



# Phlebotomy

---

Student Handbook

2025-2026

## **Introduction**

The faculty, staff, and administration of the Phlebotomy Certificate Program of Southeastern Community College have developed this student handbook. Its purpose is to serve as a guide for all students enrolled in the Phlebotomy Certificate Program. It supplements the Southeastern Community College Credit Course Catalog and the SCC Student Handbook. Consequently, all policies and regulations from the college handbook and catalog are to be observed in addition to those outlined in the following pages. Each student is responsible for reading and compliance with the information contained in the handbook. We welcome you and want you to know that we are here to assist you in every way possible.

### **Notice: Change in Catalog/Handbook Statement**

The Southeastern Community College Phlebotomy Certificate Program reserves the right to change courses, requirements, and policies that are stated in this catalog and handbook without advance notice. Students will be informed of the change by email, mail, flyers, posts, and/or announcements.

### **Mission/Vision/Values**

#### **Mission**

Southeastern Community College provides accessible, quality program and services which promote student success and economic vitality.

#### **Vision**

Southeastern Community College, a visionary leader in lifelong learning, embraces diversity, transforms lives, strengthens communities, and inspires individuals to excellence.

#### **Values**

***Excellence:*** we are committed to the highest standards in all aspects of teaching, learning, and service.

***Integrity:*** we encourage honesty, respect and personal accountability among and between students, staff, and stakeholders.

***Stewardship:*** we are effective and vigilant stewards of our financial, physical, and human resources.

***Continuous Improvement:*** we promote evidence-based decisions and systems within a culture of empowerment and teamwork.

Southeastern Community College is an Affirmative Action/Equal Opportunity Employer. Southeastern Community College is a publicly supported community college serving Iowa counties of Merger Area XVI. The college makes every effort to ensure the accuracy of the content of this catalog, but reserves the right to make changes at any time without prior notice. This catalog is for informational purposes and does not constitute a contract. Published through the Office of Academic Affairs.

Southeastern Community College is accredited by the Higher Learning Commission. 230 South LaSalle Street, Suite 7-500 Chicago, IL 60604-1413 Phone: (800) 621-7440 / (312) 263-0456 Fax: (312) 263-7462 email: [info@hlcommission.org](mailto:info@hlcommission.org) <https://www.hlcommission.org/>

Southeastern Community College is accredited by the Iowa Department of Education.

Southeastern Community College is a member of:

- The American Association of Community Colleges
- Association of Community College Trustees
- Iowa Association of Community College Trustees
- Iowa Association of Community College Presidents • League for Innovation in Community Colleges

## **Academic Calendar**

Please use the following link for the current academic calendar. Link:

<https://www.scciowa.edu/meet/about/leadership/academic-affairs/calendar.aspx>

## **Phlebotomy Staff and Faculty**

Please feel free to talk with our health program faculty concerning any problems or concerns that arise during the college year. The faculty is here to do everything we can to assist you in becoming an efficient, effective, and competent professional.

***Kara Schreiner, CMA(AAMA), Allied Health Coordinator***

**Email:** [kschreiner@scciowa.edu](mailto:kschreiner@scciowa.edu)

**Phone:** 319-208-5213

**Office #:** HP204J

***Angela Shipley, RN, BSN Nurse Aide & Health Continuing Education Coordinator***

**Email:** [ashipley1@scciowa.edu](mailto:ashipley1@scciowa.edu)

**Phone:** 319-208-5278

***Nancy Roed, MSN, Ed., RN, Professor***

**Email:** [nroed@scciowa.edu](mailto:nroed@scciowa.edu)

**Phone:** 319-208-5223

**Office #:** HP204D

***Pam Peterson, Health Professions Administrative Assistant***

**Phone:** 319-208-5391

**Email:** [ppeterson@scciowa.edu](mailto:ppeterson@scciowa.edu)

**Office #:** HP104D

## **Phlebotomy Class Information This Page is For -Non-Credit Students Only**

68 Hour Class, 48 Hour Externship

This non-credit program consists of 68 hours of lab and classroom time as well as 48 hours of externship. This course prepares students to function as a phlebotomist in medical laboratory setting. In addition to learning how to properly collect blood specimens, students will learn about the role of a phlebotomist, infection control, safety practices, medical terminology, anatomy and effective communication. Upon completion of the course, students will be eligible to take the Phlebotomy Technician Certification exam through the National Healthcareer Association (NHA) if: 18 or older, have a high school diploma or equivalent and complete a minimum of 50 venipunctures and 10 capillary sticks during externship.

Non-Credit students need to see Pam Peterson, Health Professions Administrative Assistant to pay for the course. The Course must be paid for prior to the start date. You can self-pay or a third-party agreement can be made through your employer. To pay for non-credit Phlebotomy please contact Pam Peterson at 319-208-5391 For all other questions regarding the non-credit phlebotomy program please contact, Angela Shipley at 319-208-5278.

### **Equipment and Obligations List (required) At student's expense.**

<b>Course: Non-Credit</b>	<b>\$1200.00</b>
<b>Text book:</b>	<b>\$34.00</b>
<b>Workbook:</b>	<b>\$15.00</b>
<b>Mandatory Requirements:</b>	
○ Criminal background check <b>included in your tuition fee</b>	\$56
○ Urine drug screen, if, "for cause", necessary	\$45
<b>Medical Requirements: cost may vary</b>	
a. Hepatitis B vaccination series	\$120
b. Tb skin tests x 2 (SCC WB clinic, open Mondays 8:30am-4pm)	\$15- \$30 each
c. Physical Examination	\$75 - \$150
d. MMR	\$50 - \$150
e. Titers x 3 (if needed)	\$100-\$200
f. Diphtheria/Tetanus Booster (if needed)	\$30 - \$50
g. Varicella vaccination	\$50 - \$75
h. Influenza vaccination	\$30 - \$45
<b>Mandatory Certifications/registrations and Testing:</b>	
○ Mandatory Reporter Dependent Adult & Child Cert.	\$0
○ HIPAA Training Certificate	\$45
○ Bloodborne & Airborne Pathogens Cert with HIPAA bundled	\$36 bundled
<b>Supplies:</b>	
-Watch with second hand (No smart watches)	\$9-\$40 (prices vary)
-Notebook	Prices Vary
-Blue or Black Pen	Prices Vary
Computer access with Microsoft Word (free through SCC Hawknet)	\$0
Internet access	Prices Vary
<b>Uniform:</b> Single color scrubs (no red, hunter green or dark blue)	Prices Vary

## **Phlebotomy Course Overview**

### **Course Information**

Course: Phlebotomy MPA 201-E101E

Credits: 4 (Lecture: Lab: 1 On Job Training: 1)

Class Time/Dates/Location: TBD each semester. Lecture/Lab is usually one night a week.

Location: HP205

### **Phlebotomy Certificate Program Philosophy**

In complying with the philosophy and objectives of Southeastern Community College, the Phlebotomy Program in less than one year, you can have a rewarding job in health care. Apply a variety of medical procedural functions to patients who need your compassion.

The Phlebotomy Program will prepare the student to enter the healthcare profession as a phlebotomist. The program will incorporate competency-based learning outcomes. The student will gain skill development in the performance of a variety of blood collection methods using proper techniques and standard precautions. The student will also learn to develop communication and interpersonal skills to interact with patients effectively and obtain knowledge on infection control and safety practices, confidentiality and legal concepts, as well as medical terminology.

### **Course Description**

This course consists of 64 hours of classroom/lab time and 48 hours of externship to prepare students to function as a phlebotomist in a medical laboratory setting. Students will gain skill development in the performance of a variety of blood collection methods using proper techniques and standard precautions. There is an emphasis on infection control, OSHA standards, patient identification, specimen labeling and handling, and quality assurance.

### **Instructor Information**

Instructor: Nancy Roed MSN. Ed., RN

Email: [nroed@scciova.edu](mailto:nroed@scciova.edu)

Phone: 319-208-5223

**Program Summary Sheet 2025-2026 (subject to change, approx. cost)**

Course #	Course Name	Credits	In-State Tuition	Out-of-State Tuition
HSC-114	Medical Terminology	3	\$666.00	\$681.00
MAP-401	Medical Law and Ethics	1	\$222.00	\$227.00
MAP-431	Human Relations	1	\$222.00	\$227.00
MAP-201	Phlebotomy	3	\$666.00	\$681.00
	Total	8	\$1,776.00	\$1,816.00

\*\*\*\*Note: To complete the certificate, students must complete all courses with a “C” or better. \*\*\*\*

**Course Descriptions**

**HSC-114 - Medical Terminology**

Lecture: 2

Lab: 2

This course is designed to study the basic language related to medical science with emphasis on word analysis, construction, definitions, pronunciations, spelling and standard abbreviations.

**MAP-401 - Medical Law and Ethics**

Lecture: 1

This course is designed to familiarize the student with legal concepts of standard of care, scope of employment, criminal and civil acts, contracts, negligence and ethical concepts.

**MAP-431 - Human Relations**

Lecture: 1

This course includes fundamental principles related to human relations. Basic psychological and developmental theorists, factors influencing behavior, professional attitudes and behavior, self-improvement, and communication in the health care setting are emphasized.

**MAP-201 - Phlebotomy**

Lecture: 2

Lab: 1

On Job Training: 1

This course consists of 64 hours of classroom/lab time and 48 hours of externship to prepare students to function as a phlebotomist in a medical laboratory setting. Students will gain skill development in the performance of a variety of blood collection methods using proper techniques and standard precautions. There is an emphasis on infection control, OSHA standards, patient identification, specimen labeling and handling, and quality assurance.

Program Curriculum		Course # & Name
Minimum Program Requirements		
Obtain Blood Samples:	Proper patient identification Physiological aspects of blood collection Prepare patient/select proper venipuncture sites Use of proper tube draw Perform venipuncture and capillary punctures Heel punctures on infants Provide proper post care Maintain specimen integrity Follow transfusion services protocols	MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy
Specimen Collection and Processing:	Proper handling to maintain integrity Time/Temp requirements Proper station for delivery Process for shipping Instruct patient in urine/other specimen collection requirements Collection/POCT specimens	MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy
Professional Communication:	Develop/use proper and professional communication skills  Proper telephone technique and etiquette Inform patients of special test requirements	MAP-431-Human Relations/MAP-201-Phlebotomy  MAP-201-Phlebotomy MAP-201-Phlebotomy
Terminology, Anatomy and Physiology:	Basic terminology, including suffixes, prefixes and root words  Basic physiological symptoms  Basic anatomy	HSC-114-Medical Terminology/ MAP-201-Phlebotomy HSC-114-Medical Terminology/ MAP-201-Phlebotomy HSC-114-Medical Terminology/ MAP-201-Phlebotomy
Time Management/ Assignment Organization:	Read orders/ requisitions Set priorities for collection Schedule time intervals for tolerance test Schedule time intervals for drug-dependent tests Refer problems to supervisors appropriately Cooperate with coworkers in the completion of assignments	MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy
Clerical Skills/Duties:	Chart/file laboratory reports Maintain inventory levels/ order and restock supplies Enter/retrieve/verify patient collection data and special notations using appropriate sources	MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy MAP-201-Phlebotomy

Safety Standards/ Procedures:	<p>Identify appropriate regulatory and standard setting agencies</p> <p>Material safety data sheets (MSDS) use</p> <p>Employ universal/ standard precautions</p> <p>Employ infection control and isolation techniques</p> <p>Recognize patient problems related to syncope, nausea, etc.</p>	<p>MAP-401-Medical Law and Ethics/MAP-201 Phlebotomy</p> <p>MAP-201 Phlebotomy</p> <p>MAP-201 Phlebotomy</p> <p>MAP-201 Phlebotomy</p> <p>MAP-201 Phlebotomy</p>
Legal, Ethical and Professional Considerations:	<p>Principals of liability regarding phlebotomy practices</p> <p>Employ professional conduct and appearance</p> <p>Perform duties professionally, ethically, and legally, adhering to criminal justice and civil rights acts</p>	<p>MAP-401-Medical Law and Ethics/MAP-201 Phlebotomy</p> <p>MAP-401-Medical Law and Ethics/MAP-201 Phlebotomy</p> <p>MAP-431-Human Relations/MAP-401-Medical Law and Ethics/MAP-201 Phlebotomy</p>

### **Course Materials**

#### **Required Textbook (purchased at SCC bookstore, \$34.00, approx. cost, subject to change)**

Hartman's Complete Guide for the Phlebotomy Technician  
Hartman Publishing, INC  
Second Edition, 2e

#### **Required Workbook (purchased at SCC bookstore, \$15.00, approx. cost, subject to change)**

Hartman's Complete Guide for the Phlebotomy Technician  
Second Edition, 2e  
Hartman Publishing, INC

### **Handbook**

Provided in MAP-201-Phlebotomy Course

\*\*\*Required Course Materials:

Readings/Other Resources: To be announced if needed Recommended Materials: Appropriate attire for externship

