



MLT Program

Student Handbook

2018-2019 Academic Year

This handbook is a supplement to the Sandhills Community College Student Handbook

TABLE OF CONTENTS

I.	<i>MLT PROGRAM MISSION STATEMENT</i>	3
II.	<i>THE GOAL OF THE MLT PROGRAM AT SANDHILLS COMMUNITY COLLEGE IS TO:</i>	3
III.	<i>GENERAL STUDENT COMPETENCIES IN THE MLT PROGRAM</i>	3
IV.	<i>DESCRIPTION OF THE TECHNICIAN LEVEL AS DEFINED BY THE BOARD OF CERTIFICATION</i>	4
V.	<i>COMPETENCY STATEMENTS BASED ON BOARD OF CERTIFICATION</i>	5
VI.	<i>MEDICAL LABORATORY TECHNOLOGY AAS CURRICULUM</i>	7
VII.	<i>MLT ACADEMIC POLICIES AND PROCEDURES</i>	8
A.	<i>GRADING SCALE</i>	8
B.	<i>ACADEMIC PROGRESSION</i>	8
C.	<i>OUT OF SEQUENCE</i>	9
D.	<i>REINSTATEMENT</i>	15
E.	<i>ACADEMIC POLICIES UNIQUE TO CLINICAL PRACTICUMS</i>	15
F.	<i>ATTENDANCE POLICIES</i>	18
G.	<i>CLINICAL SITE REQUIRMENTS</i>	19
H.	<i>TERMINATION FROM CLINICAL TRAINING OR DROPPING OUT</i>	13
I.	<i>POLICIES FOR ASSIGNING CLINICAL SITE ROTATIONS</i>	14
J.	<i>POLICY FOR INCOMPLETE WORK IN CLINICAL TRAINING OR NOT ATTAINING COMPETENCY</i>	14
K.	<i>POLICY FOR CRIMINAL INVESTIGATION BACKGROUND CHECKS, DRUG SCREEN, AND MEDICAL MANAGEMENT TRACKERS THROUGH CASTLE BRANCH</i>	15
L.	<i>STUDENT BEHAVIOR POLICIES: THE IMPAIRED STUDENT</i>	15
M.	<i>REGULATIONS FOR STUDENT BEHAVIOR</i>	25
N.	<i>GRIEVANCE WITH THE MLT PROGRAM</i>	15

<i>O. CONFIDENTIALITY POLICIES AND STATEMENTS</i>	18
<i>P. STUDENT HEALTH POLICIES</i>	27
<i>Q. HEALTH CARE COSTS FOR EMERGENCIES AND ACCIDENTS</i>	28
<i>R. PERSONAL HYGIENE AND DRESS CODE GUIDELINES AND POLICIES</i>	28
<i>S. ESSENTIAL FUNCTIONS</i>	29
<i>T. GENERAL LAB SAFETY</i>	24
<i>U. PHELBOTOMY POLICY</i>	25
<i>V. CLINICAL TRAINING INFORMATION</i>	26
<i>W. CERTIFICATION AND LICENSURE</i>	27
<i>X. PROFESSIONAL ORGANIZATIONS FOR LABORATORIAN</i>	27
<i>Y. DESCRIPTION OF THE CLINICAL LABORATORY SCIENCE PROFESSION</i>	28
<i>Z. DESCRIPTION OF CAREER ENTRY OF THE MLT</i>	28
<i>AA. MLT(ASCP) EXAMINATION CONTENT GUIDELINE</i>	29
<i>BB. ASCP CONTENT OUTLINE</i>	30
<i>CC. HOW TO BE A SUCCESSFUL STUDENT</i>	36
<i>DD. HEPATITIS B, C, AND HIV</i>	37
<i>EE. HOW CDC RECOMMENDATION APPLIES TO THE MLT PROGRAM AND THE REQUIREMENT FOR HEP B VACCINATIONS</i>	39
<i>FF. BIOHAZARDOUS WASTE DISPOSAL</i>	41
<i>GG. CLINICAL LABORATORY PROFESSIONAL ATTITUDE ASSESSMENTS</i>	41
 VIII. SCC MLT TEACH OUT PLAN	 45
 ACKNOWLEDGEMENT OF POLICIES	 46-47

I. MLT PROGRAM MISSION STATEMENT

The MLT Program provides sufficient didactic material and laboratory practice to students so they can reasonably expect to meet the career entry skills for a MLT and to pass the national certification examinations. The MLT Program graduate earns an Associate of Applied Science (AAS) who has achieved the professional attitudes and laboratory skills and require only the usual routine new employee orientation to become an asset to their place of employment.

II. THE GOAL OF THE MLT PROGRAM AT SANDHILLS COMMUNITY COLLEGE IS TO:

Provide students with a course of study which incorporates theoretical knowledge of sufficient depth and breadth, provides opportunity for technical skill development, and emphasizes the interpersonal and the ethical behaviors expected of clinical laboratorians.

The education experiences:

- A. Will prepare the student to graduate with an Associate in Applied Science (AAS) degree
- B. Provide sufficient learning experiences for students to acquire the competencies required for entry level position in a medical laboratory
- C. Provide students with quality education to pass certification examinations
- D. Meet the needs of local employers
- E. Provide an educational background such that graduates will pursue further education, both informal and formal

III. GENERAL STUDENT COMPETENCIES IN THE MLT PROGRAM

The graduate of the MLT Program will:

- A. Be able to perform routine clinical laboratory tests in the disciplines found within a clinical laboratory: hematology, clinical chemistry, immunochemistry, microbiology, serology/immunology, coagulation, urinalysis, and phlebotomy) as the primary analyst.
- B. Be able to make specimen oriented decisions based on predetermined criteria, including a working knowledge of critical values.

- C. Will be able to work independently and collaboratively, being responsible for own actions.
- D. Have an understanding of laboratory analysis ranging from waived and point of care testing to complex testing encompassing all the major areas of the clinical laboratory and be able to function at all phases of the analytic process, which includes the pre-analytic, analytic, and post-analytic phases.
- E. Have requisite knowledge and skills to educate or train other laboratory professionals, health care professionals, and others in laboratory practice as well as the general public.
- F. Be able to relate to people and have sufficient communication skills allowing for frequent interactions with members of healthcare team, coworkers, the public, patients and their families. Communication, fluent in English, are essential in all forms of communication including but not to: verbal, written, and electronic, as in laboratory information systems.
- G. Understand the regulatory agencies impacting health care and the laboratory.
- H. Monitor quality control and participate in quality assurance programs.
- I. Demonstrate commitment to the patient and professional by displaying ethical and moral attitudes required for interacting with patient, professional associates, and the community.
- J. Have the capacity for calm and reasoned judgments and behaviors

IV. DESCRIPTION OF THE TECHNICIAN LEVEL AS DEFINED BY THE BOARD OF CERTIFICATION

KNOWLEDGE

The technician has a working comprehension of the technical and procedural aspects of laboratory tests. The technician maintains awareness and complies with regulatory requirements, safety regulations, and ethical standards of practice. The technician correlates laboratory test to disease processes and understands basic physiology recognizing appropriate test selection and abnormal test results.

TECHNICAL SKILLS

- Follows established procedures for collecting and processing biological specimens for analysis.

- Performs chemical, microbiologic, immunologic, hematologic, and immuno-hematologic laboratory procedures that require limited independent judgment.

The technician comprehends and follows procedural guidelines to perform laboratory tests to include

- (1) specimen collection and processing;
- (2) instrument operation and troubleshooting;
- (3) result reporting and record documentation;
- (4) quality control monitoring;
- (5) computer applications
- (6) safety requirements.

PROBLEM SOLVING AND DECISION MAKING

The student will be able to recognize unexpected results and instrument malfunction and takes appropriate action.

The technician recognizes the existence of procedural and technical problems and takes corrective action according to predetermined criteria or refers the problem to the appropriate supervisor. The technician prioritizes test requests to maintain standard patient care and maximal efficiency.

COMMUNICATION

- Provides laboratory information to authorized sources.
- The technician communicates specimen requirements, reference ranges, and test results, and prepares drafts of procedures for laboratory tests according to a standard format.

TEACHING AND TRAINING RESPONSIBILITIES

Demonstrates laboratory technical skills to other laboratory personnel.

V. COMPETENCY STATEMENTS BASED ON BOARD OF CERTIFICATION

A.MEDICAL LABORATORY TECHNICIAN

For the laboratory areas of Body Fluids, Blood Bank, Chemistry, Hematology, Immunology and Microbiology, and in accordance with established procedures, the following competencies are tested.

B.APPLIES KNOWLEDGE OF

- a. Theory and principles related to:
 - a. Anatomy (Body Fluids)
 - b. Biochemistry (Chemistry and Hematology)
 - c. Growth characteristics/diagnostic and infective forms (Microbiology)

- d. Immunology (Blood Bank and Immunology)
- e. Physiology (Body Fluids, Chemistry, Hematology, Immunology)
- f. Laboratory information systems

C.SELECTS APPROPRIATE

- a. Controls for test performed
- b. Course of action
- c. Instruments to perform requested test
- d. Quality control procedures
- e. Reagents/media/blood products
- f. Routine/special procedures to verify test results
- g. Type of sample and method for test required

D.PREPARES/PROCESSES

- a. Controls
- b. Equipment and instruments
- c. Reagents/media/blood products
- d. Specimens

E.CALCULATES RESULTS

F.ASSESSES TEST RESULTS BY CORRELATING LABORATORY DATA WITH

- a. Clinical or other laboratory data
- b. Physiologic processes to validate test results and procedures
- c. Quality control data
- d. Results obtained by alternate methodologies

G.EVALUATES

- a. Appropriate actions and methods
- b. Corrective actions
- c. Patient-related requirements
- d. Possible sources of error or inconsistencies
- e. Quality control procedures
- f. Specimen-related requirements

H.EVALUATES LABORATORY DATA TO

- a. Assure personnel safety
- b. Check for common procedural/technical problems
- c. Recognize and report abnormal test results and/or the need for additional testing
- d. Recognize possible inconsistent results/sources of error
- e. Recognize related disease states
- f. Take corrective action according to predetermined criteria
- g. Verify test results for reporting

VI. MEDICAL LABORATORY TECHNOLOGY ASSOCIATE DEGREE PROGRAM

APPLICANTS: The MLT applicant must have completed the following prerequisite classes:

1. Anatomy & Physiology (BIO-163 or BIO 094) or Chemistry is required with a grade of C or better verified by college or high school transcript.
2. MLT applicants must place into ENG 111 and into MAT 143.
3. MLT applicants are encouraged to complete one or more general education courses while waiting for the cohort to begin.

