



**MARICOPA**  
COMMUNITY COLLEGES

## Maricopa Community Colleges Healthcare Student Manual

April 2024 through May 2025

# Maricopa Community Colleges Healthcare Student Manual

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## **Academic Healthcare Program Policies**

For the protection of students, employees and patients, students enrolled in Maricopa Community Colleges Healthcare Programs (that include assignment to patient care facilities such as hospitals, ambulatory care clinics, skilled nursing facilities and other health care settings) requires that students comply with the following policies, in addition to the policies and procedures in the catalogs and student handbooks

### **1. General Health Requirements**

Students must be able to fully and successfully participate in all program activities, whether in the classroom, laboratory or clinical setting. This includes, but is not limited to, the capacity for sensory and motor functions that allow independent classroom/laboratory/clinical performance and routine and emergency client care. It is essential that students in many Healthcare Programs are able to perform a number of physical activities in the clinical portion of their program without restriction in the laboratory and clinical settings. For example, students may be required to physically assist and/or lift patients or equipment, stand for several hours at a time, and perform bending activities. The clinical experience places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patient lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Any student having a temporary medical condition that inhibits or restricts activities must engage in the process outlined in Section 19 (C) of this manual. Due to the accelerated and demanding nature of the curriculum, students are recommended to engage in proactive discussions regarding potential need for special accommodations along the following timelines.

- A. For disability accommodation, the student should contact the college Disability Resource Center well in advance of the first-class meeting.
- B. Should a student require accommodations at a clinical experience, the student should contact the college Disability Resource Services (DRS) and the program manager/director prior to the start of the rotation to coordinate accommodations. Because the program does not have full control over this space, any accommodation discussions will require additional processing time and will likely include communication with the clinical experience provider. Note that due to the nature of the clinical setting, there is flexibility in adjustments/accommodations.
- C. Individual faculty will not provide or allow extra time, assistive technology, or dictionaries during testing absent a properly secured accommodation through DRS. It is the responsibility of the student to reach out to DRS to determine eligibility of accommodations.
- D. Pregnant students may want to take increased precautions due to the physical requirements and potential exposure to radiation, chemicals, harmful diseases or substances. Programs with routine exposure risks, the program will include such information in the course syllabus in order for students to decide if they need to make an adjustment request. In order to receive academic adjustments

due to pregnancy, requests must be made to the Title IX Coordinator per Section 19 (A) (4) of this Manual.

## 2. Health Declaration

The Health and Safety Documentation form (Exhibit A): must be completed by a licensed/certified healthcare practitioner (M.D., D.O., N.P., P.A.) and submitted according to the time specified by the Healthcare Program. Students should work with their healthcare provider should their health status change during the program.

- A. The Program Director may require an updated or additional health declaration should any alteration in the student's health occur.
- B. Dental programs may also require proof of completion of a Dental Health Form verifying that the student has completed a dental exam in the last 12 months, and a Vision Exam Form verifying that the student has completed a vision exam and necessary corrections have been completed within the last 6 months.

## 3. Immunizations

Students must be in compliance with immunization policies of the Healthcare Program in which they are enrolled. The program will provide students with health requirements applicable to that program and the deadline by which students must submit proof of meeting such requirements. **Individuals should consult with their physician regarding necessary and available vaccinations.** Students will be responsible for the costs of completion for all immunization requirements. The following is a description of immunizations that may be required and the type of documentation that a student would have to provide to verify the requirements have been met. (See Exhibit B Health and Safety Documentation) If there is a communicable disease outbreak, additional vaccinations may be required as specified by the local public health agency. Proof of all immunizations and tuberculin skin tests should be copied and submitted to the third-party verification system.

Health and Safety requirements are subject to change without notice depending on clinical agency requirements. If the requirements change due to our agreements with our clinical facilities you will be notified and will be required to meet the changes in

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OR

2. Lab documentation of POSITIVE titer results for each disease (measles, mumps and rubella).

OR

3. NEGATIVE or EQUIVOCAL titer results for measles, mumps or rubella shows lack of immunity, meaning you must submit documentation of one MMR booster dated after negative or equivocal titer.