Equipment and Obligations List (required for credit and non-credit students)		
<b>*****Note: The following will be at the student's own expense unless otherwise stated. This list is not all-inclusive, but a close approximation. Fees may vary. List may vary depending on courses *****</b>		
<b>Admission Process for the Program (All are required and must be completed prior to acceptance of the program)</b>		
<b>Text book: Can be purchased at SCC Bookstore (financial aid may cover, but not guaranteed)</b>	<b>approx. cost,</b>	
<b>subject to change</b>	<b>\$34.00</b>	
<b>Workbook: Can be purchased at SCC Bookstore (financial aid may cover, but not guaranteed)</b>	<b>approx. cost</b>	
<b>subject to change</b>	<b>\$15.00</b>	
<b>Mandatory Requirements:</b>		
o Criminal background check <b>included in your tuition fee</b>		\$56
o Urine drug screen, if, “for cause”, necessary		\$45
<b>Medical Requirements: cost may vary</b>		
i. Hepatitis B vaccination series		\$120
j. Tb skin tests x 2 (SCC WB clinic, open Mondays 8:30am-4pm)		\$15- \$30 each
k. Physical Examination		\$75 - \$150
l. MMR		\$50 - \$150
m. Titers x 3 (if needed)		\$100-\$200
n. Diphtheria/Tetanus Booster (if needed)		\$30 - \$50
o. Varicella vaccination		\$50 - \$75
p. Influenza vaccination		\$30 - \$45
<b>Mandatory Certifications/registrations and Testing:</b>		
o Mandatory Reporter Dependent Adult & Child Cert.		\$0
o HIPAA Training Certificate		\$45
o Bloodborne & Airborne Pathogens Cert with HIPAA bundled		\$36 bundled
<b>Supplies:</b>		
-Watch = (No smart watches)		\$9-\$40 (prices vary)
-Notebook		Prices Vary
-Blue or Black Pen		Prices Vary
Computer access with Microsoft Word (free through SCC Hawknnet)		\$0
Internet access		Prices Vary
<b>Uniform:</b> Single color scrubs (no red, hunter green or dark blue)		Prices Vary

### Quality Standards

Upon completing this course student should be able to:

1. Understand the role of a phlebotomist and where they fit in the healthcare field.
2. Maintain good infection control and safety practices.
3. Understand anatomy and medical terminology and how they relate to laboratory tests.
4. Understand proper patient identification and good labeling practices.
5. Assemble all equipment needed for the phlebotomy procedure.
6. Successfully locate veins and draw blood from patients.
7. Communicate effectively with patients as well as other healthcare professionals.
8. Analyze information and make decisions in a timely and effective manner.

## **Methods of Instruction (Assessment of Students)**

Students will be assessed by the following: Participation in lecture, group activities, projects, tests, and clinical performance. Instructional methods will include: lecture, case studies, lab, and clinical experience.

## **Grading Policies**

### **Grading Scale:**

<b><u>Percentage</u></b>	<b><u>Letter Grade</u></b>
90%-100%	A
89%-80%	B
79%-70%	C
69%-60%	D
60% or Below	F

Students will be graded on classroom assignments, quizzes, and tests. Grades are as follows: Although this class is a pass/fail credit, there will still be grades on all classroom activities. Clinical experience is pass/fail only. If clinical experienced is failed, entire class is failed.

## **Attendance Policies**

Southeastern Community College feels that classroom, lab and externship attendance is a very important factor toward successful completion of the Phlebotomy Certificate Program. Students are expected to attend all classroom and lab sessions.

Attendance records are kept and students are expected to attend **ALL** classes, lab, and clinical sessions. If an absence is unavoidable the student **MUST** talk with the instructor, or the absence is unexcused. A student can only have 2 absences before their grade is deducted. A 5% off total grade at end of the semester for each additional absence.

Please notify instructor in a timely manner if unable to attend class. The ability to become a great phlebotomy and the ability to take the phlebotomy national exam depends on the hours in class. Therefore, a large number of missed classes may qualify for failure.

**Instructor Policies: Policies may vary per instructor. See course syllabus**

1. Cell phones/Pagers/Texting: These devices are disruptive to the learning environment and are to be turned completely off (NOT on vibration) prior to entering the classroom. Students who are expecting an emergency phone call may turn their device to "vibrate" only with prior approval of the instructor and must step out of the classroom to answer the call.
2. Tardiness: Walking into class after lecture, discussion, exam, or quiz has begun is disruptive to classmates and the instructor; therefore, please arrive on time. It is upon the discretion of the instructor rather or not a student will be allowed to complete or make up a quiz in this instance.
3. All expectations of the Code of Conduct for student behavior signed the first day of class will be followed.
4. Come prepared for Lecture/Lab.
5. Be Professional at all times.
6. Complete all course work and externship hours.

**Externship Clinical Setting:**

- A. Scrubs, name tag, watch, black pen
- B. Hair well-groomed. If longer than shoulder length the hair must be pulled up off the neck. Beards must be kept well-trimmed.
- C. Bring Externship Packet
- D. All piercings should be a stud or post. No necklaces unless approved due to religious or cultural reasons. No bracelets. Rings should not be worn.
- E. SCC is not responsible for any lost, stolen or damage items.

**UNIFORM REQUIREMENTS EXTERNSHIP**

Student uniforms will be one solid color. (No red, navy or hunter green). All uniforms are to be purchased by the student and solely at the student's expense. If you can not afford scrubs please contact the Allied Health Coordinator, Kara Schreiner at [kschreiner@scciova.edu](mailto:kschreiner@scciova.edu).

**Externship/Community Events Dress Code**

Students are required to be prepared always and dress in the following professional manner:

- Uniform is to be worn at all times during the externship and other activities deemed by the instructor. No exceptions.
- Uniforms must be clean and wrinkle free.

- Scrub pants must be hemmed to proper length. Scrub pants should not be worn over jeans or sweat pants, etc .... Doing so compromises the professional look of the attire.
- A soiled, wrinkled and/or torn uniform will not be tolerated on campus, community events or at the externship setting as it is considered offensive and fails to demonstrate professionalism and meet the uniform/dress code standards. Improper attire may result in being sent home for the day.
- Uniforms must be free of the smell of smoke, pet dander, perfume or cologne.
- Uniforms are short sleeved. Optional White Lab Coat may be purchased. long sleeve No T-shirts or sleeves of any type will be permitted. Sweaters may not be worn at externships. Short sleeve tee shirts and tanks tops are allowed to be worn under the scrub tops, but must be tucked in.
- Undergarments are not to be visible.
- Clean white or black shoes or solid white athletic shoes, vinyl or leather.
- **NO open toe or heel, mesh, or canvas shoes allowed according to OSHA regulations**
- White or black socks above the ankle.
- Picture ID badge (instructor will set up a time during class and let you know, TBD)
  - Required to be visible at all times during externship
  - Required to be worn at all times during externship
  - Placed on the left upper side
- Bring a Blue or Black Ink Pen.
- Watch
- Cleanliness--will be required for sanitary and aesthetic reasons. Halitosis (ie: poor dental hygiene, coffee/tea/garlic/onion/strong curry or other food odors, tobacco odors) is considered unprofessional and not allowed during a medical assisting classroom, community event or externship activity.
- The following are prohibited: body odor, perfumes, colognes, strong after-shave and lotions (*because of offensiveness and/or because they are medically dangerous to others, for the comfort of your peers, this policy is also requested in the classroom, lab, and the testing center*).
- Nails--safe length (must NOT extend beyond the finger tips), clean, and neatly manicured. Artificial nails or anything other than clear polish is not acceptable per the Iowa Department of Public Health and OSHA standards.
- Jewelry--**NONE** allowed except for wedding band, watch with secondhand and one set of small stud earrings (one per ear). Dental grilles are prohibited. Valuable jewelry is highly advised to not be worn at the externship site.

Southeastern Community College is not responsible for any lost, stolen or damaged jewelry while at the externship site or during any lecture or lab. No necklaces unless approved due to religious or cultural reasons. No bracelets. Rings should not be worn.

- Piercings--ALL visible pierced jewelry must be a stud only. If you have a tongue piercing, the stud must be removed for externship and any labs or events involving the community. Bull rings are not allowed. If you have questions please ask the Allied Health Coordinator.
- Hair--up, off collar or neck, neat and away from face, no hair ornaments. Facial hair must be well trimmed. Hair should reflect professionalism. Sideburns, mustaches and/or beards are to be clean, short and neat. (OSHA N95 fitting)
- Make-up--no excessive use.
- No gum use during externship, lab or community events.
- **WITHOUT EXCEPTION** - Students will present themselves in appropriate professional attire during their medical assisting academic terms. In such attire, representation of the Southeastern Community College Phlebotomy program must be demonstrated in a positive, professional manner whether on or off campus, or in the externship facility. Noncompliant students' risk being sent home, receiving a zero for the day or receiving an unexcused absence.

**Note: You are entering a helping profession, one of service to others, not a profession of individualization.**

Students not meeting the professional, Uniform/Dress Code and Personal Appearance standards will be directed to leave the setting until properly attired or properly conducting themselves. Remediation will be required with the Program Coordinator. Repeated offences will be deemed noncompliance with the dress code/professional standards and may result in disciplinary action or dismissal from the Phlebotomy Program.

## **Non-Discrimination Statement-Board Policy 107**

### **Board Policy 107**

#### **BOARD POLICY TYPE: PHILOSOPHY & GOALS**

#### **POLICY TITLE: Nondiscrimination Statement**

It is the policy of the Southeastern Community College not to discriminate on the basis of race, color, national origin, sex, disability, age, employment, sexual orientation, creed, religion, and actual or potential family, parental, or marital status in its programs, activities, or employment practices.

If you have questions or complaints related to compliance with this policy, please contact the Director of Human Resources (employment concerns) at 319-208-5063 or the Dean of Students (student concerns) at 319-208-5101 (student concerns) at 319-208-5049, 1500 West Agency Road, West Burlington, Iowa 52655, [equity@scciowa.edu](mailto:equity@scciowa.edu) or the Director of the Office for Civil Rights U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, Telephone: (303) 844-5695 Facsimile: (303) 844-4303, TDD 800-877-8339 Email: [OCR.Denver@ed.gov](mailto:OCR.Denver@ed.gov).

Nondiscrimination statement is pursuant to requirement by Iowa Code §§ 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.).

## **Services for Students with Disabilities**

It is the policy of SCC to comply with the access provisions of the state and federal civil rights legislation for persons with disabilities. Southeastern offers reasonable accommodations to encourage and ensure that persons with disabilities have equal access to education. Through disability services, accommodations are made available to qualified students with a documented disability. It is the recommendation of the Disability Services Coordinator that students contact the office as soon as possible to self-identify early so that they can work together to determine eligibility, identify issues and get reasonable accommodations in place. Each individual's needs and abilities are evaluated in accordance with ADA. **How do I know if I have a disability?**

If you are unsure that you have a disability, but would like to learn more, contact [amickelson@scciowa.edu](mailto:amickelson@scciowa.edu) for more information or to schedule an appointment.

Accommodations will vary from person to person based on how their disability affects them. Reasonable accommodations are modifications or adjustments to the tasks, environment, or to the way things are usually done that enable individuals with disabilities to have an equal opportunity to participate in an academic program. For further information please visit: <https://www.sccowa.edu/meet/services/accessibility.aspx>

Any student who feels they may need academic accommodations and/or assistance should contact a student advocate. The Advocate will coordinate appropriate and reasonable accommodations and/or assistance if needed. **Refer to Essential Functions Statement Form – contact Angela Mickelson, Student Success Advocate.**

### Physical Examination Requirement –

Students must have a physical examination completed by a health professional (physician, NP, PA) prior to starting the program. **See Appendix/Handouts** for Demographic Sheet and Physical Examination Form.

### Immunization / Lab Testing Requirements -

- Diphtheria-Tetanus – Booster must be recorded within the last 8-10 years.
- Tuberculin Skin Test - Two consecutive Mantoux Skin Tests must be given before the start of the fall term classes. This is called a Two-Step Tuberculin (Mantoux) Test. QuantiFERON Gold Blood testing is also acceptable.
  - Any student with a positive skin test is required to get a chest x-ray. (Exception: Pregnant students would have x-ray only with their physician's approval order; otherwise a sputum culture would be acceptable).
- Polio – This immunization/booster is completed at the discretion of the student's physician.
- MMR – Students must be able to document receiving two MMR vaccinations (specific dates) **OR** have a Rubella titer, Mumps titer and Rubella titer drawn. If titers are insufficient, the student needs to receive respective vaccinations of Rubella, Mumps and/or Rubella (unless contraindicated by their physician).
- Hepatitis B – Student are strongly encouraged to receive the Hepatitis B vaccine for their own protection. A consent/waiver form must be signed which indicates the student's intentions of receiving this vaccine. This will be a 3-dose series: #1 – initial dose; #2 – in one month; and #3 – 6 months from the initial dose.
  - Note: Some offices have declined to allow students to perform some procedures and/or unable to host student at their facility who have not received their Hepatitis B vaccine series.
- Varicella – Document date of serologic proof of immunity; or prior vaccination; or history of varicella. If unable to document, suggest being given 2 doses of varicella vaccine 4 weeks apart (unless contraindicated by their physician)
- Influenza Vaccine – highly recommended during season for student and patient protection,
  - Note: Some offices may decline to host students at their facility who have not received their Influenza vaccination.
  -

These immunization dates of documentation need to be recorded either on the provided form verified by physician/provider or a copy of a physician's/provider's electronic health record, or department health record.