The program cohort/class begins annually, each fall semester. The MLT courses are sequenced in a progressive fashion. A student is required to complete semester ONE courses before they can proceed to semester TWO MLT courses and so forth. The MLT curriculum is outlined here:

A.Fall: Semester ONE

- a. MLT-110 Introduction and Phlebotomy
- b. MLT-126 Immunology/Serology
- c. MLT-140 Introduction to Microbiology
- d. General Education Requirements, if not already completed:
 - ACA:115
 - MAT-143
 - MED-120
 - CHM-130/130A

B.Spring: Semester TWO

- a. MLT-120 Hematology/Hemostasis
- b. MLT-130 Clinical Chemistry
- c. MLT-240 Special Clinical Microbiology
- d. General Education Requirements, if not already completed:
 - BIO-163
 - ENG-111

C.Summer: Semester THREE

- a. MLT-127 Transfusion Medicine
- b. MLT-111 Urinalysis and Body Fluids
- c. General Education Requirements, if not already completed:
 - Humanities or Fine Arts Elective

D.Fall: Semester FOUR

- a. MLT-252: Clinical Practicum I: Phlebotomy
- b. Two Other clinical Rotations (5 credit hours each)
 - MLT-255: Hematology, UA, Hemostasis
 - MLT-265: Clinical Chemistry
 - MLT-275: Immunohematology and Serology
 - MLT-288: Microbiology
- c. General Education Requirements, if not already completed:

- Social or behavioral Science Elective

E.Spring: Semester FIVE

- a. MLT215: Capstone, Professional Issues
- b. Two different clinical Rotations (5 credit hours each)
 - MLT-255: Hematology, UA, Hemostasis
 - MLT-265: Clinical Chemistry
 - MLT-275: Immunohematology and Serology
 - MLT-288: Microbiology
- c. General Education Requirements, if not already completed:
 - ENG-112 or ENG-114

VII. MLT ACADEMIC POLICIES AND PROCEDURES

A. **GRADING SCALE:** The MLT Program grading scale is as follows:

A = 90.0-100%

B = 83.0-89.99999%

C = 76.0-82.99999%

F < 76.0%

B. **ACADEMIC PROGRESSION THROUGH THE MLT PROGRAM**

1. Students can take the MLT courses only after acceptance into the MLT Program. The general education courses can be taken before entering the program or while enrolled in the program, keeping in mind the prerequisites.
2. Students are required to maintain a minimum cumulative GPA above 2.0. Student will be dis-enrolled from the MLT Program when:
 1. The cumulative GPA falls below 2.0
 2. If a student receives a grade of < C in one MLT course
 3. If a student receives a final course grade <C in a required general education course. The student may be dis-enrolled from the MLT program if that course can NOT be repeated before the expected graduation date.
 4. Student fails to successfully pass any CRITICAL Element in any MLT course
3. All MLT Students must take and PASS:
 1. A comprehensive **PASSPORT EXAM**. The Passport Exam is distributed at the conclusion of semester 3 (summer session) in MLT111. The exam encompasses all didactic MLT courses taken in semester one through three. The student is required to pass the exam with a total score > 76% in order to progress into the clinical phase of instruction (semesters 4 and 5)
 2. A comprehensive **EXIT EXAM**. The EXIT Exam is given at the conclusion of MLT215, which is taken in semester 5. The exam covers all MLT courses including clinical instruction. The exam questions are a higher analytical level and require a core

knowledge of clinical laboratory science, as well as, an ability to analyze lab data in order to deduce the correct answer.

3. Through practical skills assessment, students must **demonstrate 100% competency** in the following **MLT Program Critical Elements**. Critical Elements are those basic learned skills that each student must achieve in order to perform work accurately and precisely as a laboratorian. Failure to accurately and proficiently perform these tasks can result in dismissal from the MLT Program, regardless of the student's course average. The critical elements for each course are listed as follows:

- (1) MLT-110: Phlebotomy – Proper Hand washing and at least one successful venipuncture
- (2) MLT-126: Immunology – Read and interpret tube agglutination within 1+ of the instructor's result
- (3) MLT-140 & MLT-240: Microbiology – Gram stain performance and interpretation with >80% accuracy
- (4) MLT-130: Chemistry – Creation and interpretation of quality control run charts with > 80% accuracy
- (5) MLT-120: Hematology – Make an acceptable peripheral blood smear and identify the 5 normal and mature leukocytes in a peripheral blood smear or digital image, with 100% accuracy.
- (6) MLT-127: Blood Banking – Perform and interpret the ABO, Rh, antibody detection, and compatibility studies with 100% accuracy
- (7) MLT-111: Urinalysis: Identify and differentiate cells, crystals, and microorganisms in a urine microscopic examination with > 80% accuracy.

C. OUT OF SEQUENCE-NOT COMPLETING MLT COURSES WITHIN 5 SEMESTER PLAN

Students are expected to complete the MLT Technical courses within two academic years. The new cohort begins each August at the beginning the Fall Semester and completes the Program the following year, at the end of the Spring semester, in May.

Occasionally a student needs to delay progress in the program. Students can be reinstated on a case-by-case basis, refer to the reinstatement policy below. Students may be permitted three years to complete the MLT Program, again on case by case basis. Refer to time line requirements below.

It is strongly recommended that the didactic courses be taken within one year (12 months) of beginning in the clinical phase of the program. This may mean that a student will be required to repeat a course previously taken and passed.

Out of sequence students may be required to demonstrate knowledge and skills before beginning the MLT Clinical Practicums in semesters 4 & 5. The MLT faculty will develop the method/process to demonstrate knowledge and skills. This may require a formal "challenge"

to test out of the course or an independent study. Students must repeat the course if the challenge or independent study results in a failing grade.

D. REINSTATEMENT TO THE PROGRAM AND RETURNING TO THE PROGRAM AFTER A LEAVE OF ABSENCE

- Students previously stopping out of the program are considered returning students such as:
 - Students who fail a MLT course and are waiting to repeat the course
 - Students who stop out for medical or other personal reasons
- Students must document in writing the intent to return to the program within 10 calendar days of leaving program.
- Failure to notify the Program Coordinator within the 10 day time period, will require the student to reapply to the program.
- Reinstatement is dependent upon eligibility and space availability. The MLT program does not guarantee space will be available.
- Returning students must develop a “learning contract” and submit it to the Program Coordinator at least one month prior to returning to the MLT program.
- Students are permitted one reinstatement only.
- Faculty reserve the right to assess prior MLT knowledge and skills. As a result of the assessment, faculty will develop a plan listing conditions for reinstatement. Students not completing the plan as agreed, will be denied reinstatement.
- Students will be held to MLT Program policies, procedures, and curriculum requirements that are most current upon reinstatement, not the policies in place when the student first began the MLT program.
- Students who elect to voluntarily withdraw from the MLT Program are not allowed reentry because seats are limited.
- If the student left the program because of a positive drug screen or background check, the student will be allowed to return only when the issue is resolved and the clinical affiliate(s) approve of the newer results.

E. ACADEMIC POLICIES UNIQUE TO CLINICAL PRACTICUMS

1. Students must receive a grade of 76% on each clinical course requirement: the on-line quiz average, the final exam, and the clinical performance checklists.
2. Clinical Practicums are difficult to find. Therefore, should a clinical preceptor reject a student for any reason, the student is removed from the site immediately. There is NO guarantee that another clinical site can be found immediately. Based on the cause of the rejection, a student may be dis-enrolled from the MLT Program. On a case-by-case basis, the student may delay graduation for up to one year when another clinical affiliate is not immediately located and the cause of the rejection was not caused by the student’s unprofessional behavior or technical deficiencies.

F. ATTENDANCE POLICIES

Excessive absences and/or tardiness is not acceptable in any MLT course. Because the student will be learning job skills and application of theory attendance in face-to-face classes, on campus labs, and clinical site rotations attendance is monitored & recorded. Any attendance issues, including tardiness and absenteeism, greater than 10% of the course contact hours will result in disenrollment of student from the course and subsequently from MLT program. It is highly recommended that students use good judgement and use absences/tardiness for emergent situations only. No matter the cause, students are required to notify the on-campus instructor and/or clinical instructor before class starts. The notification can be in the form of email, voice message, or text.

Definitions:

1. **Tardy in an on-campus lecture or lab class:** A tardy is recorded on a student's attendance record when the student is not in their classroom/lab seat at the minute the class is scheduled to begin.
2. **Tardy in a clinical site rotation:** A tardy is recorded on a student's attendance record when the student is not in his/her assigned rotation bench with PPE on and a writing utensil in hand, at least 1 minute before the assigned start time. Students and trainers are required to sign the attendance sheet each day of training. Failure to sign can count as unexcused absence during a clinical rotation.
3. **Absence in an on-campus lecture:** An absence is marked on a student's attendance record anytime in which the student is absent for more than 10% allotted lecture time.
4. **Absence in an on-campus lab class:** An absence is marked on a student's attendance record anytime in which the student is absent from the whole period of instruction OR for more than 10% allotted lab class time OR misses the instructor lead in-class demonstration. In general, missed labs cannot be made up. If permission is given to make up a lab, it will be arranged at the convenience of the instructor or the laboratory instructor.
 - Here are examples.

- a. A 50 minute lecture: A student will be marked absent if he/she arrives more than 5 minutes late, or leaves the classroom for more than 5 minutes.
- b. A 170 minute on-campus lab: A student will be marked absent if he/she arrives more than 17 minutes late OR leaves the lab more than 17 minutes without the instructor's permission. In a typical 170 minute lab, two 10-minute breaks are permitted, upon direction of the instructor.

