### Table of Contents

**Part I** Introduction  
Mission Statement  
Goals and Objectives

**Part II** Academic Program  
Course of Study  
Admission and Selection  
Grading System: Evaluation of Academic Performance  
Studying in Internet-Based Courses or Sections  
Credit by Examination  
Writing Intensive Requirement  
Cultural Diversity  
Internet and Hybrid Courses  
Allied Health Management Experience  
Withdrawal and Refunds of Tuition and Fees  
Appeals  
Style Manual

**Part III** Academic Integrity and Ethics  
ECU’s Policy on Academic Integrity and Honor Pledge  
ACHE Code of Ethics  
Student Code of Ethics for the HSM Program (Signature Page)  
SAHS Student Conduct Code

**Part IV** Academic Regulations  
Attendance and Participation Policy  
Dress Code  
Announcements (E-Mail Account)  
Advisement or Guidance  
Disability Support  
Substance Abuse Policy  
Appeals

**Part V** Financial Assistance  
General Information

**Part VI** Employment

**Part VII** Learning Resources  
Computer Laboratories  
Library Services  
Guide to E-Mail Etiquette

**Part VIII** Professional Organizations
Part IX Advisory Committee
   Purpose
   Members

Part X Expenses

Part XI Emergencies: General Policies
   Emergency Evacuation Plan
   Building Safety and Security
   Emergency Procedures
   CPR Assistance
   First Aid Supplies
   Student Blood Borne Pathogen Exposure Policy (Memorandum)
      Post Blood and Other Potentially Infectious Materials Exposure
      Follow-up for ECU Students
      Post Exposure and Chemo-prophylaxis Following Blood Exposure to
      Known HIV Positive Patient
      Consent Form for Preventative Treatment
      Acknowledgement of Review

Part XII Acknowledgement of Reading and Comprehension of Student Handbook

Created:  July 2003
Revised:  August 29, 2003; August 4, 2004
Part I

INTRODUCTION

Introduction
Mission Statement
Goals and Objectives
INTRODUCTION to Program of Health Services Management

Entering students will begin their professional education in health services management. Students will be learning the body of knowledge of health services management. Skills and techniques associated with this body of knowledge will enable them to enter a professional career. The primary objective of the profession is to support the provision of quality health services. As professionals, students will work with many other practitioners in the various health care fields. These practitioners will contribute their professional expertise to the students’ body of knowledge. However, as professionals, students will also contribute their alternative perspectives to practitioners’ body of knowledge.

This handbook is designed as a general information reference for the students during the professional phase of their course of study in the academic degree program of health services management, Department of Health Services and Information Management, School of Allied Health Sciences, East Carolina University. Student must also follow university policies as outlined in the Undergraduate Catalog and Course Registration Schedule.

MISSION STATEMENT

The mission is twofold: 1) to prepare pre-professional allied health students to enter professional studies with a strong understanding and background in the health care system and 2) to assist health professionals in acquiring the knowledge and skills needed for advancement in the health care disciplines.
GOALS AND OBJECTIVES

A. Criteria to be used to evaluate the proposed program.

1. Students completing the program in health services management will be prepared to meet entry-level competencies.
2. Students completing the program in health services management will be prepared for their field work.
3. Students completing the program in health services management will communicate effectively.
4. Student learning will be equivalent between on-line and on-campus students.

B. Measures to be used to evaluate the program.

1. Students completing the program in health services management will be prepared to meet entry-level competencies.

Measure: Administer an end-of-program exam composed by all faculty members in the program. Results of the exam will be evaluated by a jury of the faculty. A score of 60 percent and above will constitute a passing score overall. At least 80 percent of students should achieve a passing score overall. Not more than 10 percent of students should score below 50 percent on the overall exam.

Measure: Administer an end-of-program exam composed by all faculty members in the program. The exam comprises scales representing each of the program’s core and requisite courses. Results of the exam will be evaluated by a jury of the faculty. A score of 55 percent and above will constitute a passing score on each scale. At least 70 percent of students should achieve passing scores on all the scales. Not more than 10 percent of students should score lower than 40 percent on 50 percent of scales.

2. Students completing the program in health services management will be prepared for their field work.

Measure: End-of-capstone evaluation by clinical supervisors. Mean score on “Overall Rating” on all evaluations will be 2.5 or higher (4-point scale).

Measure: End-of-capstone evaluation by clinical supervisors. Mean score on subscale of “Ability to Work Independently” on all evaluations will be 2.5 or higher (4-point scale).

3. Students completing the program in health services management will communicate effectively.

Measure: End-of-capstone evaluation by clinical supervisors. Mean score on “Ability to Communicate” will be 2.5 or higher (4-point scale).

Measure: 85 percent or more of respondents will state that their college education contributed “very much” or “somewhat” to their development on the subscale of “writing skills” on ECU’s Graduating Senior Survey Department Report.
Measure: 85 percent or more of respondents will state that their college education contributed “very much” or “somewhat” to their development on the subscale of “speaking skills” on ECU’s Graduating Senior Survey Department Report.

4. Student learning will be equivalent between on-line and on-campus students.

Measure: Means on scores of measures for criteria 1-3 will be analyzed by each group for equivalence.
Course of Study
Admission and Selection
Grading System: Evaluation of Academic Performance
Studying in Internet-Based Courses or Sections
Credit by Examination
Writing Intensive Requirement
Cultural Diversity
Internet and Hybrid Courses
Allied Health Management Experience
  Requirements of Sites
    Annual Health Exam
    Professional Liability Insurance
    Blood-Borne Pathogen Training
    Criminal Background Check
    HIPAA Training
    Other
Disability Support
Withdrawal and Refunds of Tuition and Fees
Appeals
Style Manual
# COURSE OF STUDY: HEALTH SERVICES MANAGEMENT

**East Carolina University**  
Bachelor of Science in Health Services Management (BS-HSM)  
Course of Study. Version 2.1

Created: July 26, 2000/ejl  
Revised: May 13, 2002/ejl  
Revised: July 26, 2005/ejl

## Health Services Management (HSM) Concentration

### Fall Semester Freshman Year

<table>
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<td>Human Physiology &amp; Anatomy</td>
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<td>BIOL 2131</td>
<td>Human P&amp;A Lab</td>
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<td>ECON 2113</td>
<td>Principles of Microeconomics</td>
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<td>Written Communication and Documentation (WI)</td>
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<td>HSMA 3025</td>
<td>Professional Ethical Codes &amp; Law in Health Care</td>
<td>3</td>
</tr>
<tr>
<td>HIMA 3113</td>
<td>Applied Medical Sciences I</td>
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<td>HIMA 3120</td>
<td>Health Care Delivery Systems</td>
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<td>HSMA 3050</td>
<td>Leadership in Health Care</td>
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### Spring Semester Junior Year

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<td>Interpersonal Team Skills for Health Care Supervisors &amp; Practitioners</td>
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<td>HIMA 3118</td>
<td>Applied Medical Sciences II</td>
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<td>HSMA 3020</td>
<td>Health Care Payment Systems</td>
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<td>Quality Management in Health Care</td>
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<td>HSMA 4050</td>
<td>Personnel Mgmt &amp; Supervision in Health Care</td>
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<td>HSMA 4010</td>
<td>Health Information Management</td>
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<td>HPRO 4350</td>
<td>Research Design</td>
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### Spring Semester Senior Year

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<td>Allied Health Management Experience (WI-some sections)</td>
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<td>HSMA-Approved Electives</td>
<td>11-14</td>
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</table>

* Count toward electives (9 science s.h. in this course of study; only 8 needed for gen. ed. Count 1 extra toward electives)
COURSE OF STUDY: ALLIED HEALTH MANAGEMENT (AHM) CONCENTRATION

East Carolina University
Bachelor of Science in Health Services Management (BS-HSM, formerly BS Allied Health, BSAH)
Course of Study. Version 2.2

Created: July 26, 2000/ejl
Revised: July 26, 2005/ejl

Allied Health Management (AHM) Concentration

Candidates licensed or credentialed in allied health discipline and with associate degree:
(a) Transfer in some general education.
(b) Transfer in up to 30 s.h. for discipline-specific technical courses.

<table>
<thead>
<tr>
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<td>Science with Lab (8)</td>
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<td>EXSS 1000 (1)</td>
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<td>HSMA 3030</td>
<td>Written Communication and Documentation (WI) (new course)</td>
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<tr>
<td>HIM 3120</td>
<td>Health Care Delivery Systems (revised course)</td>
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<tr>
<td>HSMA 3025</td>
<td>Health Ethics &amp; Law (new course)</td>
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<td>HSMA 4010</td>
<td>Health Information Management (new course)</td>
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<td>Health Care Finance &amp; Accounting (new course)</td>
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<td>HSMA 4050</td>
<td>Personnel Mgt &amp; Supervision in Health Care (new course)</td>
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<td>Leadership in Health Care (new course)</td>
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<tr>
<td>HPRO 4350</td>
<td>Research Design (revised course)</td>
<td>3</td>
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</table>
ADMISSION AND SELECTION

GENERAL INFORMATION

General information on admission and selection is available in the Undergraduate Catalog.

TECHNICAL STANDARDS

Technical standards for the admission and graduation of students have been developed under the premise that the student who:

- can be reasonably expected to meet such standards on admission,
- maintains the validity of this expectation throughout his or her progress through the curriculum, and
- meets the minimal level of competence established for each course, will graduate.

With reasonable accommodations, the student must be able to:

- Retrieve information via a variety of media and communicate his or her level of understanding and raise questions for clarification.
- Demonstrate the ability to successfully carry out assignments.
- Understand and follow instructions from staff and faculty members of the Program of Health Services Management; communicate his or her level of understanding; and raise questions for clarification.

GRADING SYSTEM: EVALUATION OF ACADEMIC PERFORMANCE

Grades for class work are based on East Carolina University’s system: A-excellent, B-good, C-average, D-barely passed, F-failed, I-incomplete.

Faculty members will publish numerical ratings in each course syllabus.

Students who are absent from intermediate tests and quizzes with an excuse acceptable to the instructor or an official university excuse from the Office of the Provost or his or her designee will be given a makeup test or an excuse from taking the test at the discretion of the instructor.
STUDYING IN INTERNET-BASED COURSES OR SECTIONS

An Internet-based course or section requires the same intensity of study as its classroom equivalent. Therefore, at the bare minimum, students should plan to allot time, each week, based on the following formula:

$$[(\text{Number of credit hours}) + (2 \text{ hours} \times \text{number of credit hours})] = \text{Time}$$

For example, for a three credit hour course:

$$3 \text{ hours} + (2 \text{ hours} \times 3) = 9 \text{ hours}$$

As indicated, 2 hours per credit hour is bare minimum; in a professional program 3 hours per credit hour is recommended. In the example, 2 hours would be replaced with 3 hours and the resulting time allotment would be 12 hours.