### Occupational Risks

Phlebotomy Program works directly with providers and patients, with the goal of providing healthcare and ensuring patient safety. It is a position with a great deal of responsibility. As with any healthcare position, there are certain occupational risks that come into play with being a phlebotomist, and those hazards include but are not limited to the following:

- Exposure to infectious diseases
- Sharps injuries
- Airborne and bloodborne pathogens, and biological hazards
- Hazardous chemical and drug exposures, direct and indirect
- Ergonomic hazards from lifting, sitting, and repetitive tasks
- Possible upper and lower back, neck, leg and wrist injuries or issues
- Latex allergies
- Stress and stress related illnesses

At the same time, there are protections set up with the Occupational Safety and Health Act (OSHA), and those protections are particularly important within a healthcare environment. OSHA has a series of standards that protect the safety of healthcare workers and patients.

## BBP Certificate Requirement

All Phlebotomy students are required to obtain a certificate for compliance with Bloodborne Pathogen Exposure Guidelines prior to externship. Due date will be given on the first day of class. Students must provide a copy of the certificate to the Program Coordinator prior to the program start.

## Bloodborne Pathogen Exposure Guidelines

Students may be participating in activities within the Health Programs which have potential for exposure to infectious diseases including but not limited to Hepatitis B and HIV. All measures must be exercised to minimize the risk. Students who fail to comply, thereby jeopardizing the safety of others or themselves, may be asked to withdraw from their respective program. **See Appendix/Handouts** for Hepatitis B Vaccine Consent/Waiver Form.

In the event of an exposure to blood and/or body fluids (e.g. an occupational incident involving eye, mouth, other mucous membrane, non-intact skin, or parenteral contact), the student must report the incident immediately to the instructor or clinical supervisor and file an incident report for the college.

Follow-up evaluation will be required consistent with Federal regulations. This may involve going to their personal physician/provider or the emergency room. Students are responsible for the cost of their own medical care.

## Hepatitis B

It is highly recommended that all Health Program students providing direct patient care receive immunization against Hepatitis B. Although this is not required, it is highly recommended and is considered to be an extremely good investment. Students are particularly vulnerable to contamination as their hand skills generally are not yet well developed. Although the incidence of the infection is relatively low, the outcome can be fatal. Since there is a vaccine available, all health care providers who are at risk are encouraged to become immunized.

## The Disease

Health care professionals are at increased risk of contracting Hepatitis B infection. Hepatitis B is usually spread by contact with infected blood or blood products. The risk of acquiring Hepatitis B increases with the frequency of blood contact. Hepatitis B virus may also be found in other body fluids, such as urine, tears, semen, vaginal secretions and breast milk. Hepatitis B infection can have severe consequences, including progressive liver damage and the possibility of developing hepatocellular carcinoma. Six to ten percent of the people who contract the virus become chronic carriers.

## The Vaccine

Vaccination is the only available means of protection against Hepatitis B. No currently available therapy has proven effective in eliminating the infection. This vaccine, prepared from recombinant yeast cultures, is free of association with human blood or blood products. Full immunization requires three doses of the vaccine over a six-month period. Because of the long incubation period for Hepatitis B, it is possible for unrecognized infection to be present at the time the vaccine is given, and in that case, the vaccine would not prevent development of clinical hepatitis.

## Procedures

You will need your physician's approval or order prior to being immunized. He or she will provide you with information regarding the contraindications and side effects of the vaccine. Contact your physician for additional information.

## Education

As part of the curriculum all students in Health Occupations programs will receive instruction regarding Hepatitis B and HIV essential to providing assigned patient care.

This shall include but not be limited to:

1. Epidemiology
2. Method of transmission
3. Universal blood and body fluid precautions
4. Types of protective clothing and equipment
5. Work practices appropriate to the skills they will perform

6. Location of appropriate clothing and equipment
7. How to properly use, handle, and dispose of contaminated articles
8. Action to be taken in the event of spills or personal exposure
9. Appropriate confidentiality and reporting requirements

### **Post Exposure Procedure for Students in Health Programs**

1. If a student has been exposed to a contaminant parenterally (needle stick or cut) or superficially through a mucous membrane (eye or mouth) they are to follow the following procedure:
  - a. Inform instructor of incident immediately.
  - b. Immediately wash the affected area with the appropriate solution (soap and water, alcohol, or water - depending upon contact area).
  - c. Student: seek appropriate medical attention through their personal physician/agency (students are responsible for their own medical care and cost). This may include baseline testing for HIV antibody at this time, followed by recommended series of testing. (Physicians may also inquire about the student's status in regard to tetanus and hepatitis immunization at this time.)
  - d. Source individual: follow institutional (agency) policy regarding determining HIV and hepatitis status of patient, (students may be responsible for the cost of any testing).
  - e. Maintain confidentiality of patient.
  - f. Seek appropriate counseling regarding risk of infection.
  - g. Complete occurrence report; obtain copy for student's file on campus.

Additional Policies and Procedures: See Southeastern Community College Student Handbook /Catalog for any policies not specifically discussed in this program handbook. <https://www.scciowa.edu/meet/services/>

### **Core Performance Standards for Healthcare Career Programs**

Iowa Community Colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

<b>CAPABILITY</b>	<b>STANDARD</b>	<b>SOME EXAMPLES NECESSARY ACTIVITIES(NOT ALL INCLUSIVE)</b>
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	Identify changes in patient/client health status Handle multiple priorities in stressful situations
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	Identify cause-effect relationships in clinical situations Develop plans of care as required

Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<p>Establish rapport with patients/clients and members of the healthcare team</p> <p>Demonstrate a high level of patience and respect</p> <p>Respond to a variety of behaviors (anger, fear, hostility) in a calm manner</p> <p>Nonjudgmental behavior</p>
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<p>Read, understand, write and speak English competently</p> <p>Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods</p> <p>Explain treatment procedures</p> <p>Initiate health teaching</p> <p>Document patient/client responses</p> <p>Validate responses/messages with others</p>
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<p>Retrieve and document patient information using a variety of methods</p> <p>Employ communication technologies to coordinate confidential patient</p>

CAPABILITY	STANDARD	SOME EXAMPLES NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> <li>The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available</li> </ul>
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> <li>Position patients/clients</li> <li>Reach, manipulate, and operate equipment, instruments and supplies</li> <li>Electronic documentation/ keyboarding</li> <li>Lift, carry, push and pull</li> <li>Perform CPR</li> </ul>
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> <li>Hears monitor alarms, emergency signals, auscultatory sounds, cries for help</li> </ul>

Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> <li>• Observes patient/client responses</li> <li>• Discriminates color changes</li> <li>• Accurately reads measurement on patient client related equipment</li> </ul>
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> <li>• Performs palpation</li> <li>• Performs functions of physical examination and/or those related to therapeutic intervention</li> </ul>
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> <li>• Move quickly and/or continuously</li> <li>• Tolerate long periods of standing and/or sitting as required</li> </ul>
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> <li>• Adapt to rotating shifts</li> <li>• Work with chemicals and detergents</li> <li>• Tolerate exposure to fumes and odors</li> <li>• Work in areas that are close and crowded</li> <li>• Work in areas of potential physical</li> </ul>

## SCC Health Career Programs ESSENTIAL FUNCTIONS GUIDELINES

The following essential functions have been identified as necessary abilities for participation in the Health Programs at Southeastern Community College.

1. Must be able to maintain balance from any position.
2. Must be able to lift at least 40 pounds.
3. Must be able to hear high and low frequency sounds produced by the body and environment. (Example: heart sounds, telephone, and transcribing)
4. Must be able to visibly detect changes in or around patients.
5. Must be able to feel body changes and vibrations. (Example: palpate pulse, intercostal spaces, and veins).
6. Must be able to smell body and environmental odors. (Example: electrical equipment burning or infected wounds).
7. Must be able to coordinate eye and hand movements. (Example: releasing a blood pressure cuff valve while observing the blood pressure gauge, focusing microscopes, and word processing)
8. Must be able to coordinate fine and gross motor movements with hands. (Example: able to give injections and perform phlebotomy).
9. Must be able to see different color spectrums. (Example: bright red drainage as opposed to serous drainage, distinguish positive and negative urinalysis reactions).
10. Must be able to comprehend readings and write legibly when documenting notes on patients' records.
11. Must be able to send familiar message(s) to the receiver and interpret the feedback appropriately. (Example: receiving telephone orders from a physician or obtaining history from a patient).
12. Must be able to correctly perform simple mathematical computations for administering drugs (without the use of a calculator) and bookkeeping.

13. Must be able to demonstrate a mentally healthy attitude which is age-appropriate and congruent with the local and cultural norms.
14. Must be able to input/output data using the computer.
15. Must be able to perform all aspects of cardiopulmonary resuscitation (CPR).
16. Must be able to move quickly throughout the clinical site.

The instructor reserves the right to amend and augment this listing if, in his/her professional judgment, the safety of the student or of others in the instructional setting is in jeopardy.

Every effort is made to create a learning environment similar to the actual workplace. However, Southeastern Community College cannot predict the essential functions as identified by various employers. The skills identified on this essential function form are those which the program feels are necessary for participation in the program. No representation regarding industry standard is implied.

**Sign and complete Essential Functions Student Statement Form (provided in Appendix) and give to program coordinator. See Essential Functions for Health Career Program and Iowa Core Performance Standards Form.**

### **Ethical and Professional Conduct**

Southeastern Community College Health Career Program faculty expect students to comply with standards of ethical and professional conduct. Enrollment of a student in the Phlebotomy, Medical Assisting, Medical Coding and Billing, Respiratory Care, Nursing, Emergency Medical Services and Health Career Continuing Education programs constitutes student agreement to comply with the standards.

All members of this academic community are responsible for the academic and professional integrity of the program. Students must demonstrate such integrity at all times in completing classroom assignments, in taking examinations, in performing patient obligations and in dealing with others. It is also the responsibility of students to report acts of academic dishonesty and professional misconduct to faculty or to school administration.

Ethical and professional conduct means that the student will demonstrate the following:

1. Honesty and integrity:
  - a. Act with honesty and integrity in academic matters and professional relationships.
2. Trustworthiness:
  - a. Demonstrate dependability to carry out responsibilities.
3. Empathy and cultural diversity:
  - o Differentiate appropriate interpersonal interaction with respect to culture, race, religion, ethnic origin, gender, and sexual orientation.
  - o Demonstrate regard for differing values and abilities among peers, other health care professionals, and patients.
4. Communication:
  - a. Communicate effectively with faculty, staff, students, patients, and other professionals.
  - b. Demonstrate confidence in actions and communications.
  - c. Formulate written communications with professional content and tone.
5. Punctuality:
  - a. Demonstrate punctuality in academic and professional environments.
  - b. Adhere to established times for classes, laboratories, professional experiences, and meetings.
  - c. Comply with established verbal and written deadlines.
6. Professional behavior:

- a. Display professional behavior toward faculty, staff, students, patients, and other health professionals in the classroom, laboratory, and professional settings.
  - b. Show regard for persons in authority in classroom, laboratory, and professional settings.
  - c. Exhibit fitting behavior when representing the health career programs in extracurricular activities and professional meetings.
7. Ethical standards:
- a. Demonstrate high ethical standards related to education and practice.
8. Social contracts:
- a. Demonstrate professional interactions with patients.
  - b. Relate to patients in a caring and compassionate manner.
  - c. Recognize instances when one's values and motivation are in conflict with those of the patient.
  - d. Comply with federal, state, school and institutional requirements regarding confidentiality of information.
9. Negotiation, compromise, and conflict resolution:
- a. Demonstrate abilities of conflict resolution.
  - b. Display positive attitude when receiving constructive criticism.
10. Lifelong improvement and professional competence:
- a. Produce quality work in academic and professional settings.
  - b. Demonstrate a desire to exceed expectations.
  - c. Demonstrate characteristics of lifelong learning.
11. Time management and decision-making:
- a. Utilize time efficiently.
  - b. Demonstrate self-direction in completing assignments.
  - c. Demonstrate accountability for decisions.
12. Appearance:
- a. Maintain dress appropriate to classroom, laboratory, clinical and professional settings.
  - b. Maintain personal hygiene and grooming appropriate to the academic or professional environment.
13. Health Career Program requirements:
- a. Comply with student health requirements for working with patients in various health care environments.
  - b. Maintain appropriate records (e.g., CPR certification, immunizations, insurance) to demonstrate professional competence.

Demonstration of professional standards is an academic requirement for graduation from the Health Career programs. Failure to meet these standards will result in disciplinary action up to, and possibly including, dismissal. See Ethical and Professional Conduct Faculty Documentation Form.