G. CLINICAL SITE REQUIREMENTS

- A. Every MLT student must comply and ensure that the required immunizations are completed and in the Castle Branch Medical Document Tracker by May 1st of the second semester (Spring semester in year ONE)
- B. Every student must submit to a drug screen and background check through Castle Branch.com. The registration, collection, and testing/resulting must be completed no later than May 1st of the second semester (Spring semester in year ONE). Specific directions and codes will be given to the student by the program director at the appropriate time.
- C. If a student tests positive on the DRUG SCREEN OR BACKGROUND CHECK, the student generally may NOT be permitted to complete the MLT program because the clinical affiliates may not approve the student with certain criminal convictions or drug screen result. When one clinical affiliate rejects a MLT student for the test results, the student will be allowed to continue in the didactic phase of the program but is NOT allowed to enter the second year's clinical site training. Therefore, he/she will not be able to graduate.
- D. When a student receives a positive drug screen or background result from Castle Branch, he/she should follow the directions given from Castle Branch. NO SCC instructor is or should have any knowledge of a student's drug screen nor background check results. The student should not discuss their results with any faculty or advisor employed by SCC.
- E. The drug screen and background results are reviewed by only the Human Resource representative or their designee at each clinical site. Each student record is reviewed by each clinical site, by that site's specific criteria. Should one clinical site reject a student based on that student's background check or drug screen, that student is not allowed to proceed to the clinical phase of the program. In order for a student to be eligible to train at any clinical site, that student must be eligible to train at all MLT clinical sites.
- F. If the student fails to "correct" any drug screen or background check issue by June 1st of the first year of the program, the student will be dis-enrolled from the MLT Program and not allowed re-entry until the issue is completely resolved.

H. TERMINATION FROM CLINICAL TRAINING OR DROPPING OUT

- Students who withdraw or are dropped from a clinical site will not be placed at another site and will not graduate from the MLT Program.
- The clinical site has the right to terminate the student from the clinical site according to the affiliation agreement.

While enrolled in clinical rotations, a student must be aware that the clinical laboratory work environment has ZERO TOLERANCE BEHAVIORS. The following behaviors will not be tolerated during your clinical rotations. If you commit one of the following activities ONCE at any time during your clinical rotation, you will be immediately dis-enrolled from the SCC MLT Program:

- Wearing jeans to clinical site: Jeans of any color are not acceptable professional attire.
- Profanity to any degree: Do not cuss or swear at any time or in any place while in your clinical rotation. This includes the lab, hallways, restrooms, elevators, parking lots, or break room.
- Leaving the work space without notifying your preceptor or designee: Whenever you leave the work area, notify your immediate trainer where you are going and when you plan to return.
- Intoxication: Any chemical abuse including, but not limited to: prescription drug abuse, illegal drug abuse, or evidence or suspicion of alcohol consumption resulting in intoxication during clinical rotation is not allow and cause for immediate rejection from the site and subsequently the program.
- Excessive tardiness/absences: Three tardies (defined as 1 minute late) will result in an unexcused absence. When you are sick or unexpectedly late for arrival, you must notify your authorities BEFORE your scheduled training should begin:
 - your clinical preceptor of the shift
 - your SCC faculty professors
- Sleeping during the shift: Do not sleep or nod off at any time during the clinical training shift. Should you feel sleepy or drowsy, notify your preceptor that you need a physical activity to perform to increase alertness.
- Cell phone and texting: No use of the cell phone nor texting are permitted during the assigned clinical rotation shift. The student is required to leave their cell phones in their assigned locker or “storage space”.
- Gossip: Engaging in gossip is toxic to the student’s professional reputation and class standing in the MLT program. Should a preceptor report to the MLT Clinical coordinator that you have engaged in gossip, resulting in a negative or hostile work environment, you are subject to disenrollment from the MLT program.
- Belligerent or insubordinate behavior: While belligerence or insubordination are a matter of subjective judgment, if your clinical preceptor interprets your behavior as such and reports it to the MLT Program or Clinical Coordinator, you will be removed from the clinical assignment and dis-enrolled immediately from the MLT Program. Belligerence is defined as any action that could be viewed as hostile, argumentative, or confrontational. Insubordination is defined as action that could be viewed by an authority figure (such as your preceptor or other staff in the work area) as refusal to complete a task or follow an order or directions.
- The student has no recourse if the clinical site terminates the student.

- A student who is not demonstrating progress during clinical training can be released or terminated from that clinical site and subsequently the MLT program.

I. POLICIES FOR ASSIGNING CLINICAL SITE ROTATIONS

MLT faculty make the final decision for site assignments. It is not made based on distance to the site, work or childcare responsibilities.

Students must be prepared to travel up to 75 miles each way from the college to the clinical site. The commute is the student's responsibility. Money for fuel and a reliable car is required and paid by the student.

In the event there are not enough clinical sites, placements for the students ready to participate in the Clinical phase of the MLT program are prioritized by the following criteria:

- Students with the highest GPA in the MLT courses will be placed first.
- Students waiting to be placed will be assigned to a site as soon as a site is available.

When enough clinical sites are not immediately available, each student should be aware of the following:

- Waiting for a clinical site will delay graduation.
- Students are NOT allowed to contact sites or attempt to make their own appeal or arrangements to train
- Students are not allowed to contact laboratories outside of the geographic area of the SCC MLT Program for possible clinical sites.
- Any student who wishes to request an additional/new clinical site must submit that request to the MLT Program Coordinator.
- **OTHER STUDENTS IN THE MLT PROGRAM WILL NOT BE INCONVENIENCED BY CHANGING CLINICAL ASSIGNMENTS TO ACCOMMODATE A STUDENT WITH ANY TYPE OF ISSUE.**

J. POLICY FOR INCOMPLETE WORK IN CLINICAL TRAINING OR NOT ATTAINING COMPETENCY

- A. Incompletes (I's) are not given for clinical training in general. Only under highly unusual circumstances would an incomplete grade (I) be given and the student allowed to finish the clinical training at a later date.
- B. Students who do not complete clinical training within the scheduled time frame will receive a failing grade and will not pass.
- C. Students who do not attain minimum competency standards in clinical training will not pass clinical training and may be withdrawn from the clinical site before the end of the semester.

K. POLICY FOR CRIMINAL INVESTIGATION BACKGROUND CHECKS, DRUG SCREEN, AND MEDICAL MANAGEMENT TRACKERS THROUGH CASTLE BRANCH

- A. ALL STUDENTS IN THE MLT PROGRAM MUST HAVE THE REQUIRED MEDICAL TRACKER (electronic immunization record), BACKGROUND CHECK, AND DRUG SCREEN COMPLETED NO LATER THAN MAY 1ST IN THE THIRD SEMESTER.
- B. THE RESULTS OF THE BACKGROUND CHECK AND DRUG SCREEN ARE VIEWED ONLY BY THE HUMAN RESOURCES REPRESENTATIVE AT THE CLINICAL AFFILIATE. When a student is not accepted for clinical training, he/she will not be allowed entry into the clinical phase of MLT program; therefore, the student will not graduate from the program.

L. STUDENT BEHAVIOR POLICIES: THE IMPAIRED STUDENT

- A. Any student that is deemed a danger to others or to self can be requested to leave the clinical site of the laboratory. The impairment covers psychosocial, prescription medications, nonprescription medications, and alcohol.
- B. Consequences of student impairment can vary on a case by case situation. Depending on the root cause of the impairment, a one day absence may be assigned. If the impairment is viewed as severe and detrimental by the clinical preceptor, it could result in immediate rejection from the clinical site and subsequent dis-enrollment from the MLT Program.

M. REGULATIONS FOR STUDENT BEHAVIOR

REFER TO THE SANDHILLS COMMUNITY COLLEGE WEBSITE FOR THE MOST UP TO DATE COLLEGE STUDENT HANDBOOK

http://www.sandhills.edu/wp-content/uploads/2017/12/Student_Handbook_2017-18.pdf

GRIEVANCE POLICIES WHILE AT THE COLLEGE

Students must follow the procedures adopted by the college if they wish to make a grievance against a member of the MLT Program.

Students can access the most current policies and procedures at

<http://www.sandhills.edu/wp-content/uploads/2018/07/Sandhills-CC-Catalog-2018-19-Web.pdf>

N. GRIEVANCE WITH THE MLT PROGRAM

Students who have a grievance with the program are expected to follow a “chain of command” at the college. The first steps are “informal”. When the student is not satisfied with the decision or response, he/she can move toward a formal grievance procedure as stated in the College Catalog and Student Handbook.

Step 1: The student is required to write a letter of complaint to the MLT Program Director, Christy Forrest, who is also the Health Sciences Department Chair.

Step 2: The Dean of Instruction, Dr. Julie Voigt, is contacted at the time when all discussions are at impasse and considered unsatisfactory in the opinion of the student.

Step 4: The student is then directed to contact the Vice President of Academic Affairs, Dr. Rebecca Roush.