PROGRAM POLICY ON CREDIT BY EXAMINATION

Students regularly enrolled or formerly enrolled in the university may obtain credit by examination in a course in which they have had no class attendance or semester standing provided the course has been determined by the HSM program to be an appropriate course for credit without attendance. Appropriate courses for credit by examination in the HSM Program are (a) 3000-level professional courses except the professional practice experiences and (b) 4000-level professional courses with the consent of the instructor except for professional practice experiences. Permission to take the examination must be obtained from the course instructor at least one month in advance of the intended date of the examination. Permission must also be obtained from the dean of Undergraduate Studies in advance of the intended date of the examination. Examinations are not permitted in courses in which a student has previously been enrolled as a regular student or as an auditor. The applicant must pay to the university cashier in advance of the examination a fee based on the number of semester hours of the course being challenged; this fee is not refundable. The petition, receipted by the university cashier, must be shown to the instructor conducting the examination. The instructor administers and reports the results of the examination to the Office of the Registrar within one week of the date of the approval by the dean of Undergraduate Studies. Credits earned under this regulation are recorded with the grade achieved on the examination. Credit earned by examination may not be used to reduce the minimum residence requirement. Any student who receives a degree from East Carolina University must complete at least one-half the total hours required in the major discipline in regular class attendance. Students are also referenced to the pertinent sections of the Undergraduate Catalog.

WRITING INTENSIVE REQUIREMENT

Students must fulfill the writing across the curriculum requirement of East Carolina University prior to graduation. Each student must complete a minimum of 12 s.h. of writing intensive courses. Faculty members have designed the program’s curriculum to meet this requirement. The appropriate faculty committee has approved the following courses as writing intensive: ENGL 1100, ENGL 1200, HSMA 3030, and certain sections of HSMA 490*. Students are responsible to evaluate whether their particular course work will meet the writing intensive requirement.

CULTURAL DIVERSITY

Students must complete at least one course, which exposes them to cultural diversity. The program has designated the following course as meeting this requirement: HSMA 4050.
INTERNET (WWW) AND HYBRID COURSES

Students will need to have access to a computer and will have to be very fluent in using the Internet; communicating through e-mail; downloading information from the Internet; and using word processing packages. Faculty members will only accept work done in Microsoft applications (Word, Excel, and PowerPoint). Faculty members will only use official ECU e-mail accounts.

ALLIED HEALTH MANAGEMENT EXPERIENCE (AHME)

The AHME experience (also known as fieldwork, clinical rotations and capstone), is directed study under the supervision of academic faculty and site supervisors. This experience gives students opportunities to observe and to participate in the various activities associated with health services across the continuum of care. To develop those skills necessary to participate in the Allied Health Management Experience, didactic learning and simulations precede assignments in the Allied Health Management Experience.

Students incur expenses during the AHME. These expenses are the students’ responsibility. Examples of expenses are:

* Housing: Students are responsible for locating housing and all associated costs.
* Travel: Students are responsible for all travel costs.
* Parking: Students are responsible for all costs incurred for parking.
* Meals: Students are responsible for costs incurred for meals.

The AHME provides opportunities for the student to observe and to participate in the administrative responsibilities of the health information manager. Various health care organizations and agencies, rural and urban, throughout North Carolina and the surrounding states provide sites for this educational experience. Based on academic considerations, faculty members will make the final determination of student placement at sites.

SITE OF ALLIED HEALTH MANAGEMENT EXPERIENCE

To be determined.

REQUIREMENTS OF SITES for Students to Participate in the Allied Health Management Experience:

*Annual Health Exam.* Students must present evidence of good health prior AHME at the beginning of the academic year. Evidence includes

* a general physical exam;
* negative tuberculin skin test (two PPDs timed one to three weeks apart; or chest x-ray if test is positive); and
* immunizations per pertinent state law.

Annually, prior to arrival on campus or at the very beginning of fall semester, students should have their physical exam and PPD and obtain a report of their immunization status. Physical exams may be performed by the physician of the student’s choice. The School furnishes health forms for students who choose to use the Student Health Services.

This health requirement is a contractual stipulation of the sites. Individual sites may impose additional medical requirements. Faculty members will inform the students of these additional requirements as needed.
Professional Liability Insurance. Professional liability insurance is required for each student and is provided by way of the blanket liability policy carried by the School. This insurance is renewed annually. This insurance is essential because many sites will not accept a student for training who does not have liability insurance. Faculty members provide information about the premium and its deadline in fall semester each year.

Blood-Borne Pathogen Training. Many professional practice sites require, as a contractual stipulation, that students have training in blood-borne pathogens prior to their Allied Health Management Experience. The faculty members will arrange this training. Attendance is mandatory.

Criminal Background Check. All sites that are accredited by the Joint Commission on the Accreditation of Healthcare Organizations require students to have a criminal background check. To allow the greatest flexibility in assignment of students to sites, all students must have a criminal background check.

East Carolina University
Department of Health Services and Information Management
Policy on Criminal Background Checks
Created: July 14, 2004
Revised:

Criminal Background Check

Policy
It is the intent of the Department of Health Services and Information Management for its students to have obtained Criminal Background Checks prior to their rotations in health care organizations.

Intent
1. All students entering the academic programs in the Health Services and Information Management Department must have Criminal Background Checks. The Criminal Background Check is a requirement of the Joint Commission on the Accreditation of Healthcare Organizations.
2. Timing of the Criminal Background Check is dependent upon the students’ academic courses of study.
   a. Students in the academic program in health information management (HIM) have professional practice experiences in health care organizations during their junior year. HIM students must have their Criminal Background Check prior to entering the program in their junior year. Prior to the senior-level PPE and capstone, students may need to have updated Criminal Background Checks completed.
   b. Students in the academic program of health services management (HSM) have a course in the senior year that may include a rotation in a health care organization. HSM students must have their Criminal Background Check prior to their senior year. Students who change addresses may have to have updated Criminal Background Checks completed.
3. The Criminal Background Checks cover events since the students have become adults (18 years of age).
4. Many organizations are requiring direct transmittal of Criminal Background Checks from the screening agency to prevent falsification and alteration.
5. Modifications to this policy may occur at any time as required by policies that take precedence, such as policies from health care organizations or the Health Sciences Division of East Carolina University.

Appendix*
The Department is currently advising students to use the screening agency, Carolina Information.

Contact Information:
Stefanie Conway, Operations Exec.
Carolina Information, Inc.
UsInfoGroup.com
919*570*9861 phone
919*570*9864 fax
sconway@usinfogroup.com
P.O. Box 127
Wake Forest, NC 27588

*Note all information in this Appendix is subject to change at any moment dependent upon overriding policies from health care organization and the Health Sciences Division at East Carolina University.

Interim Procedure

Students:
1. Call Carolina Information (919-570-9861) to initiate the Criminal Background Check with the requisite information (see below).
   a. Full Name
   b. Date of Birth
   c. Social Security Number
   d. Drivers’ License Number
   e. Current Address
   f. All addresses for past 10 years or since 18 years old
   g. Debit or credit card number and expiration date (VISA or MasterCard; fees range from $6.00 to $114.00 dependent upon the number of addresses, states, and countries)
      * Students will be speaking with Tiffany Phipps or Stefanie Conway.
2. Receive a certified copy of their Criminal Background Check at their current address (if another different address is desired, students need to state that when they call).
3. Call Carolina Information (919-570-9861) for updated Criminal Background Check when assigned to a site (an additional fee may be required dependent upon change of address).
   a. Obtain fax number of HR Department of site and alert HR Department to the imminent fax.
   b. Have updated Criminal Background Check faxed to site’s HR Department.

Screening Agency
1. Mails students certified copies of their Criminal Background Checks to their current addresses (or other address as requested).
2. Maintains results of the Criminal Background Check for perpetuity.
3. Updates Criminal Background Check when requested by student and upon payment of required fees.
4. Faxes original copies to the Human Resource Department of health care organization as requested and upon payment of required fees. (Note: If call is made by 2:00 pm, the criminal background will be completed that day and faxed to the site that day.)

HSIM Department
1. Receives notification by fax that the student has completed the process (NOT the Criminal Background Check itself).
2. Dropfiles notification in each student’s folder.
3. Provides or has students obtain fax number of HR Department of students’ assigned health care organization.
4. Notifies or has student notify HR Department that fax imminent.

*Mandatory Training For Health Insurance Portability And Accountability Act (HIPAA) of 1996*

Training on the policies and procedures to protect the privacy of health information is federally mandated under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Students must complete this training prior to going to professional practice experiences and the capstone. ECU provides a tutorial to deliver this training. [http://www.ecu.edu/hiss/Web2/hipaastudent.htm](http://www.ecu.edu/hiss/Web2/hipaastudent.htm)

Students may run the training program as many times as they want. At the end of the training, students take a quiz. Students may not return to the training program after they begin the quiz. At the end of the quiz, students obtain their score. As proof of completion, students should print the score page, complete the requested information, and return the completed form to the instructor of the professional practice experience courses.

*Other.* Sites may add other stipulations, such as drug testing.

**DISABILITY SUPPORT**

East Carolina University seeks to fully comply with the Americans with Disabilities Act (ADA). Students requesting accommodations based on a covered disability must go to the Department for Disability Support Services, located in Brewster A-114, to verify the disability before any accommodations can occur. The telephone number is 252-328-6799. The policies and procedures of the Department for Disability Support Services also cover requests for accommodations for a professional practice experience and for the Allied Health Management Experience. The program of Health Services Management requires at least one semester advance notice to identify appropriate practice sites and to arrange accommodations.

**WITHDRAWAL AND REFUNDS OF TUITION AND FEES**

Policies and procedures for withdrawal and for refunds of tuition and fees are available in the *Undergraduate Catalog*.

**APPEALS**

Policies and procedures for appeals are available in the *Undergraduate Catalog* and in the *Student Conduct Code of the School of Allied Health Sciences*.

**STYLE MANUAL**

All documents produced for assignments and projects in the program’s courses shall follow the style proscribed in the style manual of the American Medical Association. This style manual follows the recommendations of the U.S. National Library of Medicine. Five hundred leading biomedical journals require this style.