Adopted: 5/2010 Reviewed: 6/2020

## Social Media Policy

Southeastern Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in Southeastern programs will uphold the ethical standards of their prospective professions and the Southeastern Community College Health Career Programs. Federal regulations regarding privacy such as Health Insurance Portability and Accountability Act and Family Education Rights and Privacy Act (HIPAA and FERPA) apply to all personal and academic communication.

No information identifying a patient, patient situation or clinical facility may be posted on any social media website. Social media outlets include but are not limited to: Facebook, LinkedIn, MySpace, YouTube, Twitter, etc. Healthcare workers have been fired for discussing patient cases on Facebook even though no names were discussed. Student use of photography and/or recording devices is prohibited in all classroom, laboratory, and clinical sites, unless formal permission of the instructor of record is granted before the fact.

Do not give healthcare advice on social media sites. Students should not become a patient's "friend" on a social media site.

Any violation of this policy must be reported to the program facility as a possible HIPAA violation. Disciplinary actions will be taken accordingly. Students may be banned from the clinical facility and subject to immediate expulsion from the Phlebotomy Program and subject to potential investigation by the Federal Office of Civil Rights.

For further information and resources: Refer to SCC's Administrative Guideline 934 for Expectations (III) and Restrains (V).

Sign Social Media Policy Form provided in Appendix

### Electronic Communication Devices

Electronic devices cannot be used in class or clinical without permission of the instructor.

Cellular phones or similar devices are to be turned off during class or in the clinical setting. Device may be used for researching information at the request of the instructor.

Apple watches and similar devices are may be required to be removed during quizzing and testing periods per individual instructor.

If an emergency situation arises, cellular phones may be used if permitted by the instructor. Discuss with individual instructor.

### **Universal Guidelines for Health Program Students**

- a. The Center for Disease Control has specific guidelines for health care workers which are revised periodically. They have been incorporated into these policies and are reviewed annually.
- b. There shall be no routine serological testing or monitoring of students for Hepatitis B or HIV infection.
- c. Barrier or universal blood and body fluid precautions are to be used routinely for all patients. These include:
  - a. The use of glove(s) when:
    1. Cleaning rectal and genital areas;
    2. Carrying soiled linen;
    3. Bathing patients, if the student has a cut/open lesion on the hand;
    4. Suctioning or irrigating even if the orifice does not require sterile technique;
    5. There is, at any time, a possibility of spillage of blood or body fluid onto the student's hands, (i.e. CLIA-waived testing, discontinuing an IV's, IM's, venipuncture, dressing changes, irrigating eyes, ears etc.) regardless of the presence of open lesions;
    6. Emptying urine drainage bags, suction catheters, colostomy and ileostomy pouches, handling of blood and urine specimens;
    7. Providing mouth care;
    8. Assisting with minor surgeries, sanitizing, disinfecting and sterilizing instruments
    9. Other (at discretion of student and/or instructor).
  - b. The use of masks, goggles or glasses and/or gowns when there is a possibility of fluids splashing onto the face or body and clothing. (refer to Infection Control Guidelines)

### **Provision of Patient Care**

Assignments are made in the clinical setting to enhance and/or reinforce student learning. It is the expectation that students will provide care for patients to whom they are assigned.

## **Medical Insurance and Student Liability**

### **Health Insurance**

Southeastern Community College does not provide medical coverage for students. Any medical expenses you incur due to an accident or injury while you are a student at Southeastern Community College are your responsibility. Students should have access to health insurance through their family's plan or through coverage they purchase individually.

### **Student Professional Liability Insurance**

The college provides professional liability coverage for phlebotomy students when they are placed in a physician's office to gain supervised clinical experience. This coverage is provided at no charge to registered college students while engaged in an off-campus practicum.

The Vice President of Academic Affairs will see that all incidents of student professional liability are properly documented with a copy forwarded to the attention of the Vice President of Administrative Services. Wherever there is a suspicion that a malpractice claim will be filed against the student, college, or the clinical facilities, this information should also be immediately reported to the Vice President of Administrative Services.

## **Library Resources Info**

### **YOHE MEMORIAL LIBRARY – WEST BURLINGTON CAMPUS--**

<https://www.scciowa.edu/meet/services/library.aspx>

**LOCATION** - The Yohe Memorial Library is located in the center of Callison Hall, Building 100.

**HOURS** - Monday through Thursday from 8:00 a.m. to 9:00 p.m.  
Friday hours are 8:00 a.m. to 4:30 p.m.  
Summer Hours: 8:00 a.m. to 4:30 p.m.

The library is designed for quiet individual study. Every effort is made to have an environment conducive to study in the library. Three study rooms are available, and may be reserved at the circulation counter.

**CIRCULATION POLICIES** - A library card is required for checking out ALL library materials including those items on reserve.

- Books on open shelves are checked out for three weeks and can be renewed.
- Materials on reserve shelves may be checked out according to the time limit requested by the instructor.
- Newspapers and magazines are for in library use only.
- Videos for viewing are available in the library. These materials are cataloged and are included in the online catalog. To request an item, present the call number and title to the library staff. In library use only.
- Online Resources such as electronic books and databases are available through the college's web site, [SCC Website \(www.scciowa.edu\)](http://www.scciowa.edu). Please contact the library for passwords to access these online resources.

**INTERLIBRARY LOANS** - Students wanting books and/or periodical articles not owned by our library may request them from another library. Inquire at the circulation desk.

Students may access the Internet and complete health computer aided instruction assignments using computers located in the library.

Revised: 5/202

### **Specific Program Policies**

Confidentiality is not only desirable but it is mandatory. Anyone caught breaking confidentiality may be summarily dismissed from the program. (This includes use of personal cellphone for taking pictures in the clinical setting) You need to sign the confidentiality statement for any names/identifying information that you obtain during your clinical experience. The state testing process at the end of the class is also confidential and you will be asked to sign a statement at skills testing to the effect that you will NOT talk to others about specifics skills, etc. involved in skills or in the written test. There is a zero tolerance of this policy.

### **Inclement Weather**

Bad Weather-Addressed on a case by case basis, but all classes held on campus must meet unless the college has determined it is closing because of the weather. Be sure your phone is registered so you will get notified by the college. If the instructor is ill, then the instructor can cancel the class and will notify everyone by email or telephone or by use of a telephone tree.

### **Cheating Policy**

Any student who is discovered to be involved in cheating will be required to meet with Southeastern Community College's Dean of Health and Instruction, Health Programs Administrator, Student Coordinator and faculty member. This committee will make the final decision regarding disciplinary action.

This policy applies to both theory and clinical practicums. Dishonesty will not be tolerated within the profession. Note instructor policy in syllabi and SCC Administrative Guidelines.

### **Academic Honest/Integrity Statement**

Academic honesty is a fundamental attribute of higher learning. Evaluation of each student's level of knowledge and understanding is a vital part of the teaching process, and it requires a variety of methods of assessment. Any act that interferes with the process of evaluation by misrepresenting the relationship between the work being evaluated and the student's actual state of knowledge is an act of academic dishonesty. These acts of dishonesty include, but are not limited to:

1. Fraud: Acts of dishonesty, which include falsification of documents, fabrication of data and altering solutions to be resubmitted for a grade.
2. Cheating: Any deceptive act that involves the submission of academic work purported to be one's own when in fact the work was obtained from someone else. These acts may include copying or attempting to copy from another person's test or assignment, allowing someone else to copy from a test and/or assignment, attempting to use unauthorized aids to complete an assignment, and multiple submission of the same work to be graded as different assignments.
3. Plagiarism: Misrepresenting someone else's words, ideas, or data as one's own original work. Students may avoid plagiarism by fully and consistently crediting the person or persons responsible for the original work, including paraphrasing.
4. Forgery: Any attempt to misrepresent another person's signature, initials, computer login, or other identifying mark.
5. Facilitating Dishonesty: Actions that assist another person in committing a dishonest act. Disciplinary measures are in the Phlebotomy Handbook.

## **Laboratory Policies**

Students are to follow Standard Precautions, Universal and OSHA guidelines at all times when in the laboratory setting. Students will assist in maintaining a clean and safe environment by cleaning and returning supplies/equipment to storage areas and workstations. Eating, drinking, the application of cosmetics, or the application of contact lenses is prohibited in the lab.

Students will use the laboratory setting for practice and preparation of competencies. **Students must pass all competencies or they fail the course which will then cease their progression in the program. This is a Pass/Fail grade. Students are allowed a second attempt at a competency if they do not pass the first time.** All students are encouraged to take responsibility for their own learning and are held accountable for their actions.

Students are not permitted to operate program equipment or participate in any activity that has potential for injury without an instructor present. Materials and supplies are not permitted to be taken out of the classroom or laboratory setting without instructor permission.

## **Infection Control Guidelines**

Precautionary guidelines for Infection Control will be followed per Centers for Disease Control (CDC) and Iowa Department of Public Health (IDPH).

## **Background Check Policy**

The education of health career students at Southeastern Community College requires collaboration between the college and clinical affiliates. The education of health career students cannot be complete without a quality clinical education component. The college shares an obligation with the clinical affiliates to protect the affiliate's patients to the extent reasonably possible.

In establishing clinical affiliation agreements, healthcare educational programs are contractually obligated to comply with the requirements set forth by the clinical affiliates. Students enrolled in health care educational programs must conform to the rules, policies and procedures of the clinical affiliate in order to participate in clinical learning experiences. Therefore, all students enrolled in a Southeastern Community College Health Career Program will be required to complete a criminal background check. An independent third party vendor will be used to complete all Southeastern Community College background checks. The cost of these background checks has been added to your student fees when you enrolled in the program.

Students will be notified of the requirement for the background check prior to admission and upon admission to a health career program. The background check may include, but is not limited to searches, histories, and verification as listed below:

- Positive Identification
- Maiden/AKA Name Search
  - Social Security Number Trace which is verification that the number provided by the individual was issued by the Social Security Administration and is not listed in the files of the deceased. The SNN trace is also used to locate additional names and addresses.
- Residency History
  - National Criminal Database Searches which includes a compilation of historical data, collected from multiple sources in multiple states by background check companies.
- Child and Dependent Adult Abuse/Registries
- Office of Inspector General (OIG) search

Background checks which would render a student ineligible to obtain clinical learning experiences include, but are not limited to, certain convictions or criminal charges which could jeopardize the health and safety of patients and sanctions or debarment. Felony or repeated misdemeanor activity within the past seven (7) years and Office of the Inspector

General violations will normally prohibit the obtainment of clinical learning experiences with clinical affiliate(s). Positive findings on background checks can have licensure/certification implications upon graduation from a health program. Criminal offenses which occur during the health program shall consider due process which provides that an individual is innocent until proven guilty up until which time he/she pled or is found guilty and is then subject to review by regulating authorities.

Documentation of criminal background checks is maintained in secured files and destroyed after the length of time to provide and maintaining accreditation data.

Students who are unable to resolve a positive background check will be dismissed from the health care program. A grade of "F" will be recorded for the course if the student does not officially withdraw. The student will be advised as to their eligibility for program re-entry and the mechanisms for reapplication to the program.

One background check is required during continuous enrollment in a program. In the event a student leaves the program, a new background check will be required prior to re-entry.

Iowa Department of Human Services Authorization for Release of Child and Dependent Adult Abuse Information Form will be completed by the student. This will allow the SCC program to obtain information regarding this student appearing on the registry. If positive, the student will need to meet with the program coordinator, to clarify, resolve or determine if a student is ineligible to enter the program. See Appendix for copy of the release form.

### **Drug Testing Policy**

Drug testing/screening is not required for students who are to complete clinical or field internships/externship as part of a Southeastern Community College Health Career Program. If an instructor/coordinator feels there is just cause, they will ask the student to obtain a drug testing/screening at that time. The test shall consist of a urine specimen test and be completed at the assigned agency. The cost of this test is the student's responsibility at the time of the testing. The Program Coordinator/Director will provide more information as to testing times and location if and when it is needed.

The drug test information of any student receiving a positive result will be reviewed by the Dean of Health, the Program's Coordinator/ and the student. A representative from the assigned clinical experience or field externship/practicum site may also be contacted to ascertain the appropriateness of allowing the student to participate in clinical or field experiences.

SCC reserves the right to conduct random drug screening. In the event a student leaves the program due to a positive drug screen, a new test will be required prior to re-entry.

Documentation of drug test information is maintained in secured files.

Because of the responsible relationship between students and patients, in which the safety of the patient is greatly influenced by the cognition and behavior of the student; it is the policy of the SCC Phlebotomy Program to require that all students be free of alcohol and drugs. In order to assure a drug free environment, the Program will require:

- Students must cooperate in the chain of custody testing of their urine, breath or blood for evidence of drug or alcohol use whenever they are reasonably suspected of reporting to their externship under the influence of drugs or alcohol. Procedure for collecting a chain of custody sample will be according to the policy of each affiliating institution.
- Southeastern Community College will also require that students fully cooperate in testing if they are reasonably suspected of stealing, utilizing, or ingesting drugs intended for patient use.
- It is the student's responsibility to determine from the physician whether a prescribed drug may affect externship performance.
- Students must report the use of any medically prescribed authorized drug or other substance which can impair externship performance to the Coordinator. Failure to report the use of such drugs or other substances or failure to provide proper evidence of medical authorization may result in the student's termination from the program.