Step 5: Officially file a Grievance:

“Grievance is defined as any matter of student concern or dissatisfaction within the control of the College, except for the following: • grades, which shall be subject to the decision of the professor unless related to some type of suspected discrimination. Refer to the college’s non-discrimination statement on page 2; • attendance policies and matters of a purely academic nature, which shall be adjudicated through the Dean of Instruction; some matters involving allegations of sexual harassment, which are addressed elsewhere in this Catalog and published online at www.sandhills.edu; • residency classification, which shall be subject to the residency appeal process outlined by the North Carolina Community College System and the State of North Carolina; and • Financial Aid awards and eligibility, which shall be subject to review by the Financial Aid Appeals Committee with a final ruling by the Vice President of Student Services. **Student Grievance Procedure** The purpose of the Student Grievance Procedure is to assure students of Sandhills Community College that their grievances will be considered fairly, rapidly, and in a non-threatening atmosphere. This process is designed to be used by students, not their surrogates. In keeping with the college practice of addressing all grievances informally prior to resorting to formal procedures, it is assumed that prior to embarking on the formal Student Grievance Procedure, students will initially address problems and matters of concern informally with the faculty and/or staff members involved. However, the College recognizes that not all student grievances will be satisfactorily settled on an informal basis. Therefore, this Student Grievance Procedure has been adopted and applies to all appeals of disciplinary actions, appeals regarding student records and privacy rights. Appeals based on charges of discrimination will be handled by the Title IX coordinator in Human Resources. Students should follow these procedures first in all applicable situations. Any student electing initially to pursue a grievance outside of these procedures has thereby waived the ability to pursue his or her grievance hereunder. A complete copy of the Student Grievance Procedure may be obtained from the Dean of Student Services or Dean of Instruction. Student grievances resulting from academic practices or learning environment activities other than disruptive student behavior should be referred to the attention of the Dean of Instruction (curriculum students), Vice President for Continuing Education and Workforce Development (continuing education students), or Dean of the Hoke Center (Hoke Center students) after the student has met with the faculty member or department chair and attempted an informal resolution of the problem. Student grievances that affect an individual’s welfare and are not directly related to academic or classroom activities of the College should be brought to the attention of the Dean of Student Services (curriculum students), Vice President for Continuing Education and Workforce Development (continuing education students), or Dean of the Hoke Center (Hoke Center students) after the student has made every effort to resolve the problem in an informal basis through conversation with the individuals involved.

Student Grievance Procedure

Steps 1. Informal Resolution: The student obtains the Student Grievance Form from the office of the Dean of Student Services or the Dean of Instruction. In non-academic disciplinary issues initiated by student, the informal grievance procedure begins with Section C of the Student Grievance Form. In academic disciplinary issues, the student must meet with the instructor and department chair in turn to seek an informal resolution. If a satisfactory informal resolution is achieved at any point, the grievance process stops. If an informal resolution is not achieved, the student grievance procedure continues to appropriate Vice President/Dean, who renders a decision within five (5) business days. The student may elect to continue the appeal in accordance with the following: a. Curriculum students will proceed to

Step 2 of the Student Grievance Procedure and appeal to the Student Grievance Committee. b. Continuing education students may appeal within three (3) business days to the Vice President of Continuing Education and Workforce Development. A decision will be rendered in ten (10) business days. The decision of the Vice President of Continuing Education and Workforce Development is final. Exceptions to the procedure include continuing education certificate programs: BLET and NA. These students should proceed in accordance with Step 2. 2. Student Grievance Committee Hearing: The student submits the Student Grievance Form to the Student Grievance Committee Chair within three (3) business days of the Vice President's/Dean's decision. The Student Grievance Committee renders a decision within ten (10) business days. Following a discussion by the Student Grievance Committee, the student may elect to continue the appeal to Step 3. (The Student Grievance Committee may choose to discontinue a hearing if the student fails to attend two or more scheduled meetings.) 3. President's Review: The student submits a written request for review to the college President within three (3) business days after the Student Grievance Committee's decision. The President renders a decision within ten (10) business days. The President's decision will be final.

Step 6: When the student has followed steps 1-5 and remains dis-satisfied, he/she can write to the MLT Program's accrediting agency with their complaint. The student should also send a copy of the letter to the Program Coordinator.

NAACLS-National Accrediting Agency for Clinical Laboratory Sciences

5600 N. River Rd
Suite 720
Rosemont, Illinois 66018-5119
847-939-3597
773-714-8886 (fax)
www.naacls.org

O. CONFIDENTIALITY POLICIES AND STATEMENTS

As a student you will have access to patient medical information. This information is private and is not to be discussed outside the college or the clinical site. All patient information is protected by the health information portability and accountability act of 1996 (HIPPA). For specific regulatory information on HIPPA, refer to the following website:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/>

- Any data or information pertaining to the diagnosis, treatment, or health of any member or to an application obtained from such person or from any physician or provider by health plan shall be held in confidence and shall not be disclosed to any person except (1) to the extent that it may be necessary to carry out purposes required by or to administer this agreement.
- The SCC MLT student may not discuss any person's medical information with anyone in such a manner that the patient can be identified by name or other description.
- The only time the student can discuss the patient medical information with identifying information is where it is necessary for the diagnosis or treatment of the patient.
- Confidential information includes but is not limited to: patient information, medical records, hospital information, physician information, and employee records that may be encountered in the course of the clinical practicum.
- Maintaining confidentiality means to share information only with healthcare professionals who have the "need to know".
- State and federal laws prohibit the unauthorized use and/or dissemination of patient medical information by health care personnel.
- Health care workers are entrusted to protect medical information about patients and obligated not to seek out information their job does not require.
- Civil and criminal penalties may be imposed to protect the patient's right to privacy.
- Confidentiality pertains to the patients at the clinical sites and any patient information found in the MLT program. This includes any testing that is performed, specimens regardless of source, such as the hospital or from classmates, friends, etc.

**DEPENDING ON THE CIRCUMSTANCES OF THE BREAK IN CONFIDENTIALITY,
RECOURSE VARIES.**

- a. Student is reprimanded.
- b. Student loses points or grade is lowered for the course in which occurrence takes place.
- c. Student is dismissed from the clinical site if breach occurs in directed practice.
- d. Below is a list, while not all inclusive of actions that may be considered breaches of patient confidentiality:
 - (1) Reading a patient's chart for the sake of curiosity or other personal reasons.
 - (2) Conversations with other personnel, who do not have a need-to-know about patients.
 - (3) Conversations with family and friends about patients.
 - (4) Attempting to seek electronic or hard copy information (e.g. for a friend or family member) not required by your position.
 - (5) Virtually any disclosure of patient information to a third party without proper authorization or statutory right or obligation to do so.

C. CONFIDENTIALITY PLEDGE:

I hereby reaffirm my pledge that I will not disclose, to anyone, any medical information about patients that I may acquire as a result of my clinical education, without patient permission to do so or as otherwise allowed by law. In addition, I will not seek out information about patients that I do not require to perform my assigned duties. I understand that any attempt to seek out information, hard copy, electronic or verbal, not required by my position or any unauthorized disclosure or information, shall be cause for immediate discipline, including discharge. I understand that all questions of release of information are to be referred to a medical laboratory employee. Any time I am not sure of the proper action, I will withhold information until the release or question is resolved.

MLT PROGRAM CLASSROOM CONFIDENTIALITY POLICY

- A. AS A MEMBER OF THE MLT CLASSES YOU MAY HAVE ACCESS TO PERSONAL AND PRIVATE INFORMATION ABOUT OTHER STUDENTS IN THE CLASSROOM. THE MLT PROGRAM HAS THE FOLLOWING CONFIDENTIALITY POLICY.
- B. STUDENT AND INSTRUCTOR DONATED SPECIMENS

- i. You may share results from identifiable student/instructor donated specimens with only those that have a “need to know”. Those that have a “need to know” are the instructors that are evaluating your laboratory performance, the person whose specimen you are testing, those members of your immediate lab group that are testing the same specimen.
- ii. If you accidentally find an unexpected result, you may share that information with an instructor. There may be a technical reason for the abnormal/unexpected result.
 - a. An example is the instructor “spikes” the specimen for a laboratory procedure, such as adding a drug to a urine specimen.
- iii. If you have concerns about your personal lab results becoming “public” knowledge, do not donate specimens for laboratory testing.

P. STUDENT HEALTH POLICIES

A. LIABILITY INSURANCE

- i. All students in the MLT Program are required to be covered by liability insurance. Students purchase, via an additional fee, liability insurance through the college automatically when enrolling in MLT-252.
- ii. Students not covered by liability insurance cannot attend laboratory sessions at the college or Directed Practice.

B. HEALTH INFORMATION PACKET MEDICAL TRACKER ACCOUNT

- A. ALL Health Science students are required to create a Medical Tracker file through CertifiedBackground.com. It is the responsibility of the student to ensure the health information is completed and uploaded by the end of the spring semester of the first year.
 - a. Student must have started the Hepatitis B series before he/she will be permitted in MLT labs.

Q. HEALTH COSTS FOR EMERGENCIES OR ACCIDENTS

A. It is realized that the department of medical laboratory technology prefers that all students be covered by a health insurance policy before entry into the program. If students do not have their own policy or are not covered by the parent's policy, it is the student's responsibility to obtain insurance. In the event of an accident or accidental blood exposure, the student is responsible for any costs incurred.

B. EMERGENCY CARE WHILE AT THE COLLEGE OR CLINICAL SITE

- A. Sandhills Community College is a commuter college and does not have on-site health care. Security personnel are trained in CPR/First Aid and are to be summoned if an emergency arises. The Moore County emergency squad is called if the student is in need.
- B. The MLT faculty may summon the Moore County Emergency Squad to assist the student. The **student is responsible for any costs incurred**, even if the student disagrees with the decision of the faculty to call the squad.
- C. All students are referred to their primary care physician for health services.
- D. When the student is at the Clinical affiliate for Clinical training, he/she will receive emergency care at the facility. NOTE: The **student will be responsible for the cost** of the care.

C. REPORTING ACCIDENTS

- A. Students are required to report all accidents which occur at the college or clinical affiliates.
- B. Accident reports are initiated by the instructor of the laboratory or class in which the accident occurred.
- C. If the accident occurs at the clinical site, the student should contact the MLT Clinical Coordinator as soon as possible to begin the reporting process.
- D. Student must also follow the Clinical Site policy for reporting the accident at the clinical site.
- E. Treatment will be given based on college or clinical affiliate guidelines.

- F. Students and/or their family are responsible for any and all costs incurred.
- G. An incident report form will be placed in the student file concerning any and all accidents during their time in the MLT program.

R. PERSONAL HYGIENE AND DRESS CODE GUIDELINES AND POLICIES

A. BASIC DRESS CODE FOR CLASS

- A. Scrubs (slate gray in color) are highly recommended, but not required
- B. If scrubs are not chosen, a student must follow dress options as listed:
 - a. Sufficient clothing should be worn to cover:
 - a. Midriff
 - b. Back
 - b. No sleeveless tops with large arm holes revealing torso
 - c. No cleavage should show
 - d. No mesh tops
 - e. No backsides should show when standing or sitting
 - f. No private parts or underclothes should show under skirts when sitting or bending
 - g. Wear proper undergarments.
- C. Shoes for lab must be water-resistant, comfortable, low or no heels, and must be closed toe and closed heel

B. PERSONAL ODORS

- A. There should be none
- B. Use deodorant and take regular baths and showers
- C. Wear clean clothes, not yesterday's laundry
- D. Brush your teeth, use dental floss and clean your tongue daily
- E. If you have body odor and someone notifies your professor or preceptor, you will be counseled by a faculty member.