Part III

ACADEMIC INTEGRITY AND ETHICS

ECU’s Policy on Academic Integrity and Honor Pledge
  Plagiarism
  Cheating
  Responsibility
ACHE Code of Ethics
Student Code of Ethics for the HSM Program (Signature Page)
SAHS Student Conduct Code
ECU’S POLICY ON ACADEMIC INTEGRITY AND HONOR PLEDGE
Ethical conduct is required per ECU’s Code of Conduct and Academic Integrity policies:
http://www.ecu.edu/studenthandbook/policies.htm

Students in health services management are expected to adhere to recognized ethical principles during their college careers. Accordingly, the student is reminded of the University policy on academic integrity published in the Undergraduate Catalog.

Academic integrity is expected of every East Carolina University student. Academically violating the Honor Code consists of the following: cheating, unauthorized aid or assistance or the giving or receiving of unfair advantage on any form of academic work; plagiarism, copying the language, structure ideas, and/or thoughts of another and adopting those as one’s own original work; falsification, statement of untruth, either spoken or written, regarding any circumstances relating to academic work; and attempting any act which if completed would constitute an academic integrity violation as defined above. (p. 14)

The issues of integrity, honesty and confidentiality are especially critical in the area of health information management and are viewed as the “central core” of the profession.

The following definitions are provided to further emphasize the importance of these principles.

Plagiarism: Plagiarism is the act of presenting ideas, words, or organization of a source (published or not) as if they were one’s own, without acknowledgment of the original source. Because instructors assume material presented by students is their own unless otherwise indicated, all quoted material must be in quotation marks, and all paraphrases, quotations, significant ideas, and organization must be acknowledged by footnotes or by some other form of documentation acceptable to the instructor for the course. Plagiarism also includes presenting material, which was composed or revised by any person other than the student who submits it, as well as, the deliberate falsification of footnotes. The use of the term “material” refers to work in any form including written, oral, or electronically produced (as in the case of computer files).

Cheating: Cheating includes buying, stealing, or otherwise fraudulently obtaining copies of examinations or assignments for the purpose of improving one’s academic performance. During examinations or completing class work, it includes receiving oral information from and referring to unauthorized notes or other written information. In addition, copying from others, either during examinations or in the preparation of assignments is a form of cheating.

Responsibility: Anyone who knowingly assists in any form of academic dishonesty shall be considered equally guilty as the student who accepts such assistance. Students should not allow their work to be copied or otherwise used by fellow students, nor should they sell or give unauthorized copies of examinations to other students.

Students sign an Honor Pledge upon admission to the University. The Pledge comprises the previously described concepts of integrity. Students accused of violating the Code of Conduct begin the resolution process by meeting with the Director of the Office of Student Conflict Resolution (OSCR) http://www.ecu.edu/studentlife/scr/.

Program faculty members strictly enforce the University policy. Any instance of academic dishonesty will result in appropriate action, such as the assignment of a failing grade on an assignment or examination or dismissal from the program.
American College of Healthcare Executives – Code of Ethics

Preface
The Code of Ethics is administered by the Ethics Committee, which is appointed by the Board of Governors upon nomination by the Chairman. It is composed of at least nine Diplomates or Fellows of the College, each of whom serves a three-year term on a staggered basis, with three members retiring each year.

The Ethics Committee shall:

- Review and evaluate annually the Code of Ethics, and make any necessary recommendations for updating the Code.
- Review and recommend action to the Board of Governors on allegations brought forth regarding breaches of the Code of Ethics.
- Develop ethical policy statements to serve as guidelines of ethical conduct for healthcare executives and their professional relationships.
- Prepare an annual report of observations, accomplishments, and recommendations to the Board of Governors, and such other periodic reports as required.

The Ethics Committee invokes the Code of Ethics under authority of the ACHE Bylaws, Article II, Membership, Section 6, Resignation and Termination of Membership; Transfer to Inactive Status, subsection (b), as follows:

Membership may be terminated or rendered inactive by action of the Board of Governors as a result of violation of the Code of Ethics; nonconformity with the Bylaws or Regulations Governing Admission, Advancement, Recertification, and Reappointment; conviction of a felony; or conviction of a crime of moral turpitude or a crime relating to the healthcare management profession. No such termination of membership or imposition of inactive status shall be effected without affording a reasonable opportunity for the member to consider the charges and to appear in his or her own defense before the Board of Governors or its designated hearing committee, as outlined in the “Grievance Procedure,” Appendix I of the College’s Code of Ethics.

Preamble

The purpose of the Code of Ethics of the American College of Healthcare Executives is to serve as a guide to conduct for members. It contains standards of ethical behavior for healthcare executives in their professional relationships. These relationships include members of the healthcare executive’s organization and other organizations. Also included are patients or others served, colleagues, the community and society as a whole. The Code of Ethics also incorporates standards of ethical behavior governing personal behavior, particularly when that conduct directly relates to the role and identity of the healthcare executive.

The fundamental objectives of the healthcare management profession are to enhance overall quality of life, dignity and well-being of every individual needing healthcare services; and to create a more equitable, accessible, effective and efficient healthcare system.

Healthcare executives have an obligation to act in ways that will merit the trust, confidence and respect of healthcare professionals and the general public. Therefore, healthcare executives should lead lives that embody an exemplary system of values and ethics.
In fulfilling their commitments and obligations to patients or others served, healthcare executives function as moral advocates. Since every management decision affects the health and well-being of both individuals and communities, healthcare executives must carefully evaluate the possible outcomes of their decisions. In organizations that deliver healthcare services, they must work to safeguard and foster the rights, interests and prerogatives of patients or others served. The role of moral advocate requires that healthcare executives speak out and take actions necessary to promote such rights, interests and prerogatives if they are threatened.

I. The Healthcare Executive’s Responsibilities to the Profession of Healthcare Management

*The healthcare executive shall:*

A. Uphold the values, ethics and mission of the healthcare management profession;

B. Conduct all personal and professional activities with honesty, integrity, respect, fairness and good faith in a manner that will reflect well upon the profession;

C. Comply with all laws pertaining to healthcare management in the jurisdictions in which the healthcare executive is located, or conducts professional activities;

D. Maintain competence and proficiency in healthcare management by implementing a personal program of assessment and continuing professional education;

E. Avoid the exploitation of professional relationships for personal gain;

F. Use this *Code* to further the interests of the profession and not for selfish reasons;

G. Respect professional confidences;

H. Enhance the dignity and image of the healthcare management profession through positive public information programs; and

I. Refrain from participating in any activity that demeans the credibility and dignity of the healthcare management profession.

II. The Healthcare Executive’s Responsibilities to Patients or Others Served, to the Organization, and to Employees

A. Responsibilities to Patients or Others Served

*The healthcare executive shall, within the scope of his or her authority:*

1. Work to ensure the existence of a process to evaluate the quality of care or service rendered;

2. Avoid practicing or facilitating discrimination and institute safeguards to prevent discriminatory organizational practices;

3. Work to ensure the existence of a process that will advise patients or others served of the rights, opportunities, responsibilities, and risks regarding available healthcare services;>
4. Work to provide a process that ensures the autonomy and self-determination of patients or others served; and

5. Work to ensure the existence of procedures that will safeguard the confidentiality and privacy of patients or others served.

B. Responsibilities to the Organization

_The healthcare executive shall, within the scope of his or her authority:_

1. Provide healthcare services consistent with available resources and work to ensure the existence of a resource allocation process that considers ethical ramifications;

2. Conduct both competitive and cooperative activities in ways that improve community healthcare services;

3. Lead the organization in the use and improvement of standards of management and sound business practices;

4. Respect the customs and practices of patients or others served, consistent with the organization’s philosophy; and

5. Be truthful in all forms of professional and organizational communication, and avoid disseminating information that is false, misleading, or deceptive.

C. Responsibilities to Employees

_Healthcare executives have an ethical and professional obligation to employees of the organizations they manage that encompass but are not limited to:_

1. Working to create a working environment conducive for underscoring employee ethical conduct and behavior;

2. Working to ensure that individuals may freely express ethical concerns and providing mechanisms for discussing and addressing such concerns;

3. Working to ensure a working environment that is free from harassment, sexual and other; coercion of any kind, especially to perform illegal or unethical acts; and discrimination on the basis of race, creed, color, sex, ethnic origin, age, or disability;

4. Working to ensure a working environment that is conducive to proper utilization of employees’ skills and abilities;

5. Paying particular attention to the employee’s work environment and job safety; and

6. Working to establish appropriate grievance and appeals mechanisms.

III. Conflicts of Interest

_A conflict of interest may be only a matter of degree, but exists when the healthcare executive:_

A. Acts to benefit directly or indirectly by using authority or inside information, or allows a friend, relative or associate to benefit from such authority or information.

B. Uses authority or information to make a decision to intentionally affect the organization in an adverse manner.

*The healthcare executive shall:*

A. Conduct all personal and professional relationships in such a way that all those affected are assured that management decisions are made in the best interests of the organization and the individuals served by it;

B. Disclose to the appropriate authority any direct or indirect financial or personal interests that pose potential or actual conflicts of interest;

C. Accept no gifts or benefits offered with the express or implied expectation of influencing a management decision; and

D. Inform the appropriate authority and other involved parties of potential or actual conflicts of interest related to appointments or elections to boards or committees inside or outside the healthcare executive’s organization.

IV. **The Healthcare Executive’s Responsibilities to Community and Society**

*The healthcare executive shall:*

A. Work to identify and meet the healthcare needs of the community;

B. Work to ensure that all people have reasonable access to healthcare services;

C. Participate in public dialogue on healthcare policy issues and advocate solutions that will improve health status and promote quality healthcare;

D. Consider the short-term and long-term impact of management decisions on both the community and on society; and

E. Provide prospective consumers with adequate and accurate information, enabling them to make enlightened judgments and decisions regarding services.

V. **The Healthcare Executive’s Responsibility to Report Violations of the Code**

*A member of the College who has reasonable grounds to believe that another member has violated this Code has a duty to communicate such facts to the Ethics Committee.*
STUDENT CODE OF ETHICS for the HSM Program

As stated in the Undergraduate Catalog, academic integrity is expected of every East Carolina University student. Academic integrity and ethical responsibilities extend beyond the University to include activities that take place at sites for assignments and during the allied health management experience. As future health service management professionals, students should abide by the policy on academic integrity of the University. These ethical principles define standards of behavior that promote ethical conduct for students in health services management.

Faculty members and site supervisors expect students to demonstrate a standard of conduct that will enhance their development as professionals both on the campus and at sites for assignments and their allied health management experiences. Students must adhere to the Student Code of Ethics.