If the student has prior immunizations it is required for students to provide written documentation of all doses. If results are negative and documentation is not available it is required to start a new series.

Please Note: All documentation is required to have the student's full name and date of immunization administered.

### **C. Varicella (Chickenpox)**

Chickenpox is a highly contagious disease caused by the varicella-zoster virus (VZV). Infection with chickenpox also makes people susceptible to develop herpes zoster (shingles) later in life. The best means of preventing chickenpox is to get the varicella vaccine.

Varicella vaccination is required for all healthcare workers who do not meet evidence of immunity by having met any of the following criteria:

- a. Documentation of receiving 2 doses of varicella vaccine, separated by at

**D.**







3. Upload a copy of your signed Hepatitis B declination noting that by declining the vaccine, you continue to be at risk of acquiring hepatitis B, a serious disease. The Maricopa declination form is available in American DataBank.

If the student has prior immunizations it is required for students to provide written documentation of all doses. If results are negative and documentation is not available it is required to start a new series.

Please Note: All documentation is required to have the student's full name.

#### **G. Influenza (Flu Vaccine)**

Influenza is a serious contagious respiratory disease which can result in mild to severe illness. Susceptible individuals are at high risk for serious flu complications, which may lead to hospitalization or death.

The single best way to protect against the flu is annual vaccination. A flu vaccine is needed every season because:

- a. The body's immune response from vaccination declines over time, so an annual vaccine is needed for optimal protection.
- b. Because flu viruses are constantly changing, the formulation of the flu vaccine is reviewed each year and sometimes updated to keep up with changing flu viruses. The seasonal flu vaccine protects against the influenza viruses that research indicates will be most common during the upcoming season.
- c. Students are required to be vaccinated every flu season and to upload documentation proving annual vaccinations.

To meet this requirement:

1. Upload a copy of proof of flu vaccine proving annual vaccination.

or

2. Upload a copy of your signed Influenza declination noting that by declining the vaccine, you continue to be at risk of acquiring the influenza virus.

Please Note: All documentation is required to have the student's full name. Documentation must also contain the following information (Student Name, Facility/Site Name, Date of Administration, and Renewal Date).

#### **4. CPR BLS (Healthcare Provider or Equivalent) Certification**

CPR BLS is a procedure performed on persons in cardiac arrest in an effort to maintain blood circulation and to preserve brain function. MCCC Health Program students are required to learn CPR by completing an acceptable Basic Life

Support course.

CPR BLS certification must include infant, child, and adult, 1-and 2-man rescuer, and evidence of a hands-on skills component. Due to accreditation and clinical partners' requirements, American Heart Association CPR BLS is required to be completed. Please be aware that different areas of study may have other requirements, and CPR BLS requirements are subject to change. CPR BLS courses are offered at numerous locations throughout the greater Phoenix area, including MCCCDC campuses. The American Heart Association provides in-person courses and a blended learning course. Students who complete online courses must complete the hands-on skills training and testing, as well as the online didactic portion, to be eligible to receive a card. CPR BLS training without the hands-on skills training and testing component will not be accepted. Students are required to maintain current CPR BLS certification throughout enrollment in the program.

If RQI, a third-

## **7. American DataBank Clearance Document/Background Check**

All students admitted to the MCCCDC Healthcare Program are required to show a "Pass" result on the MCCCDC-required supplemental background screening completed within the past six (6) months through American DataBank.

Information regarding the background clearance is obtained from the MCCCDC Healthcare Program following your acceptance into the program. Please note that results of the American DataBank background check cannot be accessed by the program.

### To meet this requirement:

Complete the background check within American Databank and then upload a copy of your American DataBank Pass Certificate showing a passed clearance completed within the previous six (6) months. This can only be done after you have purchased the Immunization Tracker and your Background Check has met Maricopa's requirements.