C. HAIR

- A. Hair cannot be unnatural colors when training at the clinical site
- B. Hair should be washed frequently so there is no dandruff or greasy strands
- C. Hair must be pulled back and off the collar for lab session, this is a safety issue

D. FINGERNAILS

- A. Nails extending beyond the finger tips and acrylic or false nail applications are not permitted. This encourages the growth of bacteria and can potentially cause disease.
- B. When performing hand washing, make sure to scrub beneath fingernails to remove dirt and debris that can increase the potential for bacterial growth.

E. EYE MAKEUP

- A. It is discouraged due to the risk of contaminating microscopic equipment.

F. EXCESSIVE JEWELRY IS A SAFETY HAZARD

- A. Earrings extending beyond the ear lobes are not allowed due to risk of becoming caught on equipment.
- B. Long necklaces and dangling jewelry is not permitting for safety purposes during lab sessions.
- C. Large rings should not be worn due to the fact that gloves could become damaged or torn.

G. TOBACCO PRODUCT USE

- A. Smoking is not permitted in the lab or classroom.
- B. The use of electronic cigarettes or other simulated smoking devices is not permitted in the lab or classroom.
- C. Sandhills Community College has designated areas for smoking; students are not permitted to smoke outside of these areas.
- D. Smoking, including the use of simulated smoking devices such as electronic cigarettes, is not permitted at the clinical sites, this includes the parking lots.
- E. Tobacco use of any kind is not permitted in the lab or classroom. This includes smokeless tobacco.
- F. If found smoking or using tobacco/nicotine related products in the lab, classroom, or clinical sites will result in immediate dismissal from the MLT Program. Reentry will not be allowed.

H. FACULTY WILL DISCUSS HYGIENE, DRESS AND OTHER ISSUES WITH THE STUDENT

- A. In extreme cases where the student refuses to comply with the MLT standards, and other students/faculty are offended or safety is a factor, the student will be written up or requested to leave the program.

S. ESSENTIAL FUNCTIONS

- A. At orientation to the MLT program each student received a copy of the essential functions along with an acknowledgement sheet.
- B. Students are required to read the expected essential functions and sign the acknowledgement sheet attesting they believe they can meet the requirements.
- C. Any student who feels he/she cannot meet the functions must contact the program coordinator immediately.
- D. Assessment of functional performance can be made by the faculty member(s), and reasonable accommodations may be made with assistance from student services.

T. GENERAL LAB SAFETY

A. CHILDREN IN THE CLASSROOM AND LABORATORY

- A. Children are not permitted in the laboratory or in the classroom.
- B. The student with the child will be asked to leave class.

B. ON-CAMPUS LABORATORY DRESS CODE

- A. Since we will almost always be working with body fluid from human sources, we will use standard precautions, treating all body fluids as infectious.
- B. Students must wear gloves and fluid resistant lab coat at all times when biohazardous materials are part of the laboratory activity. Goggles or safety glasses will be worn to protect the eyes when the activity requires eye protection.
- C. It is strongly recommended that students have a change of clothes at the college, should an accident occur and you cannot wear the clothes home as an infection control procedure.

U. PHLEBOTOMY POLICY

A. PHLEBOTOMY IS A REQUIRED PART OF THE MLT PROGRAM.

Each student must perform venipuncture and skin puncture techniques beginning in the first semester, in MLT-110, Introduction to Medical Laboratory. The in-class collection continues in semesters two and three on campus. Each student is expected to collect a minimum of 15 successful venipunctures before he/she is permitted to attend clinical rotations. A student must be proficient and confident of their phlebotomy skills before he/she enters the clinical rotation.

- B. If a student refuses to perform the required phlebotomy during the course, the student will receive a grade of F for the course and will not be permitted to continue in the MLT program.**
- C. There will be opportunity to perform phlebotomy during other classes, as well as in clinical training.
- D. FELLOW CLASSMATES ARE EXPECTED TO VOLUNTEER TO BE THE “PATIENT” FOR THE VENIPUNCTURE AND THE SKIN PUNCTURE TECHNIQUES.
- A. Students are not required to volunteer to be the “patient” and have the right to refuse to have blood drawn by venipuncture or by skin puncture.
- B. Students can inform the faculty privately and before class if they do not want to participate as a “patient”.
- C. Students refusing to participate as a “patient” should be aware they may not find a willing classmate for them to perform phlebotomy. It is the student’s responsibility to recruit practice patients.
- D. Student agreement
- I understand and agree that I am responsible for assuming the role of health care provider and patient in the MLT laboratory sessions. In order to fulfill this responsibility, I must obtain, as well as provide, clinical specimens.*
- E. The MLT Program **prefers NOT** to invite “patient” volunteers from outside the MLT program.

V. CLINICAL TRAINING INFORMATION

A. SMOKING/DRUG TESTS

- A. Many of the affiliate clinical sites have additional requirements for students such as Drug tests, nicotine tests, and additional criminal background checks.
- B. Students are not permitted to smoke or use a tobacco related product (including electronic cigarettes) on any hospital campus that is being used as a clinical site for the MLT program.
- C. Students who test positive for nicotine or drugs at the clinical site or have a criminal background may not be assigned to a different site.

B. CRIMINAL BACKGROUND CHECKS

- A. A clinical site can refuse to accept a student with a criminal background.

C. TIME EXPECTATIONS AT SITES

- A. Clinical training at the sites is M-F, 8 hours a day.
- B. Starting times will vary according to the site and to the department. The starting times are determined by the clinical site, and the MLT faculty has no control over start times.
- C. MLT Students should plan on starting times between 5:00 to 8:00 AM.

D. SERVICE WORK

- A. As a student you are not to take place of a regularly paid employee. You can work at the clinical site; however, it must be noncompulsory and must be outside regular student hours.

E. ATTENDANCE

- A. Students are expected to attend Clinical training every day without fail. Missing days will result in make-up time (if possible), decrease of grade, and/or poor evaluations.

F. PLACEMENT AT THE CLINICAL SITE IS DETERMINED BY THE MLT FACULTY

- A. Placement is NOT determined by such factors as

- a. Student does not have transportation
- b. Student must get children on bus at certain time
- c. Student has relative working at the clinical site
- d. Student is employed at the clinical site, etc.

G. CURRENT CLINICAL SITES AS OF 08/2018

- a. First Health Moore Regional Hospital
- b. First Health Richmond Memorial Hospital
- c. Scotland Memorial Hospital
- d. Southeastern Medical Center
- e. VAMC-Fayetteville
- f. Harnett Health System
- g. Central Carolina Hospital
- h. Pinehurst Medical Center
- i. Chatham Hospital
- j. Sandhills Regional Medical Center

W. CERTIFICATION AND LICENSURE

A. Licensure – currently the state of North Carolina does not require MLTs to be licensed to practice. Other states in the nation have adopted licensure laws concerning laboratory personnel.

B. Certification – several agencies offer certification exams for laboratory personnel.

A. ASCP, American Society of Clinical Pathology is the best known in this region. Their website is: www.ascp.org

B. AMT, American Medical Technologist is another agency. Their website is: www.amt1.com

X. PROFESSIONAL ORGANIZATIONS FOR LABORATORIAN

- A. ASCP, <http://www.ascp.org>
- B. AMT, <http://www.americanmedtech.org>
- C. ASCLS, <http://www.ascls.org>
- D. NAACLS, <http://www.naacls.org/>

Y. DESCRIPTION OF THE CLINICAL LABORATORY SCIENCE PROFESSION

- A. The clinical laboratory professional is qualified by academic and applied science education to provide service and research in clinical laboratory science and related areas in rapidly changing and dynamic healthcare systems
- B. Clinical laboratory professionals perform, develop, evaluate, correlate and assure accuracy and validity of laboratory information; direct and supervise clinical laboratory resources and operations; and collaborate in the diagnosis and treatment of patients.
- C. The clinical laboratory professional has diverse and multi-level functions in the areas of analysis and clinical decision-making, information management, regulatory compliance, education, and quality assurance/performance improvement wherever laboratory testing is researched, developed or performed.
- D. Clinical laboratory professionals possess skills for financial, operations, marketing, and human resource management of the clinical laboratory.
- E. Clinical laboratory professionals practice independently and collaboratively, being responsible for their own actions, as defined by the profession.
- F. They have the requisite knowledge and skills to educate laboratory professionals, other healthcare professionals, and others in laboratory practice as well as the public.
- G. The ability to relate to people, a capacity for calm and reasoned judgment and a demonstration of commitment to the patient as essential qualities.
- H. Communication skills extend to consultative interactions with members of the healthcare team, external relations, customer service and patient education.
- I. Laboratory professionals demonstrate ethical and moral attitudes and principles that are necessary for gaining and maintaining the confidence of patients, professional associates, and the community.

Z. DESCRIPTION OF CAREER ENTRY OF THE CLINICAL LABORATORY TECHNICIAN/MEDICAL LABORATORY TECHNICIAN

At career entry, the clinical laboratory technician/medical laboratory technician will be able to:

- A. Perform routine clinical laboratory tests (such as hematology, clinical chemistry, immunohematology, microbiology, serology/immunology, coagulation, molecular, and other emerging diagnostics) as the primary analyst making specimen oriented decisions on predetermined criteria, including a working knowledge of critical values.
- B. Communication skills will extend to frequent interactions with members of the healthcare team, external relations, customer service and patient education.
- C. The level of analysis ranges from waived and point of care testing to complex testing encompassing all major areas of the clinical laboratory.
- D. The clinical laboratory technician/medical laboratory technician will have diverse functions in areas of pre-analytical, analytical, post-analytical processes.
- E. The clinical laboratory technician/medical laboratory technician will have responsibilities for information processing, training, and quality control monitoring wherever clinical laboratory testing is performed.