I, ______________________, as a student in Health Services Management, will apply the following code of ethics to my actions both on campus and at sites for assignments and during my allied health management experience. This code will apply to both my professional and my personal attitudes and conduct. As a professional, I will:

1. Assume a professional manner in attire and conduct.
2. Establish a rapport with faculty members, site supervisors, administrators, physicians, and other facility personnel.
3. Hold in confidence all information of a sensitive nature acquired on campus or on site.
4. Hold in confidence all information relating to patients, clients, or residents.
5. Be willing to accept personal responsibility for assigned work and outcomes.

As an ethical person, I will: (a) demonstrate behavior that reflects the highest degree of honesty and integrity, (b) strive to improve personal competence, and (c) maintain a positive attitude during all educational activities both on campus and during my professional practice experiences.

_________________________________________   __________________
Signature of Student       Date

Student Copy
SCHOOL OF ALLIED HEALTH SCIENCES
STUDENT CONDUCT CODE

The University policy (Student Handbook and Academic Year Planner - “Clue Book”) regarding student conduct states, “students enrolled at ECU are expected to uphold at all times standards of integrity and behavior that will reflect credit upon themselves, their families, and East Carolina University”. Additionally, the faculty of the School of Allied Health Sciences (SAHS) has an academic, legal and ethical responsibility to protect the public and health care community from inappropriate professional conduct or unsafe behaviors in the practice of Allied Health Professions.

Students will be provided with documents expressing expectations regarding academic and professional conduct within all academic and clinical aspects of the curriculum during general advisement sessions, course work, clinical affiliations, and other instructional forums. All SAHS student s are expected to be familiar with their department policies and professional code of ethics and to conduct themselves in accordance with these standards.

A. DEFINITIONS

1. “SAHS Student Conduct Code” or “Student Conduct Code” - School of Allied Health Sciences Student Conduct Code.
2. “Hearing Committee” - School of Allied Health Science’s Hearing and Appeals Committee. This committee is authorized to review the chargers against students, to determine if sufficient evidence exists to warrant a hearing, determine whether a student has committed a violation, and recommend any sanction(s).
3. “Student Misconduct File” - student file that will be established upon the recommendation of the Hearing and Appeals Committee. The file will contain decisions and recommendations of the Committee relative to identified conduct violations by the individual student. The file is distinct from the student’s academic file.
4. “School” - School of Allied Health Sciences (SAHS).
5. “Department” - respective departments of the SAHS.
6. “Charged student” - any student who is charged with an alleged conduct violation.
7. “Student” - any student enrolled in a department of the SAHS.
8. “Faculty” - faculty members with an appointment in a SAHS department.
9. “Clinical supervisor” - the professional staff member at the clinical setting assigned to oversee the student’s clinical experience.
10. “Complainant” - any individual who files a complaint against a SAHS student for misconduct.
11. “Student Handbook” - the most current Student Handbook and Academic Year Planner, the “Clue Book” of East Carolina University.
12. “Cheating” - either the attempt or actual giving or receiving of unauthorized aid or assistance. This includes, but is not limited to: 1) use of unauthorized assistance during exams and quizzes, or 2) utilization of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other academic material belonging to a member of the faculty, staff, or other students.
13. “Plagiarism” - includes, but is not limited to the use by paraphrase or direct quotation, of the published or unpublished work or thoughts of another person without full and clear acknowledgment and passing it as one’s own work.
14. “Academic days” - any time the student is involved in a regular course sponsored activity of the respective SAHS department program.
15. “Filed violation” - an academic integrity or conduct code violation(s) and accompanying sanction(s) that have been submitted to either the Dean of Students, ECU, or the Dean of SAHS in accordance with the Policies and Regulations of the Student Handbook.

B. PROSCRIBED CONDUCT

Any student while engaging in university related activities or on university property, committing misconduct as described or referred to in this section is subject to the disciplinary procedures and sanctions as outlined in this document.

1. Violation of published Department, School of Allied Health Sciences policies, rules, and regulations.
2. Violation of the East Carolina University Code of Student Conduct (Student Handbook).
3. Violation of the North Carolina statute for those disciplines for which such statutes exist specifically pertaining to the practice of the respective health professions.
4. Violation of the Code of Ethics or the Standards of Professional Conduct of the respective profession.
5. Acts of dishonesty, including but not limited to the following:
   a. Furnishing false information in an official matter to any member of the faculty, staff, or affiliated clinical instructor with the intent to deceive.
   b. Forging, altering, or misusing a Department of School of Allied Health Sciences document record or instrument of identification.
6. Disruption or obstruction of teaching, research, administration, service delivery, or other Department and School sponsored activities.
7. Verbal and/or physical abuse, threats, intimidation, harassment, coercion and/or other conduct which threatens or endangers the health or safety of any person.
8. Attempted or actual theft or receipt of stolen property and/or malicious damage to property belonging to or located on the properties of the University, affiliated clinical sites or to other personal or public property.
9. Failure to comply with the security practices of the Department, School, University, or affiliated clinical sites.
10. Use, possession, or distribution of alcoholic beverages except as expressly permitted by the law and University regulations.
11. Conduct or language, while at affiliated clinical sites or on the university campus, that is disorderly, lewd, indecent, or disruptive and is directed toward a member of the faculty, a fellow student, clinical fieldwork personnel or clients, or visitors.
12. Failure to comply with the implementation of Code of Student Conduct procedures.
13. Willingly and knowingly during the clinical field placement, delivering clinical services that a student is not authorized to perform.
14. Any behavior which jeopardizes the safety of the student or another individual especially if it pertains to the delivery of services and occurs during academic and/or clinical activities and field placement.
15. Violation of civil or federal laws involving the use of alcohol, firearms or the illegal use, possession, manufacture, sale or distribution of narcotics and other controlled substances.

C. PROCEDURES

The policies and procedures prescribed to in this document support and maintain the student’s right of due process and fair hearing in accordance with the university’s policy and The Code - Board of Governors, The University of North Carolina, August 1988.

1. Academic integrity violation
Violations of academic integrity as defined in the Student Handbook and in this document including cheating and plagiarism will be handled as outlined in the policies and procedures for academic integrity violations in the Student Handbook.

2. Non-academic conduct violations within the academic settings.

The determination that a student can not function appropriately and safely in a clinical environment is determined in concert by the supervisor and faculty coordinator considering due process, department policy and procedure, and inter-institutional contract.

3. Non-academic conduct violations within the academic settings.

Any individual may file a complaint against a SAHS student for misconduct. Complaints must be submitted in writing to a faculty member before formal action can be initiated. Breach of professional conduct should be discussed with the student by the respective faculty member and reported to the department chair. In the event that the faculty member is the department chair, the Associate Dean of SAHS may conduct the inquiry. Communications and information regarding conduct violations are to be kept confidential.

The department chair will conduct an inquiry to determine if the charges have merit and warrant further investigation. Upon completion of such investigation, the department chair may request that the Hearing Committee initiate a ‘misconduct hearing process’. The written complaint and all available information gathered as a result of the inquiry will be provided to the hearing Committee by the department chair.

4. Violations that may result in the immediate and temporary removal of a student from an ‘in progress’ department educational activity.

Any instructor of a SAHS program sponsored educational activity may temporarily remove a student from an activity that is ‘in progress’ for any of the prescribed conduct violations considering due process, department policy and procedure, and inter-institutional contract.

If the student is removed from a classroom academic setting, the department chair or designee is notified immediately of the incident. Depending upon the nature of the infraction, the department chair may request that the student be removed from the remaining classes of the day. Removal of a student from an ‘in progress class’ may result in a formal misconduct charge. Conduct which jeopardizes the safety of others in an actual or simulated clinical setting may result in removal from the activity and suspension of the remaining clinical experience (see sections B and C2).

D. THE HEARING PROCESS

1. The Hearing committee will be the SAHS Hearing and Appeals Committee.
2. A written charge is filed by the Department Chair with the Hearing Committee. The Department Chair will forward an investigative report, supporting documents, and a recommendation of appropriate sanction to the committee. The Hearing committee will conduct a primary interview with the charged student for the purpose of presenting the charges to the student and allowing the student the opportunity to respond to the allegations. The primary interview will be conducted in accordance with policies utilized for academic integrity issues (see Clue Book, Policies and Regulations) and the student may choose to be accompanied by a non-participating observer.
3. Following the primary interview, the Hearing committee will decide by majority vote whether there is sufficient evidence of a violation to warrant a formal hearing. The Hearing committee must communicate its decision to the student within two (2) academic days following the primary interview. Possible recommendations of the Hearing Committee are as follows:

a. Sufficient evidence to support a violation does not exist. Such a disposition will be final and there shall be no subsequent proceedings regarding the alleged violation.

b. Sufficient evidence of a violation does exist and the violation is severe enough to warrant a formal hearing. In this case, a hearing will be established within five (5) academic days following notification of the student.

c. All parties (student, Department chair/Director, and Committee) concur that additional testimony is not required and that the recommended sanctions are appropriate. Prior to such a recommendation, the student must agree that a violation has occurred, concur with the sanction recommended by the Department, and waive (in writing) the right to present additional evidence and testimony at a formal hearing.

4. Hearings shall be conducted in accordance with the following guidelines:

a. Confidentiality of the proceedings shall be maintained at all times.

b. A verbatim transcript of the proceedings shall be maintained at all times.

c. The hearing shall be conducted and controlled by the chair of the Hearing Committee.

d. Admission of any person to the hearing shall be at the discretion of the Hearing Committee.

e. The complainant(s) and charged student may have the opportunity to present witnesses, to examine and cross-examine witnesses, and to have a non-participating observer present. The Hearing Committee has the right to examine and cross-examine witnesses brought to testify relative to the alleged violation. The non-participating observer will not be allowed to officially participate in the proceedings.

f. Pertinent records exhibits and written statements may be accepted as evidence for consideration by the Hearing Committee.

g. All procedural questions are subject to the final decision of the Hearing Committee chair.

5. After the hearing, the Hearing committee shall decide by majority vote if the relevant evidence was adequate to support the conclusion that the student violated the Student Code of Conduct. The committee’s determination shall reflect that the decision is based on the facts of the case and it is not arbitrary, capricious, or discriminatory.

6. The chair of the Hearing committee will submit a written statement of its findings complete with sanction recommendations to the Dean of the SAHS, within two academic days following closure of the hearing.

7. The Dean of SAHS will determine final action and will give written notice within five academic days to the Hearing Committee, the student, and the department chair.

8. The Hearing Committee conduct code proceedings are conducted independently of other hearings and proceedings that may result from the alleged violations.