### **IMPORTANT:**

1. All students will purchase supplemental background screenings and Medical Document Tracker from American DataBank. Program requirements will be approved by American DataBank.
2. Students are responsible for maintaining all health and safety requirements and to submit documentation by due date. Failure to maintain program health and safety requirements will result in inability to continue clinical experiences and may result in withdrawal from the program.
3. All immunization records must include the student's name and the signature of the healthcare provider.
4. Health and safety requirements are subject to change depending on clinical agency requirements.

## **8. Pre-clinical or Pre-Program Drug Screening**

All healthcare students are required to submit to a pre-clinical or pre-program urine drug screen according to the guidelines of the specific Healthcare Program. Students will be expected to follow the guidelines and timeline provided to them by your program. The drug screening will be random, and the student will be expected to pay at the time of the order. Private health insurance will not pay for this screening.

- A. Students will receive information from the program with steps to place an order with the contracted vendor. The program will identify the time frame the student has to complete the urine drug screening.
- B. Once the order is placed, the vendor will provide a receipt upon payment.
- C. Students will receive a form authorizing the contracted laboratory to perform the test. The authorization form will be needed when performing the test. This form will include the student's name, college name, program designation, and program account number. If the form is not taken to the

collection site, the student will not be able to complete the urine drug

3. Once the fee has been paid, the specimen that is being challenged will be shipped to an alternate facility to uphold the integrity of the testing process.
  4. Once testing of the specimen has been completed, the results will be released to the Medical Review Office to be re-reviewed.
  5. Phone interviews will take place as needed.
  6. Upon the retest being done, the disputed results will be sent to American DataBank.
- L. Please note, even in the event that the disputed results do not change, the report will be released as a new report. This upholds the legal requirements that are provided to the student. This updated report will be reflected in the Complio account as the result of the retest.
- M. During the drug screen dispute process, only the original specimen will be retested. Challenged results require testing on the original specimen that was collected. Dispute actions initiated by a student are requested to be done promptly. In rare circumstances, if a new specimen is required, a new registration form will need to be obtained at the student's expense through their Complio account.
- N. If the MRO determines there are safety-sensitive issues/concerns related to a student's drug profile, further evaluation by a professional will be required and a student may be on temporary exclusion from the program until the evaluation is completed. Students testing positive for drugs that are illegal substances, non-prescribed legal substances, or students deemed unsafe for the clinical setting by the MRO will not be permitted to attend clinical courses. In the event that a student is withdrawn from classes, the student may invoke their rights under the MCCC Student Conduct Code. Students who are licensed or certified in a health profession by the State of Arizona and test positive for these drugs will be reported to their respective Boards.
- O. Students testing positive and needing an MRO evaluation will be responsible to pay for the cost of the MRO review. In the event a student fails to pay the MRO fee, a financial obligation will be posted to his/her college account
- P. Students will **NOT** be allowed to use previous drug screens requested by any person or agency outside the Maricopa Community Colleges to meet these requirements. It is at the Program Directors discretion to accept any drug screening completed from another MCCC program or campus as long as the student has been continuously enrolled.
- Q.

**9. Medical Marijuana Policy**

a.

- d. After testing, the student may call the transportation service contracted by Maricopa Community Colleges for transport home.
- e. If the student admits to alcohol or drug use, a drug screening will still be required.
- f. If the results of the test are positive for drugs, alcohol, or other illegal substances or for non-prescribed legal substances, the student will be responsible for the cost of transportation and testing.
- g. If the results of the test(s) are negative for drugs, alcohol, or other illegal substances, or for non-prescribed legal substances, the student shall meet with the Program Director within 24 hours of the test results to discuss the circumstances surrounding the impaired clinical behavior.
- h. If the indicator was the odor of alcohol, the student will be mandated to discontinue the use of whatever may have caused the alcohol-like odor before being allowed to return to the clinical setting.

If the indicator was behavioral, consideration must be given to a possible medical condition being responsible for the symptoms. A medical referral for evaluation may be indicated.