AA. MEDICAL LABORATORY TECHNICIAN, MLT (ASCP) EXAMINATION CONTENT GUIDELINE

A. THE EXAMINATION MODEL

The Board of Certification criterion-referenced examination model consists of three interrelated components:

- A. **COMPETENCY STATEMENTS** – describe the skills and tasks that Medical Laboratory Technicians should be able to perform.
- B. **CONTENT OUTLINE** – delineates general categories or subtest areas of the examination.
- C. **TAXONOMY** – levels describe the cognitive skills required to answer the question.

Level 1 – Recall: Ability to recall or recognize previously learned (memorized) knowledge ranging from specific facts to complete theories.

Level 2 – Interpretive Skills: Ability to utilize recalled knowledge to interpret or apply verbal, numeric or visual data.

Level 3 – Problem Solving: Ability to utilize recalled knowledge and the interpretation/application of distinct criteria to resolve a problem or situation and/or make an appropriate decision.

B. EXAMINATION REPORTING MECHANISMS

- A. After the examination administration, preliminary test results (pass or fail) will appear on the computer screen. An official examination performance report will be mailed to the examinee within 10 business days of the examination administration, provided all official documents have been received.
- B. The examinee Performance Report provides the scaled score on the total examination and pass/fail status for all candidates. In addition, failing candidates receive scaled scores for each subtest (see content outline for subtests). This information may help the examinee identify areas of strengths and weaknesses in order to develop a study plan for future examinations. A total scaled score of 400 is required to pass the examination.

SUBTEST	MLT
Blood Bank (BBNK)	16%
Chemistry (CHEM)	23%
Hematology (HEMA)	21%
Immunology (IMMU)	7%
Laboratory Operations (LO)	5%
Microbiology (MICR)	19%
Urinalysis and Other Body Fluids (UA)	9%

BB. CONTENT OUTLINE

MEDICAL LABORATORY TECHNICIAN

Refer to the MLT Competency Statements for the competencies tested in each subtest.

- A. **BLOOD BANK (16% OF TOTAL EXAM)**
 - A. ABO and Rh
 - B. Antibody Screen and Identification
 - a. Antibody Screen
 - b. Antibody Identification

- a. Duffy
- b. Ii
- c. Kell
- d. Kidd
- e. Lewis
- f. MNS
- g. P
- h. Rh
- i. Multiple antibodies

C. Crossmatch and Special Tests

- a. Crossmatch
- b. Special Tests
 - a. DAT
 - b. Phenotyping and genotyping
 - c. Elution/absorption
 - d. Antibody titer
 - e. Pre-warm technique
 - f. Rosette

D. Blood Donation, Transfusion therapy, Transfusion Reactions and Hemolytic Disease of the Fetus and Newborn (HDFN)

- a. Blood Donation
 - a. Donor Requirements
- b. Transfusion Therapy
 - a. RBC
 - b. PLT
 - c. FFP
 - d. Cryoprecipitated AHF
 - e. RhIG
- c. Transfusion Reactions
- d. HDFN

B. URINALYSIS & OTHER BODY FLUIDS (9% OF TOTAL EXAM)

A. Urinalysis

- a. Pre-Analytical
- b. Physical
 - a. Color and clarity
 - b. Specific gravity/osmolality
- c. Chemical
 - a. Reagent strip
 - b. Confirmatory tests
- d. Microscopic Urinalysis

- a. Cells
- b. Casts
- c. Crystals
- d. Contaminants/artifacts/microorganisms
- e. Complete Urinalysis (includes physical, chemical and microscopic)
- f. Physiology

B. Other Body Fluids

- a. CSF
- b. Amniotic
- c. Gastric
- d. Synovial Fluids
- e. Serous Body Fluids
- f. Semen
- g. Feces

C. CHEMISTRY (23% OF TOTAL EXAM)

A. Carbohydrates, Acid Base and Electrolytes

- a. Carbohydrates
 - a. Glucose
 - b. Glycosylated hemoglobin
 - c. Other carbohydrates (e.g. lactate)
- b. Acid Base
 - a. pH
 - b. PCO_2
 - c. PO_2
 - d. Osmolality
 - e. Base excess
- c. Electrolytes
 - a. Sodium
 - b. Potassium
 - c. Chloride
 - d. Bicarbonate
 - e. Anion gap
 - f. Calcium
 - g. Magnesium
 - h. Phosphorus

B. Proteins and Other Nitrogen-Containing Compounds

- a. Total protein, albumin
- b. Globulins (alpha 1, alpha 2, beta, gamma)
- c. Ferritin, transferrin
- d. Iron, TIBC

- e. Ammonia
- f. Creatinine, BUN
- g. Uric acid
- h. Troponin
- i. Other

C.Heme Derivatives

- a. Hemoglobin (S, Fetal A₂, plasma)
- b. Bilirubin, urobilinogen
- c. Other

D.Enzymes, Lipids and Lipoproteins

- a. Enzymes
 - a. Amylase, lipase
 - b. AST, ALT
 - c. CK, LD
- b. Lipids and Lipoproteins
 - a. Cholesterol (total, HDL, LDL)
 - b. Triglycerides
 - c. Phospholipids
 - d. Other lipids and lipoproteins

E.Special Chemistry (Endocrinology, Tumor Markers, TDM, Toxicology)

- a. Endocrinology and Tumor Markers
 - a. T₃, T₄, TBG, TSH
 - b. hCG, FSH, LH, estriol, estradiol
 - c. other hormones (e.g. cortisol)
 - d. Tumor markers (alpha fetoprotein, CEA, hCG, PSA)
- b. TDM and Toxicology
 - a. Therapeutic drug monitoring
 - b. Drugs of abuse
 - c. Other toxicology (e.g. lead)

D. HEMATOLOGY (21% OF TOTAL EXAM)

A.Erythrocytes and Leukocytes

- a. Red Blood Cells and Indices
 - a. RBC count
 - b. Hemoglobin, hematocrit and indices
- b. White Blood Cell Count
- c. CBC (includes count, morphology and/or differential)

B.Other Tests

- a. Reticulocyte count and Other RBC Inclusions
- b. ESR
- c. Tests for Hemoglobin Defects (e.g. sickle cell tests)

- d. Other

C.Morphology and Differentials

- a. Red Blood Cell Morphology
- b. White Blood Cell Morphology
- c. Differential
- d. Platelet Morphology

D.Platelets and Hemostasis

- a. Platelets
 - a. Platelet count
 - b. Bleeding time
- b. Hemostasis
 - a. PT, aPTT, TT
 - b. Fibrinogen, FDP, D-dimer
 - c. Factor assays, antithrombin III
 - d. Circulation anticoagulants
 - e. Mixing studies
 - f. Anticoagulant therapy
 - g. Other

E. IMMUNOLOGY (7% OF TOTAL EXAM)

A.Immunity

- a. Autoimmunity
 - a. ANA, anti-DNA
 - b. Thyroid antibodies
- b. Pre-Analytical, Test Principles

B.Infectious Diseases

- a. Viral
 - a. EBV/infectious mononucleosis
 - b. Hepatitis
 - c. HIV/HTLV/CMV
 - d. Rubella/measles
 - e. Other viruses
- b. Microbial
 - a. Cold agglutinins
 - b. Syphilis
 - c. Other microorganisms

F. MICROBIOLOGY (19% OF TOTAL EXAM)

A.General Bacteriology and Aerobic Gram-Positive Cocci

- a. General bacteriology (e.g. pre-analytical, biochemical and susceptibility testing)

- b. Aerobic Gram-Positive Cocci: Staphylococcus, Streptococcus, Enterococcus, Other (e.g. Micrococcus, leuconostoc)

B. Gram-negative Bacilli

- a. Enterobacteriaceae: Citrobacter, Escherichia, Enterobacter, Klebsiella, Morganella, Proteus, Providencia, Salmonella, Serratia, Shigella, Yersinia
- b. Other Gram-Negative Bacilli: Acinetobacter, Aeromonas, Bordetella, Brucella, Campylobacter, Eikenella, Francisella, Haemophilus, Heliobacter, Legionella, Pasteurella, Plesiomonas, Pseudomonas, Burkholderia, Chryselbacterium, HACEK, Stenotrophomonas, Vibrio

C. Gram-Negative Cocci, Gram-Positive Bacilli and Anaerobes

- a. Aerobic Gram-Negative Cocci: Neisseria, Moraxella
- b. Aerobic or Facultative Gram-Positive Bacilli: Bacillus, Corynebacterium, Erysipelothrix, Gardnerella, Lactobacillus, Listeria, Norcardia, Streptomyces
- c. Anaerobes
 - a. Gram-positive: Bifidobacterium, Actinomyces, Clostridium, Eubacterium, Peptostreptococcus, Propionibacterium
 - b. Gram-negative: Bacteriodes, Fusobacterium, Porphyromonas, Prevotella, Veillonella

D. Fungus, Viruses, Mycobacteria and Parasites

- a. Fungi
 - a. Yeast (e.g. Candida, Cryptococcus, Geotrichum)
 - b. Dimorphic fungi (e.g. Blastomyces, Coccidioides, Histoplasma, Sporothrix)
 - c. Dermatophytes (e.g. Epidermophyton, Microsporum, Trichophyton)
 - d. Zygomycetes (e.g. Absidia, Mucor, Rhizopus)
 - e. Opportunistic molds/septate hyaline molds (e.g. Aspergillus, Penicillium)
- b. Mycobacteria
 - a. Mycobacterium tuberculosis complex (e.g. M. tuberculosis)
 - b. Other Mycobacteria (e.g. M. avium, M. avium-intracellulare, M. fortuitum, M. gordonae, M. kansasii, M. leprae, M. marinum, M. scrofulaceum)
- c. Viruses and Other Microorganisms
 - a. Viruses (e.g. Cytomegalovirus, Herpes simplex, Influenza, Varicella-zoster)
 - b. Other Microorganisms (e.g. Chlamydia and Mycoplasma)
- d. Parasites
 - a. Blood and tissue protozoa (e.g. Plasmodium, Pneumocystis, Trypanosoma)
 - b. Intestinal and urogenital protozoa (e.g. Cryptosporidium, Entamoeba, Giardia, and Trichomonas)
 - c. Intestinal and tissue helminthes (e.g. Ascaris, Enterobius, hookworm, Schistosoma, Taenia, Trichinella, Trichuris)

G. LABORATORY OPERATIONS (5% OF TOTAL EXAM)

A. Quality Assessment

- a. Pre-analytical
- b. Quality control
- c. Compliance
- d. Regulation

B. Safety

C. Instrumentation

D. Laboratory Mathematics

E. Laboratory Information Systems

All Board of Certification examinations use conventional units for results and reference ranges

CC. HOW TO BE A SUCCESSFUL STUDENT

Here are a few suggestions I picked up on the internet as well as my own comments. Most of these seem so simple, but my experience is those students that fail academically did not follow these simple suggestions.