9. If the violation(s) were also violations of the university conduct code then the hearing Committee may recommend forwarding all proceedings to the University Dean of Students for consideration.
E. SANCTIONS:

The Hearing Committee may recommend any one or combination of the below listed sanctions as deemed appropriate for the violation. Disciplinary sanctions excluding dismissal from the program will not become part of the student’s academic record but kept in a separate “student misconduct file”. The student misconduct file will be kept in the office of the Dean, SAHS. Upon graduation, the student misconduct file will automatically be expunged.

1. Warning - A written notice to the student and the creation of a Student Misconduct File containing the decisions and actions of the Hearing committee and the department.
2. Probation - In addition to a written reprimand to the student and the creation of a misconduct file, the student is placed on conduct probationary status for a defined period recommended by the department. During the probationary period, the occurrence of another conduct violation will be sufficient grounds for dismissal from the program.
3. Specific conditions - Specific conditions may be recommended singularly or in conjunction with other sanctions. Specific conditions such as professional evaluations, counseling and other forms of assistance designed to improved and maintain the health, safety and well being of the student may be recommended.
4. Loss of Privileges - As recommended by the department.
5. Restitution - Compensation for loss, damage, and/or injury as a result of the violation. Restitution may be in the form of monetary or material replacement.
6. Dismissal from the program. The student may reapply for competitive readmission for the next academic cycle.

F. APPEALS

1. Academic Integrity Violations

   Appeals of academic integrity violations are directed to the Dean of Student and the Academic Integrity Board of the university and follow the appeal process and procedures described in the Student Handbook.

2. Student Conduct Code Violations

   All appeals must be written, outlining the specific grounds for the appeal and submitted to the Vice Chancellor for the Division of Health Sciences within three (3) academic days following notification. Appeal decisions must be reported to the student in writing within five academic days following the appeal request. Except for the consideration of new evidence, an appeal will be limited to the review of the verbatim record of the Hearing Committee hearing and supporting documents.

   The decision of the Vice Chancellor, Division of Health Sciences is final.

Approved by the majority of the SAHS voting faculty: 05/03/00
Reviewed by Gary Vanderpool: 06/28/00
Adopted: 06/29/00
Part IV

ACADEMIC REGULATIONS

Attendance and Participation Policy
  University
  Program
Dress Code
Announcements (E-Mail Account)
Advisement or Guidance
  Program Role
  Faculty Role
  Student Role
    Assessment of Progress toward Graduation
    Senior Summary
    Agreement for Success
    Student-Partner Agreement
Disability Support
Substance Abuse Policy
Appeals
ATTENDANCE AND PARTICIPATION POLICY

University Policy (see Undergraduate Catalog, Class Attendance)

Students are expected to attend punctually all lecture and laboratory sessions and field experiences and participate in course assignments and activities as described in course syllabus. Absences are counted from the first class meeting, and absences because of late registration will not be automatically excused. The student is held accountable for the work covered in each class meeting.

EACH INSTRUCTOR SHALL DETERMINE THE CLASS ATTENDANCE POLICY THAT IS FELT TO BE BEST FOR THE PARTICULAR COURSE. This policy, along with other course requirements, will be presented to the class, preferably in writing, at the beginning of the semester.

Instructors are expected to recognize and honor University excused absences.

Personal illness, death of an immediate family member, and student participation in religious holidays are considered excused absences.

Program Policy on Absences, Tardiness, and Participation

1. The Undergraduate Catalog in the section on Academic Regulations promulgates the university policy on class attendance.

2. Students in professional programs shall attend promptly all scheduled classes, on-site experiences, and field trips.

3. Students shall notify their respective instructor(s) prior to an absence. With no exceptions, students who cannot contact the instructor during regular hours shall leave a message on the instructor’s voice-mail or -email.

4. Students shall submit to the instructor(s) justification for an absence after returning to their respective classes.

5. Students are responsible for all class work missed, regardless of the reason for the absence. It is the students’ responsibility to obtain all information, such as announcements, schedule changes, class notes, handouts, outlines, posted notices, etc. distributed during the missed class session. Students are responsible for any exercises, projects, etc. assigned or due on that date.

6. Instructors shall define the policy and procedures for make-up quizzes and exams in their respective courses. Students should also reference the section on the “Grading System” for policies related to absences during intermediate tests and quizzes.

7. Students shall report to the Office of Undergraduate Advising and Academic Support extended absences due to illness or other circumstances beyond their control.
DRESS CODE

Professional attire is expected during professional activities.

The appearance and behavior of students as they participate in professional activities influence the perceptions that others have of them, the Program of Health Services Management, the School of Allied Health Sciences, and East Carolina University. Accordingly, the faculty members in the HSM Program, in conjunction with the site directors, established guidelines for professional attire. Students shall adhere to the dress code when they are in a professional setting.

1. Each student shall present an overall appearance of being neat and well groomed.

2. Clothing shall be clean and neat.

3. Attire intended for informal or casual wear shall not be worn in the professional setting. Examples of informal or casual wear:
   a. Jeans, skirts, and dresses in denim fabric
   b. Clothes made of any type of form-fitting, stretch material, such as spandex and Lycra.
   c. Shorts (dress, casual, or city)
   d. T-shirts (including those having spaghetti straps or exposing the midriff)
   e. Athletic Wear

4. Dresses and skirts shall not be more than two (2) inches above the knee.

5. Pants and slacks shall be worn with a belt, when appropriate, and fit comfortably.

6. Tattoos and undergarments shall not be visible.

7. Hosiery or socks shall be worn at all times.

8. Shoes shall be clean, in good repair, presentable, and protective of the feet. Athletic shoes or casual sandals shall not be worn.

9. Cosmetics and jewelry shall not be worn in excess.

10. The use of any type of fragrance (including those found in make-up, hair products, lotions, etc.) should be avoided.

11. Identification badges or tags shall be worn as designated by each professional practice site.

12. **Remember**: You represent: (a) yourself as a future employee, (b) the profession, (c) your faculty members, (d) the Program of Health Services Management, (e) the School of Allied Health Sciences, and (f) East Carolina University.
ANNOUNCEMENTS

Students must monitor their ECU e-mail accounts for program and university announcements. The program’s faculty and staff do not use personal e-mail accounts to notify and contact students.

ADVISEMENT OR GUIDANCE

Program Role (Intervention Policy)

Guidance is available to assist students in understanding course content and in observing program policies and practices and to provide counseling or referral for problems that may interfere with the students’ progress through the program. The program’s policy is as follows:

1. The Program provides on its web site access, for each student, to its Student Handbook.
2. Students are required to read the Student Handbook.
3. Students are required to sign the “Acknowledgement” to affirm that they have read and understand the contents of the Student Handbook.
4. Faculty members encourage students to seek academic assistance. Faculty members offer academic assistance and counseling to students whose academic difficulty is apparent. Faculty members use various strategies of academic assistance as appropriate. These strategies include, but are not limited to, the following: tutoring outside of class or additional exercises, materials, and readings. Also, as appropriate, faculty members refer students to the Department of Disability Support Services, Student Health Services and other university services.
5. See “Grading System” for the policy related to earning a D or F in cognate or major courses.
6. Faculty members do not counsel students to consider other majors unless their academic records indicate that the changes are appropriate and to the student’s advantage.
7. Faculty members advise intended health information majors about the policies related to grades in cognate and prerequisite courses and to the competitive nature of acceptance into the program. The program also publishes this information in the Undergraduate Catalog.

Faculty Role

Faculty members hold regular office hours for appointments. Faculty members post these hours or provide them on the course materials. Students should plan to make appointments because faculty members occasionally have school or university responsibilities that unavoidably take the faculty members out of their offices during their usual office hours.

Faculty members encourage students to seek academic assistance and other advisement. During pre-registration and registration periods, faculty members will assist students with their schedules and answer any other questions. Faculty members encourage students to meet with them to discuss job opportunities, career plans, or other long-range goals with students.

Student Role

Assessment of Progress toward Graduation. Students are responsible to periodically review their academic credits and the requirements for graduation to ascertain their progress toward graduation.
Senior Summary. The Senior Summary lists (a) the courses that the student has completed and (b) the courses and the number of hours that the student needs to complete in order for the student to be declared eligible for graduation. The student and the adviser will complete the Senior Summary at the beginning of fall semester of the senior year. The Senior Summary is then forwarded to the Registrar’s Office for filing and review.

Agreement for Success. East Carolina University has developed a set of expectations that students must understand in order to be successful students at this institution of higher learning. Students will complete the Agreement with their advisers. The program includes in the Student Handbook pertinent excerpts from the Agreement to emphasize its importance:

Student-Partner Agreement – In order to be a successful student at East Carolina University, I understand that:

* I must pursue my education to the best of my abilities.
* I should read carefully appropriate sections of my Undergraduate Catalog, including the sections on Academic Regulations, Undergraduate Studies, and appropriate sections on degree programs, prerequisites, and course descriptions.
* I should keep and use the Undergraduate Catalog, the current Course Registration Schedule, check sheets, the planner, and other materials available to make informed decisions and develop appropriate questions. The University Catalog is the contract of the university with the student and supersedes any other printed material.
* I must be my own best advocate, asking questions and seeking help as early and as often as necessary (from advisers, instructors, academic support programs, etc.)
* I am expected to devote a minimum of 45 hours per week to attending all scheduled classes and studying (15-hour course load).
* Working in any other occupation more than 10-20 hours per week while enrolled as a full-time student could be detrimental to my academic progress.
* I am responsible for my learning; my professors guide, facilitate, and focus my learning.
* One of the goals of education is to become a life-long learner; I must seek to develop those skills, abilities, and ideas which will assist me throughout my life to grow and develop.
* I am a citizen of the university and should expect to tender civility to and receive civility from all others at the institution.

DISABILITY SUPPORT
East Carolina University seeks to comply fully with the Americans with Disabilities Act (ADA). Students requesting accommodations based on a disability must be registered with the Department for Disability Support Services located in Slay 138 (252) 737-1016 (Voice/TTY).

SUBSTANCE ABUSE POLICY
The highest standards of personal and professional conduct must be maintained by faculty, staff, and students. Illegal or abuse use of alcohol and other drugs by members of the university community adversely affects the mission of the university and is prohibited. See the sections entitled “Substance Abuse Policy” in the Undergraduate Catalog and Course Registration Schedule.

