACCUSED:*** I have been advised of the penalty, and **I do not** accept the penalty, and therefore request that the matter be brought forward to the Academic Standing Committee.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Academic Policies & Procedures

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### ***ACCUSOR ACCEPTANCE OR DENIAL OF PENALTY***

- TO THE FACULTY OR STUDENT ACCUSOR:*** I have been advised of the penalty and **I am** in full agreement with the penalty.
  
- TO THE FACULTY OR STUDENT ACCUSOR:*** I have been advised of the penalty, and **I am not** in agreement with the penalty and request that the matter be brought forward to the Academic Standing Committee.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Academic Policies & Procedures**

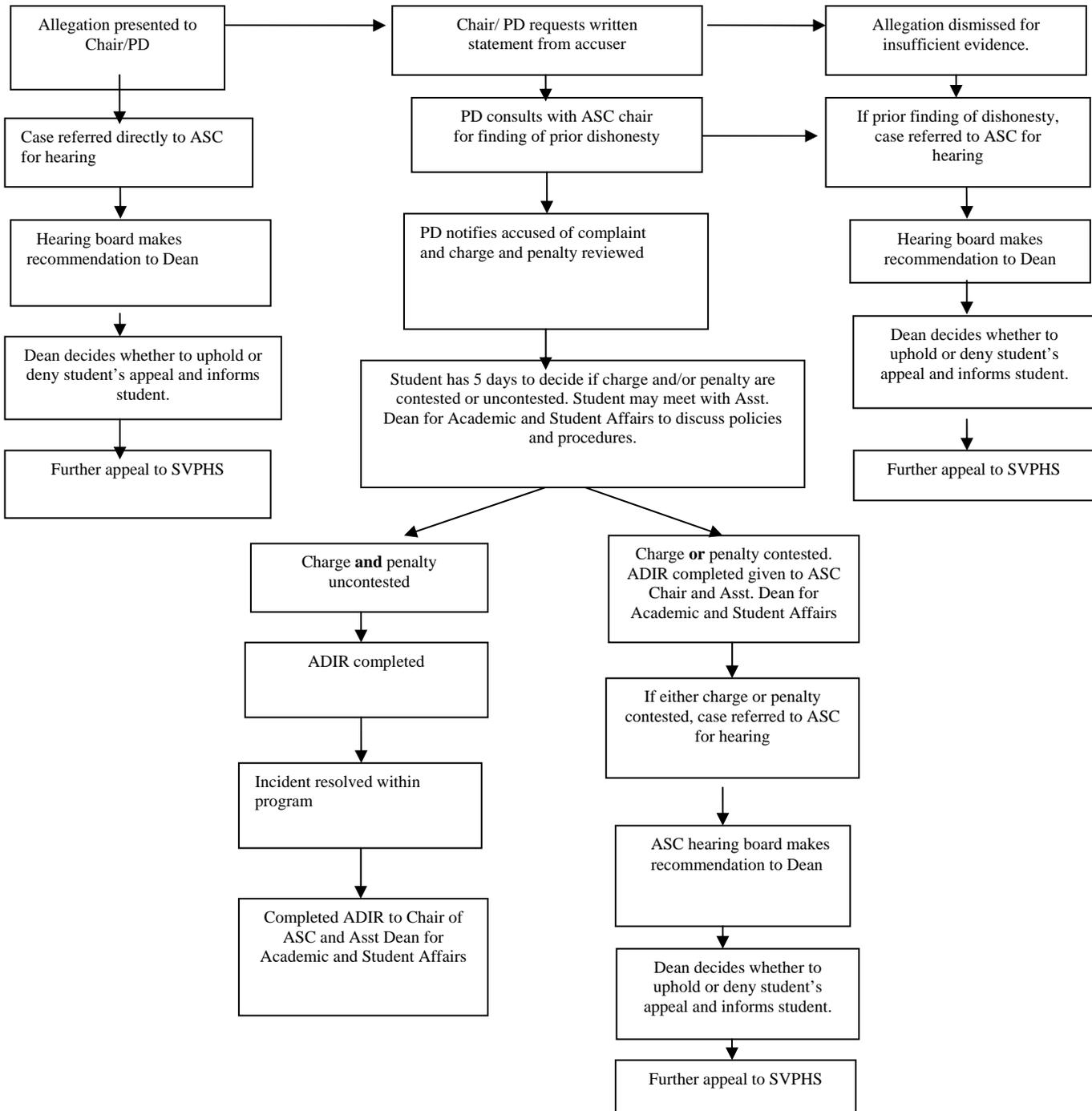
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**APPENDIX B**

**ACADEMIC DISHONESTY PROCEDURE GUIDELINES FLOW CHART**

## Academic Policies & Procedures

### SHTM - Academic Dishonesty Procedure Guidelines



**Abbreviations**  
**PD: Program Director**  
**ADIR: Academic Dishonesty Incident Report**  
**SVPHS: Sr. VP Health Sciences**

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 University e-mail address. All official electronic correspondence, including 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 university e-mail to communicate with faculty and each other. You can forward your SB e-mail to your own preferred e-mail address.