A. DEDICATION OF TIME

- A. Find out exactly what part of your time is devoted to basic tasks.
- B. Prepare a chart in half-hour units.
- C. Record how you spend your time over a period of a week or two.
- D. Categories would include sleeping, eating, attending class, time spent in laboratories, workshops, and the library, studying.
- E. Rule of thumb:
 - a. For every class hour expect to spend another 2 to 3 hours in study activities.
 - b. For the MLT classes you are taking this fall semester: You should plan on 11-20 hours per week for the lecture and 6 hours per week in lab preparation.
 - c. Crunch the numbers, and plan enough time to study 2-3 hours daily.
 - d. If you have distractions at home, study at school.

- e. No matter what anyone says: you CANNOT study as well watching the TV as you can in a quiet room.

B. PREPARE FOR CLASS

Never go to class unprepared. Too many students attend class with absolutely no preparation at all. It means that you could spend more of your time assimilating what the instructor was saying and less time taking notes on information that is already adequately covered in the textbook. Attend Every Class Meeting. Do not miss classes. Professionals do not pick and choose the days they will go to work. Do not justify non-attendance with the usual cop-outs such as “the instructor doesn’t say anything in class”, or “it’s all in the book”, or “the lectures are so boring”.

C. ASK QUESTIONS

If you do not understand something in class, ask the question. Trust me: there are others that have the same question, but are afraid to ask.

D. TAKING NOTES

Do not try to write down every word the instructor says. It is impossible to simultaneously listen to a lecture and transcribe it. Notes are not transcriptions; they are a few words, phrases, or simple drawings representing the major points and designed to jog your memory at some future date and enable you to recall the entire content.

E. READ THE BOOK

The instructor selected the text book(s) to accompany the class. There is NO WAY all the material can be presented during the time the class is together at the college. To get the full benefit from the class, students MUST read the text. Students should have college-level reading skills.

Reread the textbook and reread your notes. Repetition is an excellent way to learn, and besides, most of us often require multiple readings for full comprehension.

DD. HEPATITIS B, HEPATITIS C AND HIV

As a student entering the health care industry, it is essential that you be aware that you have chosen a program that has the potential to bring you in contact with blood borne pathogens such as Hepatitis B virus (HBV) and the Human Immunodeficiency virus (HIV). For this reason, Sandhills Community College

(SSCT), Center for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) have developed safety programs to protect you against work-related exposure to blood borne pathogens.

Although you will receive extensive training on how to protect yourself and others against these viruses, once you begin your training in Medical Laboratory Technology, we want to provide you with essential information prior to beginning the program to emphasize the serious nature of your work and your responsibility to following safety regulations. While it is our responsibility to inform you of these safety procedures, it is your responsibility to realize their importance and follow these safety rules without exception.

Hepatitis B virus, previously called Serum Hepatitis, is the major infectious occupational health hazard in the health care industry. There are thousands of cases of HBV in the United States each year. Of these cases of hepatitis, some will result in death due to hepatitis related cirrhosis, liver cancer, fulminate hepatitis, not to mention thousands of hepatitis related hospitalizations. A safe, immunogenic and effective vaccine to prevent Hepatitis B infection is available and recommended for all persons exposed to blood and body fluids, this includes both during school training and while working in the profession. The vaccine is essential for your protection, and a series of three shots should be completed before starting your clinical rotations. If you choose not to obtain this vaccine, a formal statement must be signed stating your refusal of the vaccinations.

There is no vaccine against HIV or Hepatitis C at this time. However, if a vaccine becomes available while you are enrolled in this program, we will inform you of its availability. Although the risk of obtaining an HIV infection is very small, safety precautions must be followed in the laboratory. The risk of exposure to hepatitis C is greater than HIV at this time. CDC and OSHA guidelines will be covered during your time in the program.

If you have any questions or concerns, do not hesitate to contact your physician, program director or education coordinator.

BLOOD BORNE PATHOGENS AND EXPOSURE- As a student in the MLT Program, we assume that you are at risk to exposure to blood borne pathogens, such as Hepatitis B and C and HIV. You will receive training for handling body fluids safely.

HEPATITIS B VACCINE-by this time you should have begun the vaccination series for Hepatitis B. You must have a blood test done when you have finished the series. This test will detect antibodies to Hepatitis B, indicating that you have immunity. About 5% of persons will not make antibodies with the first series. This non-seroconverter should repeat the hepatitis B series and the blood test for immunity. If no seroconversion occurs after the second series, no further vaccinations are recommended.

THE FOLLOWING STATEMENTS ARE FROM THE CDC

<http://www.cdc.gov/std/treatment/2006/hepatitis-b.htm#hepb6>

POST VACCINATION TESTING FOR SEROLOGIC RESPONSE

Serologic testing for immunity is not necessary after routine vaccination of adolescents or adults. Testing after vaccination is recommended for persons whose subsequent clinical management depends on knowledge of their immune status (e.g., health-care workers or public safety workers at high risk for continued percutaneous or mucosal exposure to blood or body fluids). In addition, testing is recommended for 1) HIV-infected persons and other immunocompromised persons to determine the need for revaccination and the type of follow-up testing; and 2) sex and needle-sharing partners of HBsAg-positive persons to determine the need for revaccination and for other methods to protect themselves from HBV infection.

If indicated, testing should be performed 1–2 months after administration of the last dose of the vaccine series by using a method that allows determination of a protective level of anti-HBs (≥ 10 mIU/mL). Persons determined to have anti-HBs levels of < 10 mIU/mL after the primary vaccine series should be revaccinated with a 3-dose series, followed by anti-HBs testing 1–2 months after the third dose. Persons who do not respond to revaccination should be tested for HBsAg. If HBsAg positive, the person should receive appropriate management (see [Management of HBsAg-Positive Persons](#)); if HBsAg negative, the person should be considered susceptible to HBV infection and counseled concerning precautions to prevent HBV infection and the need for HBIG PEP for any known exposure (see [PEP](#)).

In adolescents and healthy adults aged < 40 years, approximately 30%–55% acquire a protective antibody response (anti-HBs ≥ 10 mIU/mL) after the first vaccine dose, 75% after the second, and $> 90\%$ after the third. Vaccine-induced immune memory has been demonstrated to persist for at least 15–20 years. Periodic testing to determine antibody levels in immunocompetent persons is not necessary, and booster doses of vaccine are not recommended.

EE. HOW CDC RECOMMENDATION APPLIES TO THE MLT PROGRAM AND THE REQUIREMENT FOR HEPATITIS B VACCINATION

Question: I had all three vaccinations for Hepatitis B according to the Health requirements of the MLT Program. Do I need to have a blood test to determine if I am immune?

Answer: Yes. Laboratorians have a high risk of exposure to hepatitis B and up to 10% of vaccinated students may show no immunity after the first series of three vaccinations.

Question: I had all three vaccinations several years ago, but I was never tested for immunity to hepatitis B. What should I do?

Answer: You should be tested for antibodies to Hepatitis B. If you have the antibodies, you are considered to be immune and you do not need further vaccinations.

Question: I had all three vaccinations about ten years ago and my blood titer indicated I had immunity to hepatitis B. What should I do now?

Answer: The CDC is not recommending (at this time) boosters for persons having immunity in the past. However, you must provide the MLT Program with proof of the immunity. Obtain a copy of the lab report or a statement from your physician.

Question: I had all three vaccinations but my lab test indicates I still do not have immunity. What should I do next?

Answer: You should receive further vaccinations for Hepatitis B. The CDC recommends repeating the full series of three vaccinations and then be retested for immunity.

EXPOSURE INCIDENT PROTOCOL

(DETAIL ABOUT COUNSELING, POST EXPOSURE MANAGEMENT, AND FOLLOW-UP)

A. IMMEDIATE TREATMENT OF AN EXPOSURE SITE

Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water. No evidence exists that states using antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk of blood borne pathogen transmission; however, the use of antiseptics is not contraindicated. The application of caustic agents (e.g. bleach) or the injection of antiseptics or disinfectants into the wound is not recommended.

Immediately notify the instructor and fill out exposure incident report if student is determined to have had an exposure to human body fluids.

B. COSTS INCURRED

NOTE: The student will be responsible for all costs pertaining to the exposure incident

C. FACTORS TO CONSIDER IN ASSESSING THE NEED FOR FOLLOW-UP OF OCCUPATIONAL EXPOSURES

A. Type of exposure

- a. Percutaneous injury
- b. Mucous membrane exposure
- c. Nonintact skin exposure

B. Type and amount of fluid/tissue

- a. Blood
 - b. Fluids containing blood
 - c. Potentially infectious fluid or tissue (semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids)
- C. Infectious status of source
- a. Presence of HBsAg
 - b. Presence of HCV antibody
 - c. Presence of HIV antibody
- D. Susceptibility of exposed person
- a. Hepatitis B vaccine and vaccine response status
 - b. HBV, HCV, and HIV immune status

FF. BIOHAZARDOUS WASTE DISPOSAL

The college pays to have the biohazardous waste removed from the laboratories. To help contain costs, do not place anything in the biohazard containers that are not biohazardous. This includes: coffee cups, paper towels from washing hands, waste papers, food wrappers.