APPEALS
Policies and procedures for appeals are available in the Undergraduate Catalog and in the Student Conduct Code of the School of Allied Health Sciences.
Part V

FINANCIAL ASSISTANCE

General Information
GENERAL INFORMATION

The University Student Financial Aid Office is the best source for financial aid information.
Part VI

EMPLOYMENT
EMPLOYMENT

Students should make application through the University Student Financial Aid Office for on-campus employment.
Part VII

LEARNING RESOURCES

Computer Laboratories
University Student and Employee Computer Use Policy
School of Allied Health Sciences Computer Laboratory
University Computer Laboratories

Library Services
J. Y. Joyner Library
Virtual Library at ECU
William E. Laupus Health Sciences Library
COMPUTER LABORATORIES

The “UNIVERSITY STUDENT AND EMPLOYEE COMPUTER USE POLICY” governs students’ use of computers in all University, School, and Departmental Computer Laboratories. State laws and University policies are at [www.ecu.edu/itcs/policies/staff_student.cfm](http://www.ecu.edu/itcs/policies/staff_student.cfm). These laws and policies prohibit the exhibition of obscene materials on University computers. University computers are state property and although the University does not generally review the content of University computers, it is authorized to monitor the use of such computers when necessary to enforce University policies. Students that violate these policies will be disciplined in accordance with University procedures. Students that violate the applicable policy are subject to disciplinary penalties which could include suspension or expulsion from the University. This is an official reminder of the prohibitions and penalties specified herein. Please work with the program and the university attorney to assure that University computers are not used for unlawful purposes.

SCHOOL OF ALLIED HEALTH SCIENCES COMPUTER LABORATORY

The Computer Lab is located on the second floor of the Allied Health Building in Room 206, and is available to students for class work and project assignments. Generic and health sciences software are available.

UNIVERSITY COMPUTER LABORATORIES

J. Y. Joyner Library and the William E. Laupus Health Sciences Library also have computer laboratories that are open to students.

LIBRARY SERVICES

Students have access to J. Y. Joyner Library, the Virtual Library at ECU, the William E. Laupus Health Sciences Library, and the AHIMA Library. Regulations governing ECU’s libraries may be found in the *Undergraduate Catalog*.

The Virtual Library allows on-line access to the holdings of both the J. Y. Joyner Library and the William E. Laupus Health Sciences Library. Specifically the [VL@ECU](http://www.lib.ecu.edu/locator/main.cfm) provides information about the e-journal locator, electronic databases and on-line indexes, government information, library catalogs, the virtual references desk, interlibrary loan services, and off-campus access. Students can see current issues of specific journals using the VL@ECU’s e-journal locator [http://www.lib.ecu.edu/locator/main.cfm](http://www.lib.ecu.edu/locator/main.cfm). If the journal is not accessible through E-Journal Locator, students can go to the website of the journal to check whether the table of contents for the current issue is posted. Students should bookmark these publisher’s Websites for future use.

The William E. Laupus Health Sciences Library is open to all East Carolina University students, faculty, and staff. Its collection of volumes, periodicals, pamphlets, etc., is particularly relevant to persons associated with the Schools of Medicine, Nursing, and Allied Health Sciences. This library, a part of the School of Medicine complex, is located in the Brody Building next to Pitt County Memorial Hospital.
E-mail Etiquette
A Short Guide to Professional Communications

The use of e-mail as a medium for communication has steadily increased over the past few years. Consideration must be taken when sending e-mail messages. Health Information Management is a professional program and students are expected to present themselves as professionals in all communications with others.

Use this brief list of guidelines when developing and sending electronic communications. As with any written communication, the primary goal is to send a clear and concise message that the recipient will understand.

1. Treat e-mail messages as any professional communication.
   - Keep messages short.
   - Write complete sentences using proper punctuation.
   - Spell words correctly – spell check does not catch words that are spelled correctly but used incorrectly (e.x. there vs. their).
   - Along with spelling and punctuation follow grammar and capitalization rules.
   - Do not write in all CAPS – it appears that you are screaming at someone and it is also considered rude.

2. Use your complete name.
   - Make sure the recipient of your message knows who you are.
   - Such names as sweetcheeks@yahoo.com or hotmama@aol.com do not inform the recipient as to whom the sender is. Due to the threat of viruses, etc. the message may be deleted without being read.

3. Include a subject in the subject line.
   - Always state the reason for writing in the subject line.
   - Include both the course and section # if the message to an instructor is about a course.
   - Be specific and concise.

4. Follow these key pointers when sending any message.
   - Begin by addressing the receiver and follow with a sentence on why you are writing.
     Dear Dr. Health Care,
     I have a question about the format of the 2nd exam in HSMA 3025, section 601 . . . or
     I am a student in HSMA 3025. I would like to schedule a time to meet with you.
   - Keep the message short and to the point.
   - Include your name at the end of the message.
   - Be courteous.
   - Avoid sending messages when angry – “flames”. Cool off before starting a “flaming” war.
   - Avoid the “itchy finger” syndrome. Read the message carefully before you hit send.
   - Avoid the use of Emoticons (Smiley Faces). While their use may be appropriate in informal messages they are not commonly acceptable in professional communications.
   - Include previous e-mails so the receiver has the “whole story.”

5. Consider confidentiality.
   - Never include any confidential information in an e-mail message.
   - E-mail is not confidential.
   - Deleted messages remain on the institution’s server.
   - Retrieved messages have been used as evidence.
6. Apply these general principles.
   • Check your ECU e-mail account daily for both program and university announcements.
   • Use only your ECU e-mail address when sending messages versus a personal account.
   • Notify ITCS (328-6866) and your program of any name changes.
   • Above all, use every opportunity available to enhance your communication skills.

Myra Brown, July 24, 2003
Part VIII

PROFESSIONAL ORGANIZATIONS

Professional Student-Memberships and Organizations

Hospitals and Health Care Organizations

ACHE – American College of Healthcare Executives
http://www.ache.org

AHA – American Hospital Association
http://www.hospitalconnect.com/DesksopServlet

Long Term Care

ACHCA – American College of Health Care Administrators
http://www.achca.org

AAHSA - American Association of Homes and Services for the Aging
http://www2.aahsa.org

Physician Practice Management

ACMPE – American College of Medical Practice Executives
http://www.mgma.org/vendors/index.cfm

MGMA – Medical Group Management Association
http://www.mgma.org

Financial Management

HFMA – Healthcare Financial Management Association
http://www.hfma.org
Part IX

ADVISORY COMMITTEE

Purpose
Members
Department of Health Services and Information Management  
School of Allied Health Sciences  
Advisory Committee  
BS with Major in Health Services Management

**Purpose**
The Advisory Committee exists to partner with the Department of Health Services and Information Management in the School of Allied Health Sciences at East Carolina University. Together the Committee and the Department build relationships among students, faculty members, alumni, vendors, and personnel at sites of professional practice experiences, employers, and other stakeholders in the community of interest.

**Membership**
The Committee comprises alumni, employers, leaders in the field, vendors, students, and supervisors at sites of assignments and the allied health management experience.

**Role**
Members of the Advisory Committee will be active in:
* advising how the School can strengthen relations with the community of practice and with external constituencies;
* providing a bridge from the academic program to the industry;
* offering input about the curriculum including its content and emphases and about the learning environment;
* providing input into goals and standards for program evaluation;
* assisting the educational institution in its public relations program by recruiting students;
* assisting in the socialization and leadership development of students;
* serving as guest lecturers to provide “hands-on” examples to students;
* aiding in the development of suitable sites for professional practice experiences;
* helping to assure that the program has the understanding and support of the HIM and healthcare community; and
* participating in program review and accreditation activities.

**AUPHA Criteria**
III.A.2.e. The Program must demonstrate how it involves practicing health services managers in the academic program. Programs must have established procedures for selection, orientation, and evaluation of practicing health service managers.

III.A.4.c. The Program must demonstrate how the program provides students with opportunities for professional socialization and leadership development.

III.B.2.d.2. The program must provide evidence of student, faculty, alumni, and practicing health services manager’s input into the program evaluation.

**ACEHSA Criterion**
I.B.6 The Program will have effective working relationships with a variety of health services organizations and agencies to support and ensure the quality of its teaching, research and service.

Created: February 20, 2004  
Revised: July 26, 2005; August 4, 2004/ejl
HSM Advisory List
2003-2004 Academic Year

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Division of Health Sciences
Part X

EXPENSES

Tuitons, Fees, Meals, and Room
Clothing
Textbooks and Supplies
Transportation and Parking
Housing (Allied Health Management Experience)
Meals (Allied Health Management Experience, Field Trips, Workshops, and Assignments)
Professional Dues
Professional Liability Insurance
Criminal Background Check Fee
Graduation Fee
Part X

EXPENSES

1. Tuition, Fees, Meals, and Room ($10,094 for two semesters, North Carolina residents): These expenses are paid directly to the University. See the Undergraduate Catalog for additional information. Students must submit regular tuition to the University for the allied health management experience even though they may be off campus for extended periods of time.

2. Clothing: A dress code has been established for professional settings in conjunction with the professional practice sites.

3. Textbooks and Supplies (approximately $300 per semester, although this amount can vary greatly from semester to semester): Textbooks and supplies may be purchased through the East Carolina University Student BookStore or the University Book Exchange.

4. Transportation and Parking: Transportation to and from assignments, field trips, workshops, and the allied health management experience must be arranged by the student. Costs for both transportation and parking are the student’s responsibility. Students should consider coordinating their transportation.

5. Housing (Allied Health Management Experience): Housing is the student’s responsibility. Students are responsible for both arranging and paying for their own housing.

6. Meals (Allied Health Management Experience, Field Trips, Workshops, and Assignments): The costs of meals are the students’ responsibility.

7. Professional Dues (ranging between $35.00 and $75 per year depending upon association): Payable to the relevant association.

8. Professional Liability Insurance (approximately $20.00 in the senior year): Payable to the School of Allied Health Sciences.

9. Criminal Background Check Fee (varies from $6.00 to $120.00 depending on complexity of student’s background): Payable to screening agency.

10. Graduation Fee: approximately $25.00.
Emergency Evacuation Plan
Building Safety and Security
Emergency Procedures
CPR Assistance
First Aid Supplies
Student Blood Borne Pathogen Exposure Policy (Memorandum)
  Post Blood and Other Potentially Infectious Materials Exposure Follow-up for ECU Students
  Post Exposure and Chemo-prophylaxis Following Blood Exposure to Known HIV Positive Patient
Consent Form for Preventative Treatment
Acknowledgement of Review
School of Allied Health Sciences Emergency Evacuation Plan

1. When the fire alarm sounds, assume the emergency is real.

2. Upon discovering a fire, **immediately sound the building fire alarm and/or alert other occupants.** Fire alarms are identified on the building evacuation route plan.

3. **Call 911;** give your name, department, location, and telephone number.