- i. Based on the information provided and further medical evaluations, if warranted, the Program Director or Program Manager will make a decision regarding return to the clinical setting.
  - ii. If the results of the test(s) are positive for alcohol or other illegal substances or for non-prescribed legal substances, the Program Director or Program Manager will withdraw the student from all clinical courses for a period of one year. The student will be ineligible to enroll in further didactic courses for a period of one year. In the event of a withdrawal being made from classes, students may invoke their rights under the MCCC Student Conduct Code. The student will pay for all costs associated with the for-cause drug- screening test.
- i. If the student with positive results holds a certificate or license in a health profession screening result test will be reported to the applicable Board.
  - j. If a student refuses “for Cause” Testing: The instructor will remove the student from the clinical or laboratory/simulation setting pending a full investigation.
    - i. The instructor will contact the transportation service contracted by Maricopa Community Colleges to request that the student be transported home.
    - ii. Failure to comply with any aspect of this process will result in withdrawal from the program. In the event there is a withdrawal from classes, the student may invoke their rights under the MCCC Student Conduct Code.





for signature and then forwarded according to campus procedure.

- e. Students are responsible for their own transportation and vehicle insurance to and from the clinical agency.
- f. Maricopa Community Colleges provides medical malpractice insurance coverage for students enrolling in Maricopa Community Colleges Healthcare Programs.
- g. All incidents need to be reported to Campus Public Safety. They will fill out a report and forward it to Risk Management.

### **15. Standard Health and Safety Practices**

- a. Students are required to follow standard health and safety practices and to complete an Assumption of Risk and Liability form (obtained from the Program Director or Program Manager).
- b. All blood and body fluids are considered potentially infectious and are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.
- c. Contaminated sharps must be handled according to program protocol. Recapping, bending or breaking of sharps is prohibited. All sharps must be placed in the designated container as soon as possible.
- d. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the work area where there is a likelihood of occupational exposure.
- e. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- f. When exposure is possible, personal protective equipment (PPE) shall be used. Personal protective equipment includes:
  - i. Gloves shall be worn when it can be reasonably anticipated that the individual may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin when performing vascular access procedures and when touching contaminated items or surfaces.
  - ii. Masks, eye protection, and face shields shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated, and eye, nose, or mouth contamination can be reasonably anticipated.
  - iii. Gowns, aprons, and other protective body clothing shall be worn in occupational exposure situations and will depend upon the task and the degree of exposure anticipated.
  - iv. Surgical caps or hoods and shoe covers shall be worn in instances

when gross contamination can be reasonably anticipated.

- v. Hands shall be washed immediately after removal of gloves or other personal protective equipment.

(Excerpts from OSHA Blood borne Pathogens Section 1910.1030)

- g. When exposure to other hazardous materials, such as disinfectant solutions is a possibility, appropriate PPE and safe handling protocols shall be used.

## **16. Accident; Injury; Exposure Guidelines (Credit & Clock Hour Programs)**

When a student is involved in an accident, injury, or exposure either on campus or at a clinical setting, specific guidelines (2014 OSHA 29 CFR 1910.1030 (b)(6)(ed)-3 (in an a

c. **Professional staff & client relationship:** students providing healthcare services strive to inspire the confidence of clients. Students must treat all clients, healthcare providers, and staff professionally. Clients can expect those providing Healthcare services to act in their best interests and respect their dignity.

1. The student should abstain from excessive personal disclosure, obtaining personal gain at the client's expense, and refrain from inappropriate involvement in the client's personal relationships.
2. In a student role, professional boundaries exist among the student, the instructor, the clinical staff, and the client. Students unclear of proper behavior or of an appropriate response to a client should consult the instructor for guidance.

d. **Professional appearance:** professional staff should present themselves in a professional manner. Professional appearance includes neat, clean, and well-groomed hair, clean and pressed clothing, and appropriate accessories. Professional appearance is a reflection of the healthcare provider's commitment to the client and the profession.

d.

In some programs students are allowed to use their PED application(s) as defined in their program handbook.

**18.**

sexual harassment or discrimination.