- Each student subject to testing must sign an approval form prior to testing consenting to the testing and the release of test results. Results will be released to the Practicum Coordinator and held in a confidential file separate from the student's records.
- The cost of the testing procedure(s) is the sole responsibility of the student.
- A student who refuses the testing will be subject to dismissal.
- All students who test positive will be immediately dismissed from the program and may reapply with proof of rehabilitation.

**In addition, ALL students are required to adhere to the Alcohol and Substance Abuse Policy as stated in the Southeastern Community College catalog. A student who does not comply will be terminated from the program.**

### **Administrative Guideline 840**

#### **Tobacco Free Policy**

ADMINISTRATIVE GUIDELINE TYPE: Physical Facility Functions

ADMINISTRATIVE GUIDELINE TITLE: Tobacco Free Guideline

#### **PURPOSE:**

Southeastern Community College is committed to providing its students, employees, partners and visitors safe and healthy environments. Tobacco products are a proven health and safety hazard, both to the tobacco user and non-smokers who are exposed to secondhand smoke. In addition to causing direct health hazards, smoking and other tobacco use contributes to institutional costs in other ways, including fire damage, cleaning and maintenance costs, and costs associated with employee absenteeism, health care, and medical insurance.

#### **POLICY:**

In compliance with the state of Iowa's Smoke Free Air Act and Board of Trustees directive, as of July 1, 2008, the use of tobacco products, which includes smokeless and smoking tobacco, is prohibited:

- In all areas within Southeastern Community College buildings.
- On all property owned or jointly owned, leased, or operated by Southeastern Community College.
- In all vehicles owned, leased, or rented by the school.
- In all private automobiles parked on college property.

This policy applies to all employees, students, partners and visitors.

All persons in non-compliance of the Smoke Free Air Act and SCC's policy will be considered in violation and subject to disciplinary action.

#### **PROCEDURE:**

1. No tobacco products shall be sold or distributed on Southeastern Community College property.
2. Campus organizations are prohibited from accepting money or gifts from tobacco companies that promote use of their products.
3. Tobacco advertisements are prohibited in college publications and at any athletic or other campus events.
4. Signs stating that the entire campus is tobacco free will be prominently posted at all campus and building entrances and other conspicuous places. All ash receptacles will be removed from the school grounds.
5. People who wish to consider employment at Southeastern Community College will be notified of its tobacco-free environment through information provided on the school's website and job applications.
6. Employees will be advised of the provisions of this policy during new hire orientation. Supervisors will be responsible for notifying their employees of the provisions of this policy and assisting with enforcement.
7. This policy will be communicated to the public through signs, announcements, newsletters, media events, advertisements, the school website, and job applications.
8. Employees may attend tobacco cessation counseling. The state and national tobacco quit lines will be promoted as well.

9. Employees or students smoking or using tobacco products on Southeastern Community College property are in violation of the stated policy and subject to disciplinary action outlined in the employee handbook or student handbook as applicable. Employees and students will be educated on the tobacco policy and opportunities for cessation counseling throughout the disciplinary action process.
10. All Southeastern Community College employees are authorized and encouraged to communicate and reinforce this policy with courtesy and diplomacy to any person whom they see violating the policy. Individuals who refuse to comply with the policy should then be reported to your immediate supervisor, Human Resources, or Student Services as appropriate for immediate follow-up action.
11. Students, partners and visitors will be notified of this policy prior to arrival whenever possible.

Students will be expected to arrive at the clinical Phlebotomy externship with hair and uniforms/clothes **FREE** from the odor of smoke. Smoking will **NOT** be permitted until the externship day is complete and the student is off the hospital/clinic campus. Smoking in your personal vehicle in the parking lot will still be considered smoking on the hospital/clinical campus. Patients frequently react negatively to the odor of smoke as well as it could exacerbate a pre-existing condition.

Failure to follow this policy may result in the student being sent home from externship (this will result in an externship unexcused absence).

It is further recommended that students do not smoke while on the college campus wearing any Southeastern Community College logo attire (including uniforms, sweats, t-shirts, etc.).

### **Disciplinary Policy**

1. **General Policy.** Certain behaviors, both academic and non-academic, are considered unacceptable by the Health Career Programs and are grounds for disciplinary action.
2. **Forms of Disciplinary Action.** There are four general forms of disciplinary actions: written warning, disciplinary probation, suspension and termination. However, these forms of disciplinary action may be imposed in combination and special conditions may be imposed in addition to them. For a relatively minor offense, a student shall receive a written warning for the first offense, a disciplinary probation for the second offense, suspension on the third offense and termination on the fourth offense. Students should be aware, however, that some behaviors are so unacceptable as to warrant immediate disciplinary probation, suspension or termination.
3. **Grounds for Disciplinary Action.** The Health Career Programs have determined that the following inappropriate behaviors are grounds for disciplinary action. This is not an inclusive list of inappropriate behavior and is intended only as a guideline. Additionally, the consequences imposed for inappropriate behavior shall be at the discretion of the administration. Disciplinary action will be decided on a case by case basis.
  - Written Warning:
    - Insubordination.
    - Unsafe clinical practice.
    - Any violation of the Ethical and Professional Conduct Policy.
    - Unsafe action in the classroom.
    - Use of tobacco products in unauthorized areas.
    - Unauthorized possession or use of property belonging to Southeastern Community College, clinical education/field settings, clients, employees or peers.
    - Continued poor grooming or poor hygiene.
  - Disciplinary Probation:
    - Cheating.
    - Plagiarism.
    - Falsifying reports.

- Falsifying records.
  - Breach of confidentiality.
  - Any repeated behavior for which a written warning was previously issued.
  - Unsafe clinical/field practice.
  - Unsafe action in the school/classroom.
  - Unjust or unprofessional gossip, criticism or discourtesy, which contributes toward reducing morale of peers.
  - Unjust or unprofessional gossip, criticism or discourtesy, which affects clients, visitors, peers or educators including guest speakers).
- Suspension:
- Chemical or emotional impairment.
  - Unsafe clinical/field practice.
  - Any inappropriate behavior during or following disciplinary probation.
  - Fighting or attempting bodily injury to anyone on school or clinical premises.
  - Use of abusive or threatening language.
  - Unsafe action in the school, classroom or clinical education sites.
  - Unauthorized removal of property belonging to SCC, clinical/field education sites, clients, families, employees or peers.
  - Willfully damaging, destroying, defacing or wasting property or supplies of SCC, clinical education sites, clients, families, employees or peers.
  - Sexual harassment of clients, visitors, families, employees or peers.
- Termination:
- Unlawful possession, use, or distribution of narcotics or other controlled substances.
  - Unlawful possession, use or distribution of alcohol on SCC premises or at School activities.
  - Abuse of clients.
  - Conviction of any crime involving illegal drugs, child or elder abuse, or other actions incompatible with professional practice.
  - Unauthorized possession of firearms, explosives or other weapons.
  - Repeated violation of Rules or Policies of SCC.
  - Any repeated behavior during or following suspension.
  - Willfully submitting false information or willfully withholding information for the purpose of obtaining or maintaining enrollment.
  - Conviction of a felony while enrolled.

### **Documentation and Reporting.**

- A. **Written Warning.** A written warning shall include a description of the unacceptable behavior, a delineation of acceptable behaviors for similar situations and an explanation of the consequences should the unacceptable behavior occur again. Any member of the Health Career Faculty may issue a written warning. The student shall receive a copy of the written warning using appropriate form (yet to be determined) and forwarding the written warning to the Director of Health Career Programs. This form will be placed in the student's file. Upon graduation, the written warning shall be removed from the student's file.
- B. **Disciplinary Probation.** Disciplinary probation is a written agreement between the Administration and the student. It specifies the unacceptable behavior(s) or type(s) of behavior, explicitly delineates behavior necessary in order to continue in the program and the consequences should the student fail to comply. The student, Administration, and a witness shall sign this written agreement. A copy of the agreement shall be delivered to each party and the original Disciplinary Probation agreement shall be placed in the student's file. The agreement shall be removed from the student's file upon graduation.

- C. **Suspension.** Suspension is the temporary dismissal of a students from nursing (or other) coursework and/or clinical activities. No credit will be given for missed coursework even if this results in failure of the course. It is also possible that suspension could result in an inability to complete the course unless it is repeated at a later time. A statement from Administration regarding the grounds for suspension shall be written on the suspension form and shall be placed in the student's file.

The suspension statement will be removed from the student's file upon graduation. Following suspension and upon satisfactory completion of any requirements or conditions imposed, the student may continue in the program. However, readmission will be contingent on completion of prerequisite requirements and space availability in the course desired.

- D. **Termination.** Termination is the immediate and permanent dismissal of a student from the program. A terminated student shall not be permitted to complete current course objectives, to continue to the next specified course or to finish the program. A statement by Administration regarding the grounds for the termination shall be documented and placed in the student's permanent record. A terminated student shall complete an exit interview with Administration. The student to complete business transactions with SCC will complete a student withdrawal slip from the college.

- E. **Faculty Documentation.** In the event that special evaluation of a student is required, the instructor must provide verbal and written feedback. The student must sign the evaluation to confirm that the evaluation has been read. The student may make comment on the written evaluation. The student must be informed that the evaluation becomes a part of the student file. Date any contracts with the student regarding the situation under question and, if appropriate, give written follow-up outlining the action to be taken.

5. **Imposition of Disciplinary Action.** Any member of the Health Career Faculty may issue a written warning to any student. Disciplinary probation, suspension or termination shall be imposed at the discretion of Administration and is subject to any rights of appeal.
6. **Disciplinary Investigation and Determination.** Preceding imposition of any disciplinary action other than a written warning, the student shall be notified of the problem by Health Career Faculty or by Administration. The student shall meet with Administration and shall have an opportunity to respond to any accusations. Administration shall investigate the accusations and request input from appropriate parties. Administration shall determine the form of disciplinary action. The student shall be informed in person by Administration of the determination, the reasons warranting the action and the conditions, if any, under which the student will be allowed to proceed with the program.
7. **Referral for Treatment.** In conjunction with disciplinary action, Administration may require that the student be examined for chemical dependency or some other physical or mental impairment. Related requirements, which may be imposed upon the student, may include:
- health evaluation
  - completion of any treatment/rehabilitation recommendation
  - signed release of information by the student to SCC Health Career Director or designee.

As appropriate, the student shall be removed from clinical/field activities during evaluation and/or treatment periods. The student's participation in or completion of a treatment or rehabilitation program alone shall not qualify the student for reinstatement to clinical or classroom activities or to the program. The student's continuation in the program depends entirely upon the severity of the infraction for which disciplinary action is imposed and the student's compliance with that disciplinary action.

Health Career Program students maintain the right to appeal decisions which are guided by this policy through the Judicial Codes and Appeals process of Southeastern Community College.



### **Phlebotomy MAP-201-101**

#### **Externship Compliance Checklist Credit and Non-Credit Students**

Student's Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Place **name on every sheet** of paperwork that you are copying and turning in for your file

The following participation and copy of documents are required for the MA Program. *No originals accepted.*

- \_\_\_\_\_ 1. Demographic Form Completed and turned in
- \_\_\_\_\_ 2. Confidentiality Form -Signed and turned in
- \_\_\_\_\_ 3. Iowa Core Performance Standard -Signed and turned in
- \_\_\_\_\_ 4. Social Media Policy - Signed and turned in
- \_\_\_\_\_ 5. Criminal Background Check Form - Signed, turned in and electronically completed
- \_\_\_\_\_ 6. DHS authorization form

**If results are positive, schedule appointment with Ms. Schreiner or Mrs. Shipley immediately (within 5 business days)**

---

- \_\_\_\_\_ 7. Physical Exam Form and Immunization Form - Completed, signed by provider
- \_\_\_\_\_ 8. MMR –Measles, Mumps, and Rubella Vaccine record or Titer (blood test) results
- \_\_\_\_\_ 9. Hepatitis B Vaccine Series or signed Waiver declining the vaccine series
- \_\_\_\_\_ 10. 2 - Step – Initial Tb Skin Test results (Mantoux Test) – annual Tb skin test results or Chest X-ray results or QuantiFERON Gold Test results
- \_\_\_\_\_ 11. Varicella (Chicken Pox) Vaccine x 2 or Varicella Titer (blood test) or date of disease
- \_\_\_\_\_ 12. Influenza Vaccine Copy and turn in during flu season – make plans for obtaining
- \_\_\_\_\_ 13. Diphtheria/Pertussis/Tetanus Vaccine record within the past 10 year
- \_\_\_\_\_ 14. Externship Packet Attestation Form Read, signed and turn in
- \_\_\_\_\_ 15. Mandatory Reporter for Adult and Child Abuse - both must be completed (copy certificates) – Iowa Department of Human Services website - <https://dhs.iowa.gov/child-welfare/mandatoryreporter>
- \_\_\_\_\_ 16. Bloodborne/Airborne Pathogen/HIPAA Training (copy certificate) <https://epicompliance.com/compliance-training-courses-online>

**Turn in 7-16 through your course canvas shell. Uploaded photos that are legible and clear are acceptable.**

**Questions:** call Ms. Schreiner- 208-5213 (credit students) or Mrs. Shipley @ 319-208-5278 (non-credit students)



## SCC Student Demographics Record

Program in which you are enrolling: \_\_\_\_\_

Campus: ☐ West Burlington ☐ Keokuk

All students enrolling in a health career program must complete these forms and the physician or health care provider needs to verify dates of immunizations and treatment of current or chronic conditions. With the exception of immunizations information or in the case of medical emergencies, no information will be released to anyone without the consent of the student.