4. **FIRE:**

   *If the fire is small, you may want to fight it with a fire extinguisher from a position of escape. Be sure you are using the proper extinguisher for the type of fire you are fighting. **When in doubt, just get out.** The nearest fire extinguisher location is indicated on the building evacuation route plan.

   *If the fire is large, very smoky, or spreading rapidly, evacuate the building immediately. Inform others in the building who may not have responded to the alarm to evacuate immediately. If you have to go through smoke, crawl on hands and knees.

5. **EVACUATION:**

   *Move individuals who need assistance to the designated Area of Rescue Assistance. Leave the area and notify the rescue personnel the location of these individuals so they can be rescued.

   *When you evacuate, do not stop for personal belongings or records. Leave immediately using the nearest exit according to the building evacuation route plan. Close room doors behind you and **do not use the elevator.**

   *Potential hazards should be secured if possible. Turn off gas supply for open flames.

   *Evacuate to a distance of at least 500 feet from the building to the designated area (the parking lot between DEC and CSDI Department A) and out of the way of emergency personnel. Do not return to the building until instructed to do so by authorized personnel.

   *Notify either the ECU police or firefighters on the scene if you suspect someone may be trapped inside the building.
Building Safety and Security

1. Building Hours.

The Belk building, where most classrooms are located, is open from 7:00am to 10:00pm. Monday through Thursday, and 7:00am to 5:00pm on Friday. Annex #1 (Speech and Hearing Clinic), Annex #2, Annex #4, and Annex #5 are open from 7:00am to 6:00pm Monday through Friday. Annex #3 (Physical Therapy Department) is open 7:00am to 5:00pm Monday through Friday.

Access to the Belk building by faculty or staff at other times is currently by use of a Medco key which is obtained from Facilities Services with a memo from your supervisor. Access to the annex areas is by use of a key obtained from the appropriate departmental office. Access to any of the buildings after hours for Undergraduate students is by responsible faculty or campus security. Undergraduate students should NOT be given keys to the buildings. After hours access by graduate students is available according to written departmental policy.

If you do enter one of the buildings after hours, please be certain that the door locks behind.

All individuals working in the offices after hours should practice common sense with regard to their own personal safety. Any suspicious activity should be reported immediately to campus security at 6787.

2. Emergency Telephones

Three emergency telephones are located around the outside of the school.

a. In front of the main entrance to the Belk building.
b. Adjacent to the bus stop at the large student parking lot.
c. At the end of the student/staff parking between the Speech & hearing Clinic and the Irons building.

A fourth emergency telephone is located in the elevator. All these phones connect directly to the Campus Police. Dialing 911 from any telephone in our school goes directly to Campus Police.

Emergency Procedures

1. A brochure describing University policies and procedures for emergency situations is available in each departmental office. It should be posted in a prominent place in the departmental office. Additionally, the enclosed information sheet which specifically describes and evacuation plan for the School of Allied Health Sciences is provided for your information.

2. Dialing 911 from any telephone in our school will contact the Campus Police. If additional assistance is needed (Fire or Emergency personnel), Campus Police will contact the appropriate individuals.

3. Evacuation routes are posted throughout the buildings and identify both a primary and secondary route. They also identify the location of the fire alarms and fire extinguishers. Please review these diagrams so that you will be prepared in an emergency.

4. Notices regarding University operating hours and building closings for severe weather etc., are posted on the ANNOUNCE listing on the University e-mail system.

5. The two stairwells have been designated and posted as “Areas of Rescue Assistance”. In the event that evacuation of the building is necessary, wheelchair bound or other disabled individuals should be taken to one of these areas and rescue personnel notified. Rescue personnel will assist them from these points.

6. Fire drills are conducted regularly by the Office of Environmental Health and Safety. When you hear the fire alarm sound, you should leave your office or classroom immediately, closing your office door behind you. Evacuate to a safe distance from the building and remain there until instructed to return by Environmental Health & Safety personnel.
CPR Assistance

1. A listing of individuals who are CPR certified and willing to assist in this type of emergency is posted in each departmental office when they update their certification or it expires.
2. Individuals who are CPR certified should notify their departmental office when they update their certification or it expires.
3. The PADP faculty will offer CPR certification training for interested faculty / staff on an annual basis.

First Aid Supplies

1. First aid kits are available in the following locations:
   - Physical Therapy Lab – 1st Floor
   - Communication Sciences & Disorders Clinic
   - Clinical Laboratory Science Lab – Room 307
   - 3rd Floor Work Room – Room 300

Sterile gauze, Band-Aids, antiseptic and latex gloves are also available in the CLSC lab.
MEMORANDUM

TO: LR, RN, Clinical Coordinator, School of Nursing

FROM: T.deB, MD, Medical Director
K.W. RNC, FNP

DATE: June 19, 1997

RE: Student Blood Borne Pathogen Exposure Policy

Enclosed is a copy of the Student Health Service Policy on student Blood Borne Pathogen Exposure. Our policy requests that you review this information with your students before their initial clinical rotation and return the signed consent forms to Tami Flynn at Student Health for inclusion in each student’s medical record.

Hopefully this will increase the student’s awareness of the importance of reporting any Blood Borne Pathogen Exposure promptly and will improve our ability to respond to the students’ needs.

If you have any questions, please contact Kathy Whitehead at 328-6841.

KWW/bp
W7F2/Ionrat
Post Blood and Other Potentially Infectious Materials Exposure Follow-up for ECU Students

Policy:

The East Carolina University Student Health Service will provide follow-up and education to ECU students exposed to human blood and other potentially infectious materials during the course of school related clinical experiences (i.e., nursing, Allied Health, etc.).

It will be the responsibility of the nursing or Allied Health clinical coordinator (or designee) to review this protocol with the students and obtain written acknowledgment / consent prior to rotations.

Purpose:

To provide convenient appropriate follow-up testing and education to students with occupational exposure to blood and other potentially infectious materials occurring during clinical rotations.

Definition:

A. A puncture or a cut from any sharp object previously contaminated with blood or other potentially infectious materials. Example may include accidental needle stick, scalpel cut, suture needle stick, test-tube glass cut, etc.

B. Contamination with blood or other potentially infectious materials on any exposed area of the body with broken or non-intact skin. Examples may include blood contamination of hands or arms where cuts, nicks, open wounds, severe chapping or open hangnails exist, and splash onto the face where open acne lesions or cold sores exist.

C. Contamination with blood or other potentially infectious materials to any mucous membrane surface. Examples may include a splash or splatter which introduces blood into the mucous membrane lining of the eye, nose, or mouth.

Note: Contamination of unbroken intact skin by blood or other potentially infectious materials does not constitute an exposure, as no evidence of percutaneous transmission of any virus has been demonstrated.

Procedure:

A. The involved student should report the exposure to his/her assigned supervisor at that facility. He/she will complete the facility’s incident report.

B. The supervisor of the involved student will work with the facility’s Infection Control / Employee Health division to evaluate the source patient’s history and obtain laboratory evaluation to include:

1. HIV Antibody
2. Hepatitis B Panel
3. Hepatitis C Antibody
4. STS
In order to facilitate the source patient workup and to ensure that the exposed employee is protected from adverse effects of blood exposure in a timely and effective manner, it is recommended that the source patient workup be completed immediately, as once the patient leaves the outpatient setting it is difficult to obtain their blood. Requests that return for the purpose result in a low rate of compliance.

C. The student is referred to the ECU Student Health Service for evaluation, treatment, counseling, and follow-up. The student should bring with him/her the results of the source patient’s laboratory evaluation and any other relevant information or data.

D. The SHS provider will review the source patient’s lab reports, provide a basic history and physical, and counsel the student as below:

1. HIV
   a. HIV-Positive or Negative:
      (1) Refer to Pitt County Health Department for baseline HIV with follow-up testing at 6 weeks, 3 months and 6 months.
      (2) Chart to tracking for reminder.
      (3) Follow post-exposure HIV prophylaxis protocol for known HIV positive source.
   b. Source patient refuses HIV testing:
      (1) Refer to Pitt County Health Department for baseline HIV with follow-up testing at 6 weeks, 3 months and 6 months.
      (2) Chart to tracking for recall and reminder.
      (3) Follow post-exposure HIV prophylaxis protocol as appropriate.
      (4) Contact the local Public Health Director pursuant to the North Carolina Administrative Code (10 NAC 7A .0209) to order testing of the source patient if the local Public Health Director (PHD) determines the exposure and/or source patient high risk for transmission of HIV.

2. Hepatitis B
   a. The source patient’s Hepatitis B result is positive for HbsAb, there is a refusal of testing or the Hepatitis B status cannot be determined:
      (1) Counsel the exposed student
      (2) For the unvaccinated student
         a) Administer a single dose of Hepatitis B immune globulin (HBIG) within 7 days of exposure. (May be ordered and delivered the next day.)
         b) Begin Hepatitis B vaccine series.
      (3) For the vaccinated student
         a) Test for Hepatitis B antibody (HbsAb)
         b) Review the antibody level for inadequate titer (i.e., <10 SRU by RIA or negative by EIA). If inadequate administer:
            1: 1 one dose of HBIG within 24 hours of exposure
            1: 2 one dose of Hepatitis B vaccine
   b. The source patient’s Hepatitis B result is positive for HbsAg and the student has not been vaccinated, provide opportunity for vaccination.
   c. The source patient’s Hepatitis B result is positive for HbsAg and the student has an inadequate titer or has not been vaccinated for Hepatitis B and is unwilling to receive Hepatitis B vaccine, offer HbsAg testing on the student at the time of exposure and at 3 months following exposure.
3. Hepatitis C
   a. Follow-up of student includes Hepatitis C serology at the time of exposure.
   b. If the source patient’s Hepatitis C serology is negative no additional follow up is done.
   c. If the source patient’s Hepatitis C serology is positive, follow-up Hepatitis C serology is done on student at 6 and 9 months after exposure.

4. Syphilis
   a. The source patient’s STS is reactive, refuses to be tested, cannot be identified, or is STS negative but syphilis is strongly suspected.
      1. Draw STS on student prior to giving therapy and again at 12 weeks post exposure.
      2. Give appropriate therapy.
      3. Consult with an Infectious Disease physician and the exposed person’s personal obstetrical physician if the exposed student is pregnant
   b. The source patient’s result is nonreactive on STS: no further testing or therapy is needed.
   c. Pursuant to North Carolina Administrative Code (10 NCAC 7A .0209) the local Public Health Director may order testing.

E. The schools will be responsible for covering the cost of the post exposure evaluation. The Student Health cashier will contact Mr. Roy Moore, Director of Business Affairs, for the account number to handle the charges.