3. There are several avenues available for any person who experiences, witnesses, or otherwise knows of sexual harassment or discrimination to report such conduct:
  - Submit an online report at <https://maricopa-advocate.symplicity.com/titleix-report>. Anonymous reports are accepted; however, it is impossible to provide supportive measures when the name of a Complainant is not shared;
  - Call or leave a voicemail for the Title IX Coordinator;
  - Email the Title IX Coordinator;
  - Mail a letter to the Title IX Coordinator's office;
  - Meet with the Title IX Coordinator;
  - File a Formal Complaint with the Title IX Coordinator in person, by mail, or by email;
  - Report to another trusted college official (e.g., faculty member, coach, advisor) who will provide information as required under the Policy to the Title IX Coordinator.
  - Contact information of the Title IX Coordinator can be found here: <https://district.maricopa.edu/consumer-information/title-ix/title-ix-coordinators>
  
4. Students will not be discriminated against on the basis of a disclosed pregnancy and/or parenting status, including reporting of:
  - Pregnancy
  - Childbirth
  - False pregnancy
  - Miscarriage or termination of pregnancy
  - Recovery from any of the above situationsA pregnant or parenting student may be provided adjustments so they are able

## B. Non- Discrimination

1. MCCCD is committed to promoting a non-discriminatory learning and work environment. This commitment is demonstrated through the value of inclusion, the implementation of policies and regulations that serve to prohibit discrimination and by practicing non-discriminatory actions in both our employment and academic activities.
2. This means that MCCCD will not discriminate-, nor tolerate discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, citizenship status (including document abuse), age, disability, veteran status or genetic information, against any applicant, employee, or student in any of its programs, activities, or sponsored events.
3. This policy covers admission to, access to, and treatment of students attempting to participate and participating in MCCCD's programs and activities.

## C. Short-Term Disability and Long-Term Disability/ADA

1. Students with a short or long-term disability should refer to the procedures outlined in [A.R. 2.8, Students with Disabilities](#). These procedures include:
  - proactively contacting the College Disability Resource Services (DRS),
  - supplying relevant documentation,
  - communicating with the program and DRS regarding changes in health and ability to engage in the academic environment.
2. As per 2.8 V(2) (c), students should request accommodations each semester in a timely manner and understand that a late request does not constitute retroactive adjustments.

## D. Religious Accommodations Procedure

1. For religious accommodations, please refer to [ND-4 Religious Accommodation Procedure and Request Form](#).

## 20. Forms

The following is a list of forms included in this manual:

Consent for Release of Information (p.24)

Compliance with Policies (p.25)

Summary & Acknowledgement of Criminal Background Check (p.26-30)

Patient Privacy and Data Security Agreement-HIPAA (p.31)

Health and Safety Requirements Worksheet (p.32-34)

Clearance for Participation in Clinical Practice (p.35)

Accident, Injury, and Exposure Guidelines (p.36-38)

Student Injury/Exposure Incident Report Form (p.39-40)

Report of Significant Exposure to Bodily Fluids or Other Infectious Materials (p.41)

**Consent for Release of Information [2024-2025]**

I (print name) \_\_\_\_\_ give permission for the faculty and/or Director/Chair of the Healthcare Program in which I am enrolled to share personal information about me including name, student identification number, date of birth, and verification that the Program has evidence that I have met all the health and safety requirements of the Healthcare Program. This information will be provided to clinical agencies where I am assigned so that I may complete mandated preclinical education requirements, obtain entry into the agency's computer system and/or medication administration system, and complete duties necessary in the actual clinical rotations.

This authorization will remain in effect until my Healthcare Program clinical experiences are completed or until revoked. I understand that signing this consent is voluntary, and that revoking the consent prior to a clinical experience may have an impact on my ability to be assigned to a clinical agency. A revocation of this consent must be in writing and be delivered to the Director of the Program in which I am enrolled. I





**Allied Health and Nursing Programs Maricopa County Community College District**

Summary of Criminal Background Check Requirements effective September 1, 2011

- Legal Name
- Maiden Name
- Other names used
- Social Security Number
- Date of Birth
- Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged including dates and details.
- Pending criminal charges that have been filed against you including dates and details. Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld.