### **PERSONAL DATA** (completed by student, please print)

Gender: ☐ Female ☐ Male

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_

\_\_\_\_\_  
FIRST MIDDLE LAST

Address: \_

\_\_\_\_\_  
CITY STATE ZIP

Telephone: \_

\_\_\_\_\_  
HOME WORK CELL

Email address: \_\_\_\_\_

In case of Emergency, Notify, \_\_\_\_\_  
FIRST & LAST NAME RELATIONSHIP

Emergency Contact Telephone #: \_\_\_\_\_

**Allergies:** Medications: \_

Other: \_\_\_\_\_

I have the following "Med-Alert" conditions: \_\_\_\_\_

Other Comments: \_\_\_\_\_

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

## **SCC Phlebotomy Program HIPAA Certificate and Confidentiality Agreement**

### **HIPAA Certificate Requirement- Phlebotomy**

All Phlebotomy students are required to obtain a certificate for compliance with HIPAA regulations prior to starting the program.

Students must provide a copy of the certificate to the Program Coordinator prior to the program start.

### **Confidentiality Agreement**

As a student of the Phlebotomy (credit and non-credit) Certificate Programs of Southeastern Community College, I will receive information and have access to medical records concerning assigned patients. Federal and State law forbids me from disclosing any information about a patient to any other party including family or other health care workers. I agree to participate in education provided by the Phlebotomy (credit and non-credit) Certificate Programs outlining the responsibilities of HIPAA legislation and to abide by the guidelines. I understand that violations may result in fines and/or imprisonment.

I understand that a breach of confidentiality will result in disciplinary action up to and including termination from the program. Further, I understand that I may be subject to other legal action if I breach confidentiality.

As a student, I agree to honor the confidentiality of all clients. I also agree to comply with all rules, policies and guidelines established to protect confidentiality by the facilities in which I have clinical assignments.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Student ID # \_\_\_\_\_

SOUTHEASTERN COMMUNITY COLLEGE  
Health Career Programs

STUDENT'S STATEMENT REGARDING ESSENTIAL FUNCTIONS

READ AND SIGN ONE OF THE FOLLOWING  
STATEMENTS.

1. These essential functions were explained to me and I certify, to the best of my knowledge, that I have the ability to perform these functions.

---

Student's Name (Print)

---

Student's Signature

---

Date

2. These essential functions were explained to me and, to the best of my knowledge, I will be unable to perform function(s) # due to a disability.

---

Student's Name (Print)

---

Social Security Number

---

Student's Signature

---

Date

---

(FOR INSTRUCTOR'S USE ONLY)

Students who sign Option #2 should contact Southeastern Community College's Disability Services Office below. The Disabilities Services Office is the primary office on campus with the specialized knowledge and experience in disability issues. This office serves students with physical, psychological, medical and learning disabilities.

**Angela Mickelson, LBSW,**  
IADC Student Success Advocate  
Southeastern Community College  
1500 West Agency Rd.  
West Burlington, IA 52655 319-  
208-5167  
amickelson@scciowa.edu

## Social Media Policy Form

Southeastern Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in Southeastern programs will uphold the ethical standards of their prospective professions and the Southeastern Community College Health Career Programs. Federal regulations regarding privacy such as Health Insurance Portability and Accountability Act and Family Education Rights and Privacy Act (HIPAA and FERPA) apply to all personal and academic communication.

No information identifying a patient, patient situation or clinical facility may be posted on any social media website. Social media outlets include but are not limited to: Facebook, LinkedIn, MySpace, YouTube, Twitter, etc. Healthcare workers have been fired for discussing patient cases on Facebook even though no names were discussed. Student use of photography and/or recording devices is prohibited in all classroom, laboratory, and clinical sites, unless formal permission of the instructor of record is granted before the fact.

Do not give healthcare advice on social media sites. Students should not become a patient's "friend" on a social media site.

Any violation of this policy must be reported to the program faculty as a possible HIPAA violation. Disciplinary actions will be taken accordingly. Students may be banned from the clinical facility and subject to immediate expulsion from the Phlebotomy Program and subject to potential investigation by the Federal Office of Civil Rights.

For further information and resources: Refer to SCC's Administrative Guideline 934 for Expectations (III) and Restrains (V).

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

*Revised 5/2023*



Iowa Department of Human Services  
**Authorization for Release of  
Child and Dependent Adult Abuse Information**

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

☐ Child Abuse Registry ☐ Dependent Adult Abuse Registry ☒ Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

☐ Address ☐ Fax ☒ Email

**Section 1: To be completed by the person or agency requesting the information.**

Requester: Last Peterson First Pam		Agency Name Southeastern Community College		Telephone Number (319)208-5391	
Address 1500 West Agency Road				Fax Number	
City West Burlington		State IA	Zip Code 52655	Email ppeterson@sccciowa.edu	
List the name and address of the person whose information is being requested:					
Name (last, first, middle)			Birth Date	Social Security Number	
Address		City	County	State	Zip Code
List maiden name, previous married names, and any alias:					
What is the purpose of your request for child or dependent adult abuse information?					
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.					
Signature of Requestor Pam Peterson				Date	

**Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.**

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
---------------------------------	------

**Section 3: To be completed by the Central Abuse Registry or designee.**

- ☐ The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.  
☐ The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.  
☐ The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.  
☐ The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.  
☐ This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	

### **Background Check and Release Form**

**Program – Phlebotomy** Map201 **Semester** \_\_\_\_\_ **Year** \_\_\_\_\_

I have received and carefully read the Background Check and Release policy and fully understand its contents. I understand that the healthcare program to which I am admitted requires a background check to comply with clinical affiliate contracts. By signing this document, I am indicating that I have read and understand Southeastern Community College's policy and procedure for background checks. I voluntarily and freely agree to the requirement to submit to a Background Check and to provide a negative Background Check prior to participation in clinical learning experiences. I further understand that my continued participation in the health care program is conditioned upon satisfaction of the requirement of the Background Check with the vendor designated by the College.

A copy of this signed and dated document will constitute my consent for release of the original results of my Background Check to the College. I direct that the vendor hereby release the results to the College. A copy of this signed and dated document will constitute my consent for the College to release the results of my background check to the clinical affiliate(s).

Printed Student Name: \_\_\_\_\_

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

**Southeastern Community College Health Career  
Programs Certification of Physical Examination**

Following a complete physical examination, I find that this student has the ability to participate in health career program.

Limitations: Lifting, Weakness: Student must be able to lift at least 40 lbs.

Significant Medical Conditions: (i.e.: Diabetes, Seizures, Medications, etc)

Additional Comments:

**I certify this student has no medical or psychological limitations that will prevent participation in a health career program.**

Student Name: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Health Care Provider

\_\_\_\_\_  
Signature of Health Care Provider (MD, DO, PA, NP)

(\_\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Address of Health Care Provider

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date

**Southeastern Community College**  
**Health Career Programs**  
**Hepatitis B Immunization**  
**Consent/Waiver Form**

Page 3

Hepatitis B vaccine is strongly recommended for administration to high-risk groups, including health care workers who are in contact with potentially infectious body fluids.

I have read the statement in the handbook about Hepatitis B and the Hepatitis B vaccine and have the opportunity to discuss this topic with my physician/nurse practitioner and ask questions. I understand I must have three doses of vaccine for protection to occur. However, as with all medical treatments, there is no guarantee that I will become immune or that I will not experience adverse effects from the vaccine. I also understand that this is at my own expense if my insurance does not cover the cost.

Refusal of the vaccine relieves the clinical facility and the college of any responsibility if I should contract the virus while on a clinical rotation. I also understand that by declining the vaccination that certain clinicals sites may not accept me as a student.

I have voluntarily decided to receive the vaccine.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
I have reviewed the information and Hepatitis B and have decided to NOT receive the vaccine at this time.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Students can be assured that any information contained in the Physical Examination Records will be kept strictly confidential.**

## **INFLUENZA DECLINATION WAIVER**

***If declining flu shot, please complete entire lower portion.***

Seasonal influenza can be spread to others up to 24 hours prior to the onset of symptoms. Seasonal influenza may result in hospitalization and even death.

I understand the **purpose** of obtaining a seasonal influenza vaccine is to decrease the risk of:

- Spreading influenza to patients, co-workers, family members and others who could become ill, hospitalized, or die as a result of influenza
- Getting influenza, myself, which may lead to hospitalization, or even death

I understand:

- Influenza vaccine **does not cause the flu.**
- Pregnancy, breastfeeding and/or being immunocompromised are **not** contraindications to receiving the influenza vaccine. The influenza vaccine is specifically recommended for these high-risk people.
- A yearly influenza vaccination is strongly recommended by The Centers for Disease Control and Prevention (CDC) and by Joint Commission.

I am declining the offer of the influenza vaccine for the following reasons: **(Please circle appropriate response below.)**

- A. I received the influenza vaccine through another source. **(Must provide documentation to Employee Health.)**
- B. I have a severe allergy to eggs or a vaccine component, or have a history of being diagnosed with Guillain-Barre Syndrome.
- C. I am concerned about potential side effects and/or the safety of the vaccine.
- D. I do not believe in vaccines.
- E. I never get the flu.
- F. I dislike needles and/or shots.
- G. I believe the influenza vaccine can give me the flu.
- H. Other \_\_\_\_\_

I know if I change my mind about not receiving the influenza vaccine, I can obtain the vaccine.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of person declining flu shot/relationship to employee

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

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Department

\_\_\_\_\_  
Birth date

## Immunity/Immunizations and Tests

### To be completed by and signed by Health Care Provider

Please indicate specific dates on which immunizations were completed. If immunization records are unavailable, serum titers must be used to document immunity for measles, mumps, and rubella. Documentation of the items below are required by the clinical agencies SCC contracts with for clinical experience. This form needs to be completed before the first day of classes, and turned into the coordinator of the program.

**Diphtheria/Tetanus:** Booster of DT must be within the last 8 years. Date of last (Td) or (Tdap) or (DTP): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Influenza Vaccine** (current) - Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Recommended administration: beginning of the Influenza season.

**Varicella (Chicken Pox):** Must satisfy either A, B or C. If unreliable history (and therefore potentially susceptible) sufficient varicella titer or immunizations required.

A. Reliable history: \_\_ Yes Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

B. Varicella titer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sufficient titer \_\_\_\_ Yes (Attach laboratory results)

**OR**

C. 2 doses of Vaccine

1st dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ 2nd dose: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hepatitis B:** Required for health career students in direct contact with patients. First dose must be documented prior to submission of this Health and Immunization Record and written verification of additional doses submitted as received. Completion of immunization series is mandatory unless laboratory evidence of immunity is attached or a signed medical waiver form is submitted.

Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 2: (1-2 mo) \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 3: (4-6 mo) \_\_\_\_/\_\_\_\_/\_\_\_\_

Sufficient titer: HBsAb o Yes Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Attach laboratory results.**

Signed Medical waiver for Hep B attached. o Yes

### **Tuberculin Test**

(Two Step)  
only)

PPD Skin Test by Mantoux (NOT TINE).

Indurations greater than 5.0 mm require chest x-ray and prophylactic treatment consideration. (first time

#1 Date administered \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date results read \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

**If Positive PPD:**

chest x-ray date \_\_\_\_/\_\_\_\_/\_\_\_\_

Millimeters of Induration \_\_\_\_\_ mm

chest x-ray results: \_\_\_\_\_

Attach treatment plan if indicated:  
\_\_\_\_\_

#2 Date administered \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date results read \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

**If Positive PPD:**

chest x-ray date \_\_\_\_/\_\_\_\_/\_\_\_\_

Step 2 necessary  
ONLY

**Tuberculosis Skin TestForm**

Student/Patient Name \_\_\_\_\_

Testing Location: \_\_\_\_\_

**TEST #1**

**TEST #2**

Date Placed: \_\_\_\_\_

Date Placed: \_\_\_\_\_

Site: ☐ Right ☐ Left

Site: ☐ Right ☐ Left

Lot # \_\_\_\_\_

Lot # \_\_\_\_\_

Exp Date: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Administered by:

Administered by:

\_\_\_\_\_

\_\_\_\_\_

-----  
Date #1 Read: \_\_\_\_\_

Date #2 Read: \_\_\_\_\_

Induration (mm): \_\_\_\_\_

Induration (mm): \_\_\_\_\_

PPD (Mantoux) Results:

☐ Negative ☐ Positive

PPD (Mantoux) Results:

☐ Negative ☐ Positive

Read by:

Read by:

\_\_\_\_\_

\_\_\_\_\_

**\*In order for this document to be valid, all sections of this form must be completed.**



# **Phlebotomy**

## **Skills Competency**

### **Checklist**

**2025-2026**

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Phlebotomy Competency: Handwashing**

Procedure Steps	Practice			Performed		Master
	1	2	3	Yes	No	
1. Uses paper towel to turn on the water supply.						
2. Discards the paper towel.						
3. Adjusts the water temperature.						
4. Dispenses an appropriate amount of soap into the hand.						
5. Creates a sufficient amount of lather.						
6. Sufficiently removes gross contamination from all skin surfaces.						
7. Rinses off the soap.						
8. Appropriately positions the hands while rinsing them.						
9. Dispenses soap into the palm of the hand.						
10. Cleanses the nail beds of each finger.						
11. Cleanses underneath the nails in an appropriate fashion.						
12. Rinses off the soap.						
13. Appropriately positions the hands while rinsing.						
14. Dries the hands, using paper towels.						
15. Uses paper towel to turn off the water supply.						