F. Human Bite
   1. Evaluate as described above for exposure to blood or other potentially infectious materials.
   2. Assess tetanus vaccination status, and if appropriate, give vaccine according to the latest recommendations.
   3. Perform Gram-stain aerobic, and anaerobic cultures as appropriate.
   4. Treat Accordingly.

G. The exposed student who has been exposed to blood or other potentially infectious materials from an individual who is: HIV positive, HIV negative with a history positive for recent high-risk behavior; or unknown HIV status will be counseled about:
   1. Reporting and seeking medical evaluation for any acute febrile illness that occurs within 12 weeks after exposure.
   2. Refraining from blood donation during follow-up.
   3. Using appropriate precautions (i.e. condoms) during sexual intercourse.
Post Exposure Chemo Prophylaxis Following Blood Exposure to Known HIV Positive Patient

Policy:

Student Health will offer counseling to ECU students about chemo prophylaxis after occupational HIV exposure during clinical experiences using CDC guidelines. (The current CDC recommendations are attached to this policy. [sic—not attached]

Purpose:

To provide counseling, support, screening tests, and information on treatment alternatives and referral sources.

Criteria for Chemoprophylaxis:

1. ECU student exposed to known HIV positive blood by one of the following mechanisms during school related clinical experience:
   a. Percutaneous exposure to blood, body fluid, or unfixed tissue.
   b. Percutaneous exposure to visibly bloody urine, saliva or respiratory secretions.
   c. Mucous membrane exposure to a or b.
   d. Skin contact if extensive, prolonged contact, high HIV titer (active AIDS), or non intact skin.
   NOTE: Highest risk is percutaneous exposure with large volume of blood (i.e. visible contamination, deep wound, hollow needle, vascular source) and high titer HIV (acute retro viral illness or end stage AIDS).

2. Presents to Student Health or Emergency Department within 4 hours post exposure. Presentation within 72 hours is acceptable. In very high risk cases prophylaxis may be considered up to 2 weeks post exposure.

3. Student must be willing to sign informed consent. The student may choose to decline drug use.

Procedure:

A. Student should notify the supervising clinical instructor who will work with the area supervisor to obtain source patient information and file incident reports.

B. If exposure occurs during working hours and source patient data is sufficient to allow a determination of risk to be made, the student should report to Student Health, for evaluation by the provider to review risks medications, and contradictions to treatment as well as obtain a history and list of present medications. Side effects of medication and contradictions to treatment will be discussed. (see below)

Side effects of AZT and other antivirals include:

Gastrointestinal symptoms and headache are common. Active malignant pancreatic disease, myalgia, fever, headache – over 40%. Bone marrow suppression, myopathy, lactic acidosis, hepatomegaly with steatosis, increased bilirubin, nephrolithiasis are reported.
Contradictions:

1. HIV infection diagnosed at baseline (or within 2 weeks or exposure).
2. Failure to give written informed consent.
3. Pregnant or breast-feeding women. Pregnancy testing may be indicated in some circumstances, e.g. greater than 2 weeks since onset LMP and no reliable contraception.
4. Men or women declining pregnancy avoidance.
5. Active substance abuse.
6. Active malignancy, hepatic, pancreatic, or renal disease, or other illness contraindicating treatment.
7. Treatment with myelosuppressive, hepatotoxic, or nephrotoxic agents within the past four weeks.

C. The student will read and sign the consent form [follows policy and procedure]. (Student to receive copy of consent form).

D. Blood should be drawn for CBC, with Diff, BUN, Creatinine, Transaminase LDH, Alkaline Phosphatase, Bilirubin, Pregnancy test obtained if pertinent. (Executive I reports available on individual tests from Lab Corp within 24 hours.)

E. The SHS Provider will consult Infectious Disease immediately regarding initiation of therapy. Follow-up will be scheduled with Infectious Disease clinic regarding the drug treatment at 1, 2 and 4 weeks. Follow-up may be extended if complicated by side effects. Infectious Disease follow-up will continue until the abnormality has resolved. (after hours phone 752-4163).

F. In cases where data is insufficient to determine risk level and if Infectious Disease cannot be contacted, Student Health may consider initiation of treatment with AZT if any Postexposure Prophylaxis (PEP) is indicated and particularly if the student falls into the “highest” or “increased” risk category. Informed consent will be obtained. Additional indicated drugs will be added when the student is seen by the Infectious Disease specialists above. In addition, routine Blood Borne pathogen follow-up will be provided by Student Health per existing protocol.

G. For evening and weekend exposures, a protocol will be implemented with the cooperation of the Emergency Department. The student will present to the Emergency Department, and the nature of the exposure and level of risk will be determined. If PEP is indicated, the Emergency Department physician can either obtain an Infectious consult by telephone and initiate treatment after informed consent is obtained. The student will be instructed to follow-up at Student Health ASAP the next working day to complete Blood Exposure process and to schedule follow-up with Infectious Disease.

H. All student’s prescribed PEP will be scheduled for follow-up with Infectious Disease. Drug toxicity monitoring shall include baseline CBC and Diff, liver and kidney function and repeat at 2 weeks and 4 weeks. The Blood Borne Pathogens follow-up for HIV and other infection will continue for 6 months. If abnormalities are found on blood tests attributed to the drugs, chemistry monitoring by either Infectious Disease of Student Health can be continued as indicated.
EAST CAROLINA UNIVERSITY
STUDENT HEALTH SERVICE

CONSENT FORM FOR PREVENTIVE TREATMENT FOLLOWING OCCUPATIONAL EXPOSURE TO HIV POSITIVE PATIENT BLOOD OR BODY FLUID FOR ECU STUDENT

I understand that the risk of infection with HIV virus is 0.3% (or 3 in 1000) following a needle stick or cut with an item contaminated with the blood or body fluid of a patient known to be HIV positive.

I understand that the risk of infection is 0.1% (or 1 in 1000) following a splash with such secretions into the eye, nose, or mouth. I understand that the risk of a skin splash to be even lower and that infection is unlikely to occur unless skin is broken or irritated.

I understand that the use of the anti HIV drug(s) such as zidovudine (AZT) has been shown to decrease these risks by up to 80% in some studies. I also understand that its use is not 100% effective in preventing HIV transmission, and that HIV infection may still occur in spite of its use.

I understand that use of anti HIV medications is frequently associated with side effects such as stomach upset, nausea, vomiting and headache, muscle aches, fever, rash. Depression of the blood cells can occur leading to anemia or decreased resistance to infections. Muscle problems and liver problems are other possible side effects. Most of the problems noted will resolve after discontinuation of the drug. From 30 to 40% of users may discontinue medications due to side effects.

I understand that the cost of this medication and associated laboratory tests and referrals will be covered by my school or department for exposure due to my work when I follow the policy as written.

I understand that even though I have received this drug(s) for HIV I should continue to see Student Health in order to be tested for other infections (such as Hepatitis and syphilis which can be transmitted by blood and body fluids) as directed for up to 15 months. Student Health will arrange for follow-up visits with Infectious Disease to check for any possible side effects or adverse reactions to the drugs.

I understand that the Centers for Disease Control of the U.S. Public Health Service recommend this therapy, although no studies of combination therapy have been done in health people. There is no data on the short or long term toxic effects, such as the cancer or birth defects risk. (See drug-specific side effect lists in Appendix). I understand that blood tests will be drawn today and in 2-4 weeks to look for drug side effects. I understand that an Infectious Disease consultant must be involved in my care when using these medications. I understand that if there is insufficient information to decide the level of my exposure immediately and if an Infectious Disease consultation cannot be arranged immediately, that I may be offered Zidovudine initially and that additional drugs may be added to my regimen later (if my injury falls into the highest or increased risk category? I understand that Zidovudine is the drug, which has been documented to be effective in preventing HIV. It also has fewer side effects than the other drugs recommended.

I have been given the opportunity to review the sheets on drug side effects. I understand that, whether male or female, I must use an effective contraceptive measure to avoid pregnancy for at least the next 4 weeks, while
using the medication. I understand that if I am a woman I may/will be asked to undergo a pregnancy test prior to use of the medication. I understand that I should not take Indinavir if I am using a medicine like Seldane, Halcion, Hismanal, Versed, Propulsid, or other P-450 liver metabolized drug, or rifampin, refabutin, or ketaconazole. I understand that I will be ineligible to use these drugs if any of the following conditions are present:

1. HIV infection diagnosed at baseline (or within 2 weeks of exposure).
2. Failure to give written informed consent.
3. Pregnant or breast-feeding women. Pregnancy testing may be indicated in some circumstances, e.g. greater than 2 weeks since onset LMP and no reliable contraception.
4. Men or women declining pregnancy avoidance.
5. Active substance abuse.
6. Active malignancy, hepatic, pancreatic, or renal disease, or other illness contraindicating treatment.
7. Treatment with myelosuppressive, hepatotoxic, or nephrotoxic agents within the past four weeks.

I have been given the opportunity to accept or decline the drug(s) and to ask questions regarding its use. If I decline the drug regimen, I will still be eligible for standard post-exposure care through Student Health. I may choose to use Zidovudine only when a multiple drug program is suggested. I hereby consent to use of the medications below.

Drug regimen recommended accepted by prescribed patient:

_______ Zidovudine (AZT) 200 mg tid x 4 weeks ________________

_______ *Indinavir 800 mg tid (Ritonavir 600 mg bid or Saquinavir 600 mg tid x 4 weeks ________________

_______ Lamivudine (3TC) 150 mg bid x 4 weeks ________________

_______ Infectious Disease consulted ________________

Name: ___________________________ Witness: _______________________

Date: ____________________________ Date: __________________________

*Indinavir only available at hospital pharmacy and unavailable to student.
EAST CAROLINA UNIVERSITY
STUDENT HEALTH SERVICE

(Student Copy)

ACKNOWLEDGEMENT OF REVIEW

Consent for Post Blood and Other Potentially Infectious Materials Exposure Follow-up

I have reviewed the Blood and Other Potentially Infectious Materials Exposure Protocol and the Post Exposure HIV Prophylaxis to Known HIV Positive Source Protocol with my supervisor prior to beginning my clinical experience.

Name: ____________________________    Witness: ____________________________

SS No.: ____________________________

Date: ____________________________
Part XII

ACKNOWLEDGEMENT of Reading and Comprehension of Student Handbook
ACKNOWLEDGEMENT of Reading and Comprehension of Student Handbook
(Student Copy)

EAST CAROLINA UNIVERSITY
PROGRAM OF HEALTH SERVICES MANAGEMENT

I, ________________________________, have read and understood the contents of the Student Handbook of the Health Services Management Program.

_____________________________________________________  __________________
Student’s Signature        Date