The authorized MCCCDC background check vendor will be asked to pass or fail each student based on the standards MCCCDC's clinical experience partners have established as the most stringent requirements. The sole recourse of any student who fails the background check and believes that failure may have been in error is with the background check vendor and not with MCCCDC or individual college

**Acknowledgement of Criminal Background Check Requirements Applicable to Students Seeking Admission to MCCCDC Allied Health or Nursing Programs on or After September 1, 2011**

In applying for admission to a Nursing or Allied Health program (“Program”) within the Maricopa County Community College District , you are required to disclose on the Arizona Department of Public Safety (DPS) form all required information and on the MCCCDC authorized background check



10. I understand that if a clinical agency to which I have been assigned does not accept me based on my criminal background check, it may result in my inability to complete the Program. I also understand that MCCCDC may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCDC has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
11. I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
12. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program.

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Signature

---

Date

---

Printed Name

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Desired Health Care Program

MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT  
2411 West 14th Street, Tempe, AZ 85281 -6942

PATIENT PRIVACY AND DATA SECURITY AGREEMENT

Health and Safety Requirements Worksheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Use this worksheet as a guide to ensure that you have documentation of each requirement. DO NOT upload this document into American DataBank or MyClinicalExchange. Only supporting documents (lab results, immunization records, signed healthcare provider forms, etc.) for each requirement should be uploaded.





## Healthcare Student Health and Safety Documentation Checklist

### Healthcare Statement of Clearance for Participation in Clinical Practice

It is essential that healthcare students be able to perform a number of physical activities during a portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement their assigned responsibilities. The clinical allied health and/or nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. This declaration should not impede students with disabilities from applying or being accepted into the program.

I believe the applicant (print name): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ WILL OR \_\_\_\_\_ WILL NOT be able to function as an allied health and/or nursing student as described above.

If not, explain: \_\_\_\_\_

#### Licensed Healthcare Provider (MD, DO, NP, or PA) Verification of Health and Safety

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_



**Maricopa Community Colleges Healthcare Student Manual**

STEP 4	INSTRUCTIONS:	DATE	TIME	INITIALS
	Student downloads and completes the MCCCDC Student Injury/Exposure Incident Report Form	COMPLETE D	COMPLETE D	

**IMPORTANT NOTES:**

MCCCDC Instructor or Program Director will assist the student in completing the MCCCDC Student/Injury Exposure Incident Report Form as needed.