**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](http://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 Student Responsibilities for Clinical Education**

**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 site 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 out of compliance will not be allowed to attend class or participate in any clinical activities.**

### **HIPAA**

All students must complete the required *Health Insurance Portability and Accountability Act of 1996*, 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. HIPAA training must be updated on an annual basis. Additional HIPAA training may be required by the clinical site.

### **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, fingerprinting, criminal background check or an interview with the student before accepting the student for the clinical rotation. Costs related to these requirements are the students' responsibility.

### **IDENTIFICATION**

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

- a. 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.)
- b. 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.

- a. The student shall be neat, clean and presentable at all times.
- b. 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 rotation 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 supervisor at the clinical site 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) may be submitted. This Incomplete grade will convert to an "F" at the appropriate time and in accordance with the SHTM policies.

### **TRANSPORTATION AND HOUSING**

During your clinical experience, you will be assigned to clinical rotations off campus. All students are responsible for securing their own transportation to/from their clinical site. This includes cost as well as access to an automobile as many clinical sites are not

in close proximity to public transportation. In addition, students are also responsible for housing costs associated related to their clinical rotations.

### **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

Disclaimer: Students must refer to their individual program handbooks regarding specific policies and procedures.

### **HEALTH INSURANCE**

All full time matriculated Stony Brook location students are charged a mandatory “student health service fee” each term. This fee entitles students to be seen by a health care provider in the Student Health Service without additional 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).

Southampton location students will receive a waiver for the mandatory “student health service fee.” Medical care is available to students at Southampton hospital and may be covered through their individual private health insurance.

### **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 and Prevention (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, non-intact 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 /diphtheria 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.

During flu season, the university strongly encourages all students to obtain a flu vaccine. An annual influenza vaccination is required for rotations at many clinical sites. Proof of vaccination must include the ordering provider's name, address, license number and date. Students who refuse vaccination may be asked to wear a mask while at their clinical site. Please note: clinical sites can refuse to take a student if they are not vaccinated against the influenza virus.

## **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 non-intact 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](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 Student Health Services. 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 Student Health Services 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 Safety Incident Report must also be submitted to the program within 48 hours of occurrence.
4. The student must follow up in 72 hours with either his/her private physician or SBUMC Preventive Medicine for further postexposure testing, follow-up, and counseling.\* Please identify yourself as a SHTM student and ask for an "immediate appointment".

Preventive Medicine  
2500 Nesconset Highway, Bld 16c  
[\(631\) 444-2198](tel:6314442198)

### **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 Student Health Services 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 Student Health Services 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 Student Health Services for further postexposure testing, follow-up, and counseling.\*

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*\*If out of area, consult with your faculty*

### Bibliography

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<http://www.cdc.gov/niosh/topics/bbp/genres.html>. Accessed 3/10/16.

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**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, <sup>f</sup> then 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, <sup>f</sup> 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%.<sup>17</sup>

New York State Department of Health AIDS Institute: [www.hivguidelines.org](http://www.hivguidelines.org)

<b>TABLE 8</b>	
<b>HEPATITIS C POST-EXPOSURE MANAGEMENT ACCORDING TO</b>	
<b>BASELINE TEST RESULTS</b>	
<b>Clinical Scenario</b>	<b>Follow-Up<sup>a</sup></b>
Source patient is HCV-antibody negative	No further testing or follow-up is necessary for source patient or the exposed HCW <sup>b</sup>
Source patient is unavailable or refuses testing	Exposed HCW: Follow-up HCV antibody at 3 and 6 months <sup>b</sup>
Source patient is HCV-antibody positive and HCV RNA negative	Manage the exposed HCW as if the source patient has chronic hepatitis C (see Section 2: <i>Post-Exposure Follow-Up</i> ) <sup>c</sup>
Source patient is positive for both HCV antibody and HCV RNA <i>and</i> Exposed HCW is HCV-antibody negative	Source patient: Counsel and manage as chronic hepatitis C regardless of status of exposed person Exposed HCW: Follow up as outlined in Section 2: <i>Post-Exposure Follow-Up</i>
Exposed HCW tests positive for both HCV antibody and HCV RNA	Counsel and manage as chronic hepatitis C

<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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