Programmatic Orientation Sign-off

Appendix J: Rasmussen College Medical Assisting Program Programmatic Orientation Attendance/Student Handbook Signoff

I, ___________________________________________________________, have received and understand the contents of the Rasmussen College Medical Assisting Handbook. I have read and acknowledge the information regarding the program and externship requirements.

Addendum made on 3.16.17: Changes made to the following sections:

- MA Grading Scale and Policies
- Required Immunization Series

______________________________________________________________  __________________
Student Signature  Date
Programmatic Orientation Sign-off

Appendix K: Rasmussen College Medical Assistant Program
HIPAA/Confidentiality Sign – Off

I, ________________________________, am committed to protecting the confidentiality and security of patient information. During the course of my program I understand there may be information shared to enhance the learning environment. I will take all measures to maintain the confidentiality of classmates, patients, and the medical facilities that may be discussed.

______________________________    ______________________
Student Signature                 Date
Appendix L: Rasmussen College Medical Assisting Program Social Networking and Social Media Policy Sign-off

As social media and networking technology continues to evolve and gain popularity, so does the need to implement policies applicable to HIPAA, Workplace/Medical Assisting Program Relations, Clinical facilities and professionalism. This policy recognizes the fact that regardless of the original intent, words and images posted or distributed publicly have an impact on the reputation of Rasmussen College, our students, community partners and clinical sites. Therefore, it is the policy of Rasmussen College to prohibit any and all participants in the Medical Assisting program from posting detailed medical information, images, negative comments regarding an instructor, clinical site or partner, and anything that could be considered a threat or harassing statement on any social networking site or message board.

Disclosure of personal health information and images via these sites, even if using your personal accounts/pages, can and will be treated as a HIPAA violation. Other statements not containing personal health information, but of a negative nature directed at Medical Assisting program personnel, clinical sites and partners will not be tolerated and are subject to the conditions listed in the paragraph below. This policy is the result of students posting subjective negative comments and opinions regarding Affiliated Clinical sites, Laboratory Directors, Clinical Instructors and employees, and/or Rasmussen College faculty and staff.

Your externship experience is an extension of Rasmussen College’s relationship with area healthcare facilities, and your chance to gain valuable in-field experience. As such, it is expected and required that you treat these clinical sites as your workplace. Therefore, negative and/or subjective comments or postings via social media are grounds for dismissal from Medical Assisting Program and Rasmussen College.

I, the undersigned, agree that I have read the policy and I understand the consequences and/or repercussions associated with violating this policy.

_________________________________________  _______________________
Student Signature                  Date

_________________________________________  _______________________
Program Coordinator Signature     Date
Appendix M: Invasive Procedure Information Sheet

General Information:

During the curriculum for your program you will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training. As a part of these learning activities you will be asked to perform specific skills as well as be the subject of specific skills practiced by students and/or faculty. These learning activities will be conducted under the supervision of the course instructor.

Benefits:

You will have the opportunity to practice specific invasive procedures on other students and/or faculty and they will have the opportunity to practice such procedures on you, the invasive procedures include finger needle punctures, intramuscular, subcutaneous and intradermal injections of saline, venipuncture and venipuncture with catheter insertion (the “Invasive Procedures”). The activities listed have been selected because they are skills essential to the learning process and the faculty believes that realistic practice is essential for optimum learning.

Bloodborne Pathogen Exposure

It is important that you be aware that blood and other body fluids have been implicated in the transmission of certain pathogens, particularly Hepatitis Viruses and Human Immunodeficiency Virus (HIV), the virus responsible for Acquired Immune Deficiency Syndrome (AIDS). In order to minimize risk of exposure to bloodborne pathogens, the student must agree to follow Standard Precautions guidelines as well as comply with regulations outlined in the OSHA Bloodborne Pathogen Standard.

Risks/Discomforts

Participation may create some anxiety or embarrassment for you. Some procedures may create minor physical or psychological discomfort. Specific risks are listed below.