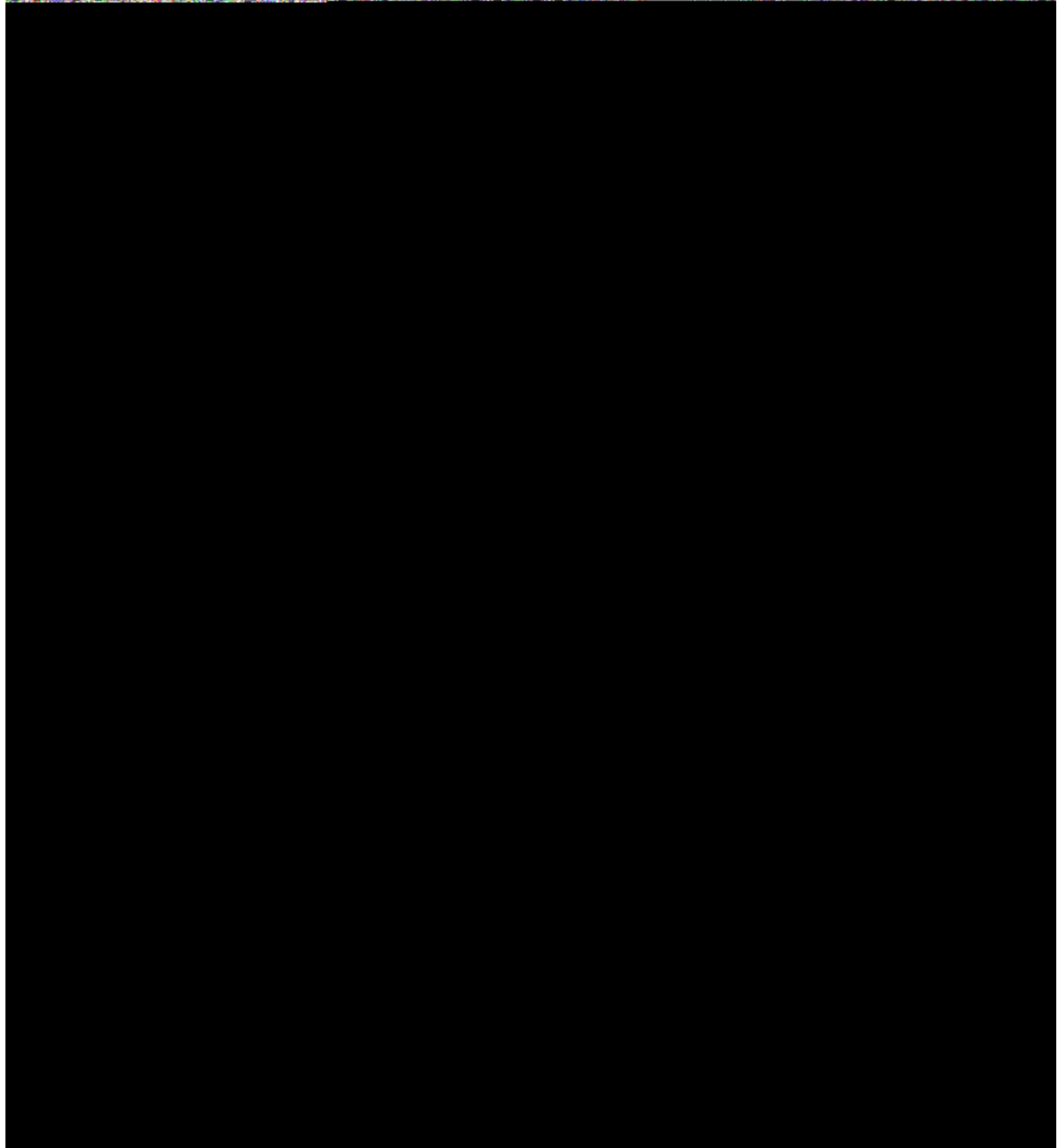
MCCCDC Instructor or Program Director will retain a copy of the report for the student file and the student will be provided a copy as well.

For insurance and claims processes, refer to the





www.maricopa.edu/property-security/departmental/healthcare-students/healthcare-student-manual/healthcare-student-manual-incident-report-form  
This document is the property of Maricopa Community Colleges. It is loaned to you for your use only. It is not to be distributed, copied, or otherwise used without the express written permission of Maricopa Community Colleges. All rights reserved. No part of this document may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or by any information storage and retrieval system, without the prior written permission of Maricopa Community Colleges. For more information, contact the Office of the Registrar at (602) 994-2000 or registrar@maricopa.edu.



Maricopa Community Colleges Healthcare Student Manual

**REPORT OF OCCURRENCE**

Source:  Known  Suspected  Unexplained

Exposure to Communicable disease:  Yes  No

**DETAILS OF INCIDENT**

Human blood/body fluid exposure:  Yes  No

Sharps injury:  Yes  No

Needle-stick injury:  Yes  No

Other injury:  Yes  No

Other exposure:  Yes  No

Other incident:  Yes  No

Other:  Yes  No

Phone No. \_\_\_\_\_ Name \_\_\_\_\_ Email Address \_\_\_\_\_

**HAS THIS PERSON BEEN NOTIFIED?**  Yes  No

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Name \_\_\_\_\_ Email Address \_\_\_\_\_