Evaluator Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Phlebotomy Competency: Gowning, Gloving, Masking**

Procedure Steps	Practice			Performed		Master
	1	2	3	Yes	No	
Donning PPE						
1. Removes the lab coat.						
2. Washes hands before putting on the protective clothing.						
3. Dons the gown, tying the ties at the neck and waist.						
4. Dons a mask.						
5. Positions the mask with the appropriate side facing out.						
6. Securely fastens the wire at the top of the mask around the nose.						
7. Securely ties the ties high on the head.						
8. Dons gloves.						
9. Positions the gloves with the cuff pulled over the sleeve of the gown.						
Removing PPE						
10. Removes the gloves.						
11. Removes the gloves inside out without contaminating the hands.						
12. Deposits the gloves in the appropriate receptacle.						
13. Removes goggles or faceshield.						
14. Only touches the handles or head band when removing the mask.						
15. Deposits the goggles in the appropriate receptacle.						
16. Unties the gown at the waist if ties at the back of the gown.						
17. Unties the gown at the neck.						
18. Removes the gown inside out.						
19. Does not touch the front of the gown with either the hands or the uniform during removal.						
20. Removes the mask by only touching the ties.						
21. Discards the mask.						
22. Properly washes the hands.						

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNED**

EVALUATOR: \_\_\_\_\_  
 STUDENT: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Phlebotomy Competency: Patient Communication**

<b>Preprocedural</b>	
1. Identifies the patient with a smile.	
2. Introduces self and explains procedure.	
<b>Procedure</b>	
3. Identifies sources of anxiety, anger, or lack of understanding.	
4. Remains calm and demonstrates respect to patient throughout interaction.	
5. Listens attentively and with an open mind.	
6. Obtains assistance through interpreter if needed.	
7. Leaves room if feels threatened or patient becomes violent.	
8. Notifies supervisor or other staff if assistance is needed.	
<b>Post procedure</b>	
9. Completes the specimen collection or notifies supervisor of patient refusal.	

Evaluator Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Phlebotomy Competency: Routine Venipuncture (Evacuated Tube System)**

Procedure Steps	Practice			Performed		Master
	1	2	3	Yes	No	
Preprocedure						
1. Examines the requisition.						
2. Greets the patient; introduces self.						
3. Identifies the patient verbally using two identifiers, including comparing the identification band with the requisition.						
4. Explains the procedure to the patient.						
5. Verifies dietary restrictions or instructions.						
6. Washes hands and puts on gloves.						
7. Selects the correct equipment and supplies.						
8. Assembles the equipment and supplies properly.						
9. Conveniently places the equipment.						
10. Reassures the patient.						
11. Positions the patient's arm comfortably.						
12. Applies the tourniquet.						
13. Identifies a vein by palpation.						
14. Selects a venipuncture site.						
15. Releases the tourniquet.						
16. Cleanses the venipuncture site.						
17. Allows the site to air dry.						
Procedure						
18. Reapplies the tourniquet.						
19. Confirms the venipuncture site visually.						
20. Anchors the vein below the puncture site.						
21. Smoothly inserts the needle at the correct angle.						
22. Inserts the needle with the bevel up.						
23. Inserts the tubes without causing pain.						
24. Allows the tubes to fill completely.						
25. Removes the tubes.						
26. Mixes the tubes by inversion (as recommended by the manufacturer).						
27. Collects the tubes in correct order.						
28. Does not move the needle between tubes.						
29. Removes the last tube from the holder.						

(continued)

Copyright © 2016 by McGraw-Hill Education

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Continued: Routine Venipuncture (Evacuated Tube System)**

<b>Procedure</b>						
30. Releases the tourniquet.						
31. Places gauze over the puncture site.						
32. Withdraws the needle smoothly.						
33. Activates the safety engineering control device.						
<b>Post procedure</b>						
34. Applies pressure to the venipuncture site.						
35. Disposes of the needle and tube adaptor in the correct container.						
36. Labels the tubes correctly (including date, time, and phlebotomist identification).						
37. Observes special handling instruction.						
38. Checks the venipuncture site.						
39. Applies a bandage.						
40. Thanks the patient.						
41. Disposes of used supplies appropriately.						
42. Removes gloves and washes the hands.						
43. Transports specimens to the laboratory						
44. Documents specimen collection						

Evaluator Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Phlebotomy Competency: Routine Venipuncture (Syringe)**

Procedure Steps	Practice			Performed		Master
	1	2	3	Yes	No	
Preprocedure						
1. Examines the requisition.						
2. Greets the patient; introduces self.						
3. Identifies the patient verbally using two identifiers, including comparing the identification band with the requisition.						
4. Explains the procedure to the patient.						
5. Verifies dietary restrictions or instructions.						
6. Washes hands and puts on gloves.						
7. Selects the correct equipment and supplies.						
8. Assembles the equipment and supplies properly.						
9. Checks the plunger movement of the syringe.						
10. Conveniently places the equipment.						
11. Reassures the patient.						
12. Positions the patient’s arm comfortably.						
13. Applies the tourniquet.						
14. Identifies a vein by palpation.						
15. Selects the venipuncture site.						
16. Releases the tourniquet.						
17. Cleanses the venipuncture site.						
18. Allows the site to air dry.						
Procedure						
19. Reapplies the tourniquet.						
20. Confirms the venipuncture site visually.						
21. Anchors the vein below the puncture site.						
22. Smoothly inserts the needle at the correct angle.						
23. Inserts the needle with the bevel up.						
24. Collects the appropriate amount of the sample.						
25. Releases the tourniquet.						
26. Places gauze over the puncture site.						
27. Withdraws the needle smoothly.						
28. Activates the safety engineering control device.						

(continued)

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Continued: Routine Venipuncture (Syringe)

29. Applies pressure to the venipuncture site.						
30. Uses a safe technique to fill the tubes.						
31. Fills the tubes in correct order.						
32. Mixes anticoagulated tubes by inversion.						
33. Disposes of the needle and syringe in the correct container.						
34. Labels the tubes correctly (including date, time, and phlebotomist identification).						
35. Observes special handling instruction.						
36. Checks the venipuncture site.						
37. Applies a bandage.						
38. Thanks the patient.						
39. Disposes of used supplies appropriately.						
40. Removes gloves and washes the hands.						
41. Transports the specimens to the laboratory.						
42. Documents specimen collection						

Evaluator Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Phlebotomy Competency: Venipuncture with Butterfly and Syringe (page 1 of 2)**

Procedure Steps	Practice			Performed		Master
	1	2	3	Yes	No	
Preprocedure						
1. Examines the requisition.						
2. Greets the patient; introduces self.						
3. Identifies the patient verbally using two identifiers, including comparing the identification band with the requisition.						
4. Explains the procedure to the patient.						
5. Verifies dietary restrictions or instructions.						
6. Washes hands and puts on gloves.						
7. Selects the correct equipment and supplies.						
8. Assembles the equipment and supplies properly.						
9. Checks the plunger movement of the syringe.						
10. Conveniently places the equipment.						
11. Reassures the patient.						
12. Positions the patient's arm comfortably.						
13. Applies the tourniquet.						
14. Identifies a vein by palpation.						
15. Selects the venipuncture site.						
16. Releases the tourniquet.						
17. Cleanses the venipuncture site.						
18. Allows the site to air dry.						
Procedure						
19. Reapplies the tourniquet.						
20. Confirms the venipuncture site visually.						
21. Anchors the vein below the puncture site.						
22. Holds the butterfly needle with the wings upward and bevel up.						
23. Inserts the needle smoothly at the correct angle.						
24. Collects the appropriate amount of the sample.						
25. Releases the tourniquet.						
26. Places gauze over the puncture site.						
27. Withdraws the needle smoothly.						
28. Activates the safety engineering control device.						

(continued)

Copyright © 2016 by McGraw-Hill Education

29. Applies pressure to the venipuncture site.						
30. Uses safe technique to fill tubes.						
31. Fills the tubes in correct order.						
32. Mixes anticoagulated tubes by inversion.						
33. Disposes of the needle and syringe in the correct container.						
34. Labels the tubes correctly (including date, time, and phlebotomist identification).						
35. Observes special handling instruction.						
36. Checks the venipuncture site.						
37. Applies a bandage.						
38. Thanks the patient.						
39. Disposes of used supplies appropriately.						
40. Removes the gloves and washes hands.						
41. Transports the specimens to the laboratory.						
42. Documents the specimen collection.						

Evaluator Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Phlebotomy Competency: Venipuncture with Butterfly and Evacuated Tube System**  
(page 1 of 2)

Procedure Steps	Practice			Performed		Master
	1	2	3	Yes	No	
Preprocedure						
1. Examines the requisition.						
2. Greets the patient; introduces self.						
3. Identifies the patient verbally using two identifiers, including comparing the identification band with the requisition.						
4. Explains the procedure to the patient.						
5. Verifies diet restrictions or instructions.						
6. Washes hands and puts on gloves.						
7. Selects the correct equipment and supplies.						
8. Assembles the equipment and supplies properly.						
9. Conveniently places the equipment.						
10. Reassures the patient.						
11. Positions the patient’s arm comfortably.						
12. Applies a tourniquet.						
13. Identifies a vein by palpation.						
14. Selects a venipuncture site.						
15. Releases the tourniquet.						
16. Cleanses the venipuncture site.						
17. Allows the site to air dry.						
Procedure						
18. Reapplies the tourniquet.						
19. Confirms the venipuncture site visually.						
20. Anchors the vein below the puncture site.						
21. Holds the butterfly needle with wings upward and bevel up.						
22. Inserts the needle smoothly at the correct angle.						
23. Collects tubes in the correct order of draw.						
24. Mixes the tubes by inversion (as recommended by the manufacturer).						
25. Releases the tourniquet.						
26. Places gauze over the puncture site.						
27. Withdraws the needle smoothly.						
28. Activates the safety engineering control device.						

(continued)

Copyright © 2016 by McGraw-Hill Education

29. Applies pressure to the venipuncture site.						
30. Disposes of the needle and holder in the correct container.						
31. Labels the tubes correctly (including date, time, and phlebotomist identification).						
32. Observes special handling instruction.						
33. Checks the venipuncture site.						
34. Applies a bandage.						
35. Thanks the patient.						
36. Disposes of used supplies appropriately.						
37. Removes gloves and washes hands.						
38. Transports specimens to the laboratory.						
39. Documents the specimen collection.						

Evaluator Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Phlebotomy Competency: Transfer Specimen to Tubes**

<b>Pre procedure</b>						
1. Prepares for specimen transfer after the venipuncture pre procedure but prior to the venipuncture procedure.						
2. Selects the correct equipment and supplies (blood transfer device):						
3. Conveniently places the equipment.						
4. Performs the specimen transfer procedure immediately after removing the needle from the vein.						
<b>Procedure</b>						
5. Inserts the syringe into the transfer device hub.						
6. Transfers the specimen into tubes.						
7. Uses safe technique to fill the tubes.						
8. Fills the tubes in correct order.						
9. Allows the tubes to fill naturally.						
10. Mixes anticoagulated tubes by inversion.						
<b>Post procedure</b>						
11. Disposes of the transfer device and syringe in the correct container.						
12. Continues with the venipuncture post procedure.						

Evaluator Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Phlebotomy Competency: Dermal Puncture on Finger

Page 1 of 2

Procedure Steps	Practice			Performed		Master
	1	2	3	Yes	No	
Preprocedure						
1. Examines the requisition.						
2. Greets the patient (and parents, if the patient is a child); introduces self.						
3. Identifies the patient verbally using two identifiers, including comparing the identification band with the requisition.						
4. Explains the procedure to the patient.						
5. Verifies diet restrictions or instructions.						
6. Washes hands and puts on gloves.						
7. Selects the correct equipment and supplies.						
8. Assembles the equipment and supplies properly.						
9. Conveniently places the equipment.						
10. Reassures the patient.						
11. Selects the appropriate finger.						
12. Warms the finger, if necessary.						
13. Selects the dermal puncture site.						
14. Cleanses the puncture site.						
15. Allows the site to air dry.						
Procedure						
16. Applies the lancet across the fingerprints.						
17. Uses adequate pressure when activating the lancet.						
18. Wipes away the first drop of blood.						
19. Collects the sample without scraping.						
20. Collects the sample without milking the site.						
21. Collects an appropriate amount of sample.						
22. Mixes Microtainer® or seals capillary tubes.						
23. Cleanses the site of excess blood.						
24. Places gauze over the puncture site.						
25. Applies pressure to the puncture site.						
26. Removes all items from the collection area.						
27. Disposes of the puncture device correctly.						
28. Labels the tubes correctly.						