Your Rights

You have the right to withhold consent and to withdraw consent after it has been given. You may ask questions and are entitled to an explanation of any point that is unclear. If consent is withheld for any reason other than medical reasons accompanied by written support by your personal medical care provider, you will be removed from the program.
<table>
<thead>
<tr>
<th>Learning Activity</th>
<th>Specific Benefit</th>
<th>Risks/Discomfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venipuncture using both evacuated tube system (ETS) and syringe system</td>
<td>Student gains experience needed prior to performing procedures on actual patients</td>
<td>Possibility of hematoma or bruising; minimal possibility of infection (provided area is kept clean); slight, temporary pain with procedure; slight risk of temporary nerve inflammation</td>
</tr>
<tr>
<td>Skin puncture of the finger tip</td>
<td>Same as above</td>
<td>Slight, temporary pain upon puncture; minimal possibility of infection (provided area is kept clean)</td>
</tr>
<tr>
<td>Saline injections: Intramuscular, subcutaneous and intradermal</td>
<td>Same as above</td>
<td>Possibility of soreness, tenderness, redness, itching or swelling at the injection site.</td>
</tr>
<tr>
<td>Optional Learning Activity</td>
<td>Specific Benefit</td>
<td>Risks/Discomfort</td>
</tr>
<tr>
<td>Skin puncture of the forearm for Bleeding Time Test (BTT)</td>
<td>Same as other activities listed above</td>
<td>Same skin puncture activity listed above; plus possibility of a small scar at incision site</td>
</tr>
</tbody>
</table>
Programmatic Orientation Sign-off

Appendix N: Invasive Procedures Waiver and Release of Liability, Assumption of Risk and Consent to Procedures Sign-Off

PLEASE NOTE: PRIOR TO SIGNING THIS DOCUMENT, YOU ARE REQUIRED TO READ THE ABOVE VENIPUNCTURE INFORMATION SHEET. IF YOU REQUIRE ANY CLARIFICATION REGARDING THE INFORMATION PROVIDED, PLEASE CONTACT YOUR INSTRUCTOR OR THE DEAN OF THE DEPARTMENT. All Medical Assisting and Medical Laboratory Technician students are required to participate in all Invasive Procedures (as defined below) that are part of the curriculum for their program unless they have a doctor’s note specifying from which procedures they should be exempt.

The undersigned hereby acknowledges and agrees:

I will have the opportunity to practice specific invasive procedures on consenting students and/or faculty and for other students and/or faculty to practice such procedures on me. The invasive procedures include finger needle punctures, intramuscular, subcutaneous and intradermal injections of saline, venipuncture and venipuncture with catheter insertion (the “Invasive Procedures”).

In order to minimize risk of exposure to bloodborne pathogens, I agree to follow Standard Precautions guidelines as well as comply with regulations outlined in the OSHA Bloodborne Pathogen Standard.

I understand and acknowledge that a faculty member must be in attendance during any of the Invasive Procedures, whether I am the person performing it or the recipient of the Invasive Procedures.

I agree to allow fellow students and/or faculty to perform Invasive Procedures on me.

I hereby release Rasmussen, Inc., its subsidiaries, directors, officers, owners, employees and agents, other students and faculty from all liability arising from or related to the Invasive Procedures, including any untoward effects. I understand and agree that I must immediately report any accident, injury or illness that I believe occurred as a result of or in connection with an Invasive Procedure to the Rasmussen faculty for the class where such incident occurred and that any hospital or medical costs arising from such accident, injury or illness shall be my sole responsibility.

I have read and understand this WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND CONSENT TO PROCEDURES and the attached Venipuncture Information Sheet and hereby acknowledge my understanding of the risks associated with either performing or being the recipient of Invasive Procedures as well as my obligations for this program. My questions have been answered.

_____________________________________________________          __________________________
Student Signature (or parent/guardian if under 18 years of age)          Date

Printed Name(s):
_________________________________________________________________________
Address:
_________________________________________________________________________

Revised 3/16/2017 All Campuses