Department \_\_\_\_\_ Date \_\_\_\_\_

**WITNESSES**

1.	Name	Title
2.		
3.		

**REPORTED BY**

GENERAL NAME & ADDRESS \_\_\_\_\_

**DID YOU SEEK TREATMENT?**  No  Yes

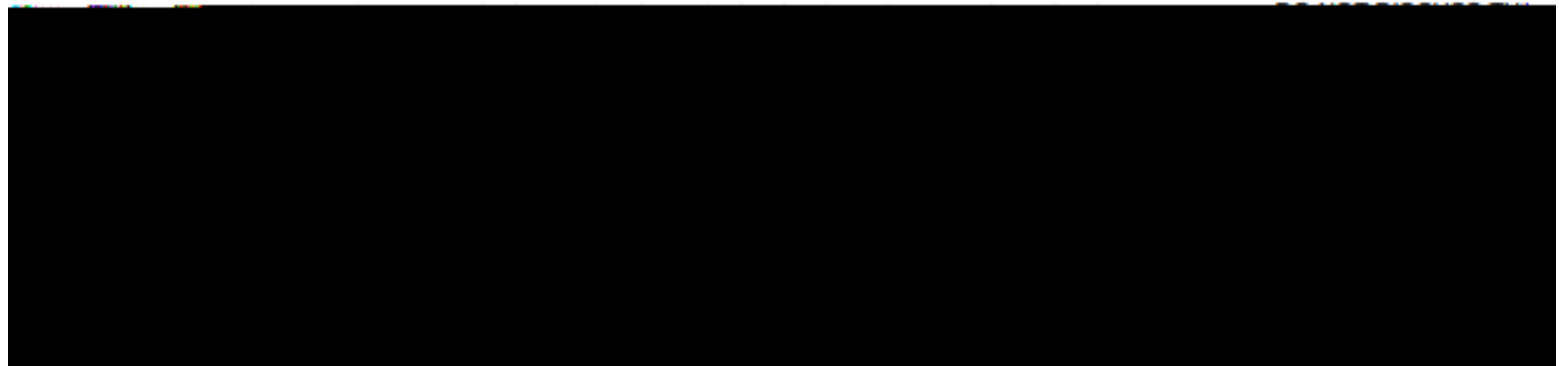
**DID YOU REFUSE TREATMENT?**  No  Yes

**DETAILS**

**INSTRUCTIONS FOR COMPLETION OF INCIDENT REPORTING FORM**

BE DETAILED – DOCUMENT THE INCIDENT AT THE TIME OF THE REPORT, INCLUDING ANY WITNESSES' CONTACT INFORMATION.

ONLY LIST INFORMATION



**REPORT OF SIGNIFICANT EXPOSURE TO NON-CLASSIFIED OR OTHER INFECTIOUS MATERIAL**  
**REPORT OF SIGNIFICANT EXPOSURE TO NON-CLASSIFIED OR OTHER INFECTIOUS MATERIAL**

1. Exposed Student  
2. Address  
3. Employer's Full Name  
4. Employer's Address  
5. Date of Exposure Time of Exposure  
6. Address of Location of Exposure

7. Describe the circumstances surrounding the exposure, including (if applicable) personal protective equipment worn and the names of any witnesses to the exposure (be specific)

8. What were you exposed to? (Directly or indirectly via handgrips, personal items, etc.) Check all that apply:  
 Urine  Any other fluids containing blood or infectious material  Blood  Semen  Saliva  
 Surgical fluids  Mucous membrane  Faces  Airborne Respiratory/Oral Secretions  Other (specify)  
 Vomitus  Skin infection (e.g., herpes, shingles, etc.)  Broken skin

9. Contact Information  
DOB City Phone No. State Zip Name Address

10. Microbial Identification  
11. Did you or have any of your patients, students, or staff had direct contact with you or your facility in contact with infectious material (please describe)?

I HAVE RECEIVED A COPY OF THIS COMPLETE FORM. I HAVE GIVEN THIS FORM TO MY INSTRUCTOR AND HAVE RECEIVED A COPY OF THIS COMPLETE FORM.  
DATE STUDENT SIGNATURE

**Other Required Steps to Establish Prima Facie Claim for MRSA**

- You must file this report with your Instructor no later than ten (10) days after your exposure.
- You must have blood tested for HIV or Hepatitis C by Antibody Testing no later than thirty (30) calendar days after exposure and test results must be non-reactive.
- You must have blood tested for HIV or Hepatitis C by Antibody Testing no later than thirty (30) calendar days after exposure and test results must be non-reactive.

**Other Required Steps to Establish Prima Facie Claim for MRSA**

- You must file this report with your Instructor no later than thirty (30) days after your exposure.