(continued)

Continued: Dermal Puncture on Finger

Post procedure	
29. Observes special handling instructions.	
30. Checks the patient's finger.	
31. Applies a bandage (unless the patient is a small child).	
32. Thanks the patient (and parents, if present, for small children).	
33. Disposes of used supplies appropriately.	
34. Removes gloves and washes hands.	
35. Transports specimens to the	
36. Documents the specimen	

Evaluator Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Phlebotomy Competency: Specimen Handling, Temperature Sensitive Specimen**

Procedure Steps	Practice			Performed		Master
	1	2	3	Yes	No	
Preprocedure						
1. Examines the requisition.						
2. Performs the patient identification procedure.						
3. Performs site selection and the preparation procedure.						
4. Prepares an ice bath or specimen warming equipment.						
5. Performs the specimen collection procedure.						
6. Performs the postcollection patient care procedure.						
Procedure						
7. Places the labeled specimen immediately into the correct temperature control equipment.						
8. Labels the outside of the ice bath or warming device.						
Postprocedure						
9. Immediately transports the specimen to the laboratory.						
10. Ensures that cooling or warming is maintained while transporting the specimen.						
11. Places the specimen in the appropriate laboratory device (incubator, water bath, refrigerator, etc.).						
12. Alerts laboratory staff of the temperature-sensitive specimen.						
13. Documents the specimen collection.						

Evaluator Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Phlebotomy Competency: Specimen Handling, Light Sensitive Specimen**

<b>Preprocedure</b>	
1 .Examine the requisition.	
2.Performs patient identification	
3. Performs the site selection and preparation procedure.	
4. Prepares foil for the evacuated tubes or uses amber microcollection container.	
5. Performs the specimen collection procedure.	
6. Performs the post collection patient care procedure.	
<b>Procedure</b>	
7. Wraps the labeled specimen with foil.	
8. Labels the outside of the oil.	
<b>Postprocedure</b>	
9. Immediately transports the specimen to the laboratory.	
10. Ensures that the specimen remains protected from light.	
11.Alerts laboratory staff of the light-sensitive specimen.	
12. Documents the specimen collection.	

Evaluator Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Phlebotomy Competency: Centrifuge Operation**

Procedure Steps	Practice			Performed		Master
	1	2	3	Yes	No	
Preprocedure						
1. Puts on gloves.						
2. Transports the specimen to the centrifuge area.						
3. Safely and conveniently places the specimens.						
4. Opens the lid of the centrifuge.						
Procedure						
5. Inserts the tubes so that they are balanced.						
6. Does not remove the caps from the tubes.						
7. If a cap is missing, covers the end of the tube.						
8. Closes the centrifuge lid.						
9. Locks the lid in place.						
10. Sets the centrifuge time and speed correctly.						
Postprocedure						
11. Allows the centrifuge to stop completely.						
12. Opens the lid after the centrifuge has stopped.						
13. Observes special handling instructions.						
14. If tubes are broken, cleans appropriately.						
15. Disposes of used supplies appropriately.						
16. Removes gloves and washes hands.						

Evaluator Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Phlebotomy Competency: Blood Culture Procedure**

Procedure Steps	Practice			Performed		Master
	1	2	3	Yes	No	
Preprocedure						
1. Examines the requisition.						
2. Verifies the timing of blood cultures (two sites same time, etc.).						
3. Greets the patient; introduces self.						
4. Identifies the patient verbally using two identifiers, including comparing the identification band with the requisition.						
5. Explains the procedure to the patient.						
6. Washes hands and puts on gloves.						
7. Correctly selects and assembles the equipment.						
8. Applies a tourniquet, identifies the venipuncture site, and releases the tourniquet.						
9. Performs site sterilization using friction scrub.						
10. Allows the site to air-dry (does not blot or wipe dry).						
11. Marks the minimum and maximum fill levels on the culture bottles.						
12. If recommended by the manufacturer, cleanses the culture bottle stoppers while the site is drying.						
Procedure						
13. Reapplies the tourniquet without touching the site.						
14. Performs venipuncture without touching or palpating the site.						
15. Inoculates the blood culture media as required (yellow-stoppered SPS tubes or blood culture bottles).						
16. Inoculates the blood culture bottles in the correct sequence (aerobic first if using winged-infusion butterfly assembly).						
17. Releases the tourniquet.						
18. Covers the puncture site with gauze.						
19. Withdraws the needle smoothly.						
20. Activates the safety engineering control device.						
21. Applies pressure to the venipuncture site.						
22. Disposes of the collection unit (vacuum or butterfly assembly) in the correct container.						
23. Mixes the blood culture bottles as recommended by the manufacturer.						

(continued)

Copyright © 2016 by McGraw-Hill Education

Postprocedure		
24. Properly labels the blood culture bottles (including date, time, site of collection, and phlebotomy identification).		
25. Cleans the patient's skin.		
26. Checks the venipuncture site.		
27. Applies a bandage.		
28. Thanks the patient .		
29. Disposes of used supplies appropriately.		
30 . Removes gloves and washes hands.		
31. Transports the specimens to the laboratory.		
32 . Documents the specimen collection.		

Evaluator Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Phlebotomy Competency: Temperature Quality Control

<b>Preprocedure</b>						
1. Locates the appropriate temperature the log for instrument to be checked.						
<b>Procedure</b>						
2. Correctly reads the minimum temperature.						
3. Correctly reads the maximum temperature.						
4. Correctly records temperatures on the temperature log.						
5. Compares temperatures with acceptable range.						
6. Applies corrective action (according to facility policy).						
7. Correctly documents corrective action.						
8. Properly signs and dates the temperature log.						
<b>Postprocedure</b>						
9. Returns thermometer and temperature log to the correct location.						

Evaluator Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Phlebotomy Competency: Urine Chemical Screen**

Procedure Steps	Practice			Performed		Master
	1	2	3	Yes	No	
Preprocedure						
1. Examines the requisition.						
2. Matches requisition identification with the specimen identification.						
3. Labels a report form correctly with the patient's identification or opens the correct patient's electronic laboratory test reporting form.						
4. Dons appropriate PPEs (lab coat, gloves, eye protection or face shield).						
5. Assembles appropriate equipment (reagent strips, absorbent material, biohazard waste container).						
Procedure						
6. Ensures that the specimen is at room temperature.						
7. Thoroughly mixes the specimen before removing the cap.						
8. Correctly removes a reagent strip from its bottle (does not contaminate other strips; replaces cap on the bottle).						
9. Correctly dips the reagent strip into the urine (submerges all reagent pads).						
10. Immediately removes strip, dragging it across the top of the container to eliminate dripping.						
11. Begins timing immediately.						
12. Compares reagent strip pad colors to the chart on the bottle at the correct time.						
13. Selects the correct reaction reading for each test pad on the reagent strip.						
14. Correctly records results onto the result form or patient chart (or electronic record).						
Postprocedure						
15. Properly disposes of reagent strip, specimen, and PPEs.						

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNED**

EVALUATOR: \_\_\_\_\_

STUDENT: \_\_\_\_\_

# **PHLEBOTOMY EXTERNSHIP PACKET**

**2025-2026**

## Phlebotomy Externship Packet

This Externship Packet includes important guidelines and documents for students to successfully complete their Phlebotomy externship. Students are required to bring their Externship Packet with them to class and to their externship each day. For more information, refer to the Student Handbook.

**Students need to complete the information below:**

Student Name:	
Address:	
Phone:	
School/Program Attended:	Southeastern Community College, Phlebotomy Program
Student ID #	

Externship Site Name:	
Address:	
Phone:	
Contact:	
Externship Start Date:	
Externship End Date:	

Students will be required to attend externship sites during the hours assigned. If the student declines a scheduled externship and/or the externship coordinator is unable to contact the student, or the student is dropped from the externship site for any reason, the student will be dropped from the program and not be eligible for a certificate or refund of any kind.

**100% attendance is required at externship.** Students must notify their externship site and their externship coordinator if they have an emergency and have to miss a day. If a student does not call and does not show up they are automatically dropped from the program. The Student must contact the externship site first and then the Allied Health Coordinator or Health Continuing Education Coordinator.

**COMPLETION CHECKLIST** - Complete and check off each box before sending in your externship booklet.

- ☐ Minimum 48 hours of externship
- ☐ Externship Sign-in Log
- ☐ Puncture Log (50 Venipuncture and 10 Skin Punctures)
- ☐ Student Externship Evaluation - Completed by proctor
- ☐ Evaluation of Clinical Setting – Completed by student
- ☐ ***Keep a copy for of your externship handbook for your records.***
- ☐ Give original externship packet to:
  - Credit: Kara Schreiner
  - Non-Credit: Angela Shipley

**EXTERNSHIP PACKET DEADLINE: TBD each semester.**

Students are required to turn in a completed Externship handbook by the given due date. **Students who do not turn in their Externship Packet by the due date may be dropped from the course or program and will not be issued a certificate or be eligible for a refund. This could also result in failing the course, program or both.**

### **A NOTE TO THE EXTERNSHIP SITE**

We appreciate your contribution to the success of our students. This packet contains all of the paperwork required for the student to complete externship. Please contact or Kara Schreiner at 319-208-5213 or Angela Shipley @ 319-208-5278 with any questions or concerns

- **Student's Schedule:** Verify the student's externship schedule.
- **Externship Sign-In Log:** Sign off on the dates and hours the student has completed on a daily basis.
- **Puncture Log:** Sign off on all venipunctures, arterial observations and skin punctures performed by the student.
- **Student Evaluation Form:** Complete at the end of the externship.

**Thank you again for your participation.**



## PHLEBOTOMY STUDENT EXTERNSHIP

- **Each phlebotomy student is required to complete 48 hours (excluding any break times) of onsite clinical experience in a CLIA certified laboratory.**
- **It is the responsibility of each student to keep track of hours.**
- **It is the responsibility of the preceptor to verify and sign off on correct number of hours completed.**

[illegible]

**By signing below, I verify the information provided above is true and accurate.**

**Student**\_\_\_\_\_ **Date**\_\_\_\_\_ **Student ID#**\_\_\_\_\_

Preceptor \_\_\_\_\_ Date \_\_\_\_\_



## Evaluation of Clinical Setting - Student

This form should be filled out by the **student** on or before the last day of the externship.

**Instructions:** Read each statement and mark your response on this form.

Phlebotomy Technician Externship Site	4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree N/A = Not Applicable				
	4	3	2	1	N/A
1. The ability to complete all required draws in the time provided					
2. The staff provided positive feedback.					
3. There were sufficient resources (personnel and supplies) available.					
4. Site staff created a supportive learning environment.					
5. If hiring, the site would be a great place to work.					
6. I am overall satisfied with my externship.					



**Externship Site Survey (Filled out by Externship Site)**

**Thank you for partnering with Southeastern Community College in allowing students to complete their phlebotomy externship at your facility.**

**We value your feedback and ask that you fill out this student evaluation. Feel free to leave comments and score according to your honest opinion of student clinical performance.**

**In addition to this survey a representative from the college will contact you for feedback during the student's clinical externship experience.**

**You may send with the student or email to Kara Schreiner @ [kschreiner@scciowa.edu](mailto:kschreiner@scciowa.edu) by then end of the semester.**

**If the student is a non-credit student, please email please to [ashipley1@scciowa.edu](mailto:ashipley1@scciowa.edu).**

The Student Externship Evaluation should be filled out by the student's preceptor on or before the last day of externship. Fill in the student information below and ask your preceptor to complete the form.

Student Name:			
Extern Site:			
Start Date:		End Date:	

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The student arrived on time ready to work					
The student-maintained professionalism in their attire and attitude					
The student maintained professional interaction with the patient/client					
The student followed policy/procedure of the facility regarding patient/client identification					
The student followed proper bloodborne pathogen standards during blood collection					
The student-maintained confidentiality standards					
The student maintained appropriate conversation with staff and client/patients					

Please rate the student's skill level below:

	Competent without supervision	Requires minimal supervision	Requires substantial supervision	Unable to perform task without supervision
Identifies and prepares the proper site for blood collection				
Preforms the stick using aseptic technique				
Bandages patient accordingly				
Follows proper procedure for labeling and transport of blood collection tube				
Performs appropriate hand hygiene				

Comments \_\_\_\_\_

\_\_\_\_\_

Signature:			
Print Name:		Date	
Title:		Phone:	
Email address:			
Site Name:			
Address			

Thank you for your time!