GG. CLINICAL LABORATORY PROFESSIONAL ATTITUDE ASSESSMENTS

Knowledge and manual skills are very important in the laboratory; however, the attitude the graduate has toward his/her profession, and fellow workers is just as important. Often attitudes cannot be “taught”, the MLT Program will make the student aware of expected behaviors and these behaviors will be periodically be evaluated and become part of the student grade. At times, evaluations of our attitudes by others are unpleasant or even painful. It is the goal of the faculty to help the student evaluate his own belief system as it relates to his/her profession, and make adjustments as necessary in order to become a valuable professional Laboratorians. It is not the goal to use these types of evaluations to “play favorites” or “punish” students. Graduates of this program are a reflection of the Program, the college, and the faculty. We take our responsibility to the profession and to the student seriously. In the end, it is much better to learn what the behavioral expectations are at the college, rather than discover them “accidentally” on the job, and perhaps lose employment.

Below are listed attitudes and behaviors which support those attitudes. You will find that many of the behaviors and attitudes are overlapping and not easily categorized into one single area.

ATTITUDE – is honest and displays integrity in his/her work, value for honesty and sound judgment, commitment to upholding professional ethics

SUPPORTING BEHAVIORS:

- Recognizes own mistakes and accepts responsibility for those mistakes
- Does not make excuses for mistakes and does not blame others for mistakes
- Never cheats on tests or other forms of evaluations
- Does not take short cuts on procedures to finish early, even if the lab is not graded or even if the instructors would not know if a short cut was taken
- Turns in his/her own work (lab results, etc.) even if his/her results do not “match” results of other students
- Does not change results on labs to what he/she thinks the results should be
- Work is neat, complete when submitted, but not re-copied
- Stays in lab to repeat tests determined to be possibly incorrect, even after others have left

Attitude – professional prioritization, determination that professionalism and patients test results take precedence, recognizes that quality of his/her work will directly affect the patient’s healthcare, values the expectations of the college and MLT program, as well as expectations of future employers

SUPPORTING BEHAVIORS:

- By putting personal and outside interests aside and concentrating on the tasks at hand and by coming to class with the necessary supplies and prepared to work, the student demonstrates the following attitudes and values
- Acceptance of responsibility for the completion of assigned work in an accurate and timely fashion
- By completing assigned tasks or solve problems, even when other students have left

ATTITUDE – respectful of others, instructors, classmates, other laboratory personnel, patients and their families

SUPPORTING BEHAVIORS:

- Accepts responsibility for his/her own behavior in such areas as punctuality, politeness, and dependability in group activities,
- Shows (both verbally and nonverbally) acceptance of differences in race and culture and academic ability,
- Does not become exasperated with students who have a different learning curve (may not pick up ideas and procedures as quickly),
- Displays patience and a willingness to help others.

ATTITUDE – displays initiative and dependability

SUPPORTING BEHAVIORS:

- Recognizes and voluntarily carries out unassigned but necessary tasks,
- Maintains a neat, clean and orderly work area without being reminded,
- Can be depended on to take responsibility when the student is Lab Manager for the week,
- Asks questions that show student has read the text and other materials,
- Punctual and attentive in class, participating in classroom discussions and supplemental activities, never late to class,
- If absence is absolutely necessary, student informs instructor ahead of time, seeks out instructor to make up missed work (does not expect instructor to contact her/him), consistently comes to class prepared (notes pre-printed, pertinent chapters are read, lab procedures read and outlined, etc.).

ATTITUDE – flexibility and ability to work under stress**SUPPORTING BEHAVIORS:**

- Accepts and adjusts to logistical limitations and reasonable changes in test dates, lab and lecture schedules,
- Calmly approaches unexpected problems and stressful situations without hysterics,
- Does not display the nonverbal (loud sighs, eye rolling, mumbling under breath, slapping pencil on the desk, etc.).

ATTITUDE – values organization/efficiency**SUPPORTING BEHAVIORS:**

- Performs lab work in a neat orderly manner,
- Approaches new procedures and problem solving situations with minimal confusion and need for extra help (prepared for lab and class),
- Practices the conservation of laboratory supplies,
- Complete assigned work in a timely fashion using appropriate protocol,
- Maintains neat, well stocked, organized work station.

ATTITUDE – values team work, cooperation with others, understands health care is many professionals working together**SUPPORTING BEHAVIORS:**

- Voluntarily shares equipment and reagents
- Offers to help others at appropriate times
- Is congenial and tactful

- Participates in group work cheerfully and fully (even if that is not the preferred method of learning).

ATTITUDE – understands his/her limitations, not overly confident beyond abilities, accepting of criticism and honest evaluation

SUPPORTING BEHAVIORS

- Respond to corrections and suggestions for improvement without being quarrelsome and defensive
- Does not insist he/she performed the procedure correctly when corrected by instructor (especially when wrong results are obtained)
- Does not perform procedures make decisions that s/he is not prepared to make.

ATTITUDE – concern for safety and welfare of self and others

SUPPORTING BEHAVIORS:

- Observes and follows the safety policies and regulations of the MLT Program, even if others are not following those behaviors,
- Maintains an organized, neat, and clean work area,
- Immediately takes care of safety hazards such as spilled water on floor, broken glass, specimen spills EVEN if the student was NOT the one responsible for accident,
- Makes bleach, empties trash, and other laboratory manager duties when it becomes the student's turn without reminding or prompting.

ATTITUDE – values cost containment

SUPPORTING BEHAVIORS:

- Carefully follows written and/or verbal instructions and precautions so procedures do not require repeating or whole test kits are not ruined,
- Reads procedures before coming to laboratory and outlines main steps for personal use.

Sandhills Community College MLT Teach Out Plan

- If the MLT program were to close, no more students would be accepted into the program.
- To reduce the potential for rumors, all current students and in-coming advisees would be sent a letter documenting the closure plan and timeline.
- The college would maintain faculty till all the students have completed the program.
- If a course is not offered that a student needed the college would look to provide the course from another college partner.
- Currently enrolled students will be able to complete the MLT program.

ACKNOWLEDGEMENT OF POLICIES

Please initial to acknowledge that you have read and agree with the policies of the MLT Program.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

Student's
initials

- _____ I understand that I must maintain a minimum of a "C" average in all required general education and MLT courses to continue in the MLT Program.
- _____ As a student in the MLT Program my academic performance will be evaluated as well as my affective (attitude) and my psychomotor (skills) performance.
- _____ I must have satisfactory performance in all three areas: academics, psychomotor, and affective. In the event that I am deficit in one area while passing the other two areas, I can be dropped from the program.
- _____ Dishonesty in learning can result in being dropped from the program and the Honor Code Policy will be followed.
- _____ I understand that the clinical site can request I be removed from the site. In this event, I will be dropped from the MLT Program.
- _____ I understand I am required to perform venipuncture and skin puncture to obtain blood specimens in the didactic phase as well as the clinical phase of the program.
- _____ I also understand that I will be asked to volunteer for other students to perform venipuncture and skin puncture on me.
- _____ I understand that due to my educational potential exposure to blood or other infectious materials, I may be at risk of acquiring a Hepatitis B viral (HBV) infection or other blood borne pathogens.
- _____ I am aware that I risk potential exposure to body fluids potentially capable of transmitting diseases. I will receive training how to protect myself from exposure and I am encouraged to receive the hepatitis vaccine series.
- _____ I understand that I am required to take and PASS the PASSPORT EXAM to be permitted to enroll in clinical rotations
- _____ I understand that I am required to take and PASS the EXIT EXAM to qualify to graduate.
- _____ I understand if an instructor at the college or at the clinical site suspects that I am impaired, creating an unsafe environment to myself or others, I will be sent home and the Impaired Student Policy will be followed.
- _____ I understand that I may be assigned to a site which is 75 miles from the college. I am responsible for my transportation. I understand that if sites are limited, the placement plan will be followed.
- _____ I understand that I am responsible for all costs incurred for my own health care in the event of any emergency or accident on campus, off campus during my commute, and at the clinical site. I have read and understand the MLT department policy concerning accidents, emergencies, and health care costs.
- _____ I understand all clinical site authorities will request a copy of my hepatitis B vaccination series and titer. It is my responsibility to keep a copy of my immunization record for this purpose. I will not request the MLT Program to make copies and/or fax and mail them for me.
- _____ I waive my FERPA rights and permit my file to be examined for the purpose of Program Accreditation.

- _____ As a part of the required training for the Medical Laboratory Technology program, I understand that venipuncture and finger puncture techniques will be performed on students by students or the MLT faculty. This training is done only under the direct supervision of the faculty for the Medical Laboratory Technology Program.
- _____ In participating in this training experience, I release Sandhills Community College and the Medical Laboratory Technology faculty from any liability, injury or illness of any kind that could arise from this learning experience.
- _____ I understand that I will enhance my employment opportunities by being flexible in my choices of place of employment and by being willing to seek employment outside of the immediate area.
- _____ The Medical Laboratory Technology Program Director and/or the Educational Coordinator have reviewed the information and policies in the *Medical Laboratory Technology Program Handbook* with me. As a Medical Laboratory Technology student, I accept the responsibility to abide by all policies as outlined in this handbook.
- _____ I understand that if I donate specimens for student laboratory testing, that the results from the testing of my specimen may be known to others in the classroom.
- _____ I understand that if I donate specimens for student laboratory testing, that the results from the testing may be incorrect and may not be reliable for diagnostic purposes.
- _____ I understand that I may not share the results from the student laboratory testing of student/instructor specimens with those persons who do not have a "need to know".
- _____ I will not look at the personal papers, reports, grades, etc. belonging to other students, even though they are in a no secure mailbox.
- _____ I will not look at the personal papers belonging to the instructors. These may include student work, student grades, quizzes, answers to quizzes, etc.
- _____ I understand that there are disciplinary consequences to not complying with the above Confidentiality Policies and my grade can be affected.
- _____ I understand that all patient information and test results must be maintained under strict confidentiality and that sharing patient information in an inappropriate manner can result in my dismissal from the MLT Program
- _____ I understand that I am expected to read the textbooks and other class materials for comprehension. I should not rely on lecture and PowerPoint presentations alone.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____