THE DEPARTMENT OF
Communication
Sciences & Disorders

MONTGOMERY SPEECH, LANGUAGE, & HEARING CLINIC

Clinical Education

Speech-Language Pathology & Audiology

Policies and Procedures

2023

The Montgomery Speech, Language & Hearing Clinic serves to fulfill its mission in educating students who will become leading clinical scientists and researchers in their work settings. Throughout this process, the clinic does not discriminate against any persons based on race, color, citizenship, religion, sex, national origin, age, disability, genetics, gender identity, transgender status, sexual orientation, protected veteran status, pregnancy, childbirth, or related medical conditions.

Graduate students are treated in a nondiscriminatory manner, that is without regard to race, color, citizenship, religion, sex, national origin, age, disability, genetics, gender identity, transgender status, sexual orientation, protected veteran status, pregnancy, childbirth, or related medical conditions. The clinic complies with all applicable laws, regulations, and executive orders pertaining thereto.

THE CLINICAL SCIENTIST PHILOSOPHY

The faculty in the Department of Communication Sciences and Disorders has adopted the goal of helping each graduate student develop into a clinical scientist – an individual who is a curious, problem-solving, critical thinker. Specifically, we believe a clinical scientist is one who can meet or exceed the following additional competencies:

- Demonstrate the ability to search for evidence-based practices across disorders.
- Apply scientific research and methodologies to the evaluation and treatment of clients.
- Demonstrate acumen in the observation of client behavior beyond test scores or data collection.
- Demonstrate the ability to accurately evaluate and discuss treatment outcomes with others.

CLINICAL EDUCATION OF GRADUATE STUDENTS

The primary purpose of the Montgomery Speech, Language, and Hearing Clinic is to prepare future speech-language pathologists to provide high quality services to individuals with communication disorders. Clinical educators demonstrate the integration of theoretical knowledge with evidence-based practices, ensuring graduate students develop skills across multiple disorders and age groups. Professional competencies in accountability, integrity, effective communication, clinical reasoning, concern for individuals served, cultural competence, and collaborative practice are also addressed.

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I.   GENERAL INFORMATION ABOUT THE CLINIC

A.   Registered Rehabilitation Clinic

The clinic is a registered rehabilitation facility authorized by the South Carolina Department of Health and Environmental Control (DHEC) to provide speech and hearing services. As such, we must adhere to strict policies on safety, especially infectious disease control and disaster safety procedures. These procedures are reviewed during graduate student orientation week. *Specific information on both is in Appendices B and C.*

B.   Third Party Reimbursement

The clinic bills for all services provided. Billing procedures are the responsibility of the clinical faculty and the administrative staff. Clinical faculty complete the Superbill for service(s) provided and the administrative staff oversee billing in Point 'N Click (PnC). Clients with billing questions should be referred to the front desk staff.

As a clinic who accepts clients with Medicaid as their pay source, there are several requirements the clinic must adhere to. There are two requirements that directly affect graduate students. The first is that visit notes (a.k.a. SOAP notes) must be completed and signed off by the clinical faculty *the day the service is provided.* **This means the graduate student is to complete the visit note immediately following the session.** Second, a treatment plan must be in place prior to the delivery of any treatment. The clinical faculty instructor in charge of the client will review these procedures with you during your initial planning meeting.

C.   Point 'N Click (PnC)

PnC is a web-based practice management and electronic medical record system used by the clinic to manage all aspects of client care, documentation, and billing**. Graduate student access to PnC is limited to the diagnostic and treatment templates (visit notes, treatment plans, and progress reports, evaluation reports, etc.)**. PnC training is completed during orientation week.

D.   Clinic Operational Guidelines

Clinic operating hours
The clinic is open from 8:30 a.m. to 5 p.m. Monday through Friday for client care. For graduate students, the doors open at 8:00 a.m. and are locked at 5:30 p.m. See Appendix F on Carolina Card door access for students before or after these hours.

Parking
Students must purchase parking permits through USC Parking and Transportation Services. Parking in client parking in the Close-Hipp garage, even if you have a GA in the clinic or a research lab, is not permitted. For information on parking go to https://www.sc.edu/about/offices_and_divisions/parking/parking/index.php .

Name Tags – Graduate students are to always wear a name tag while in the clinic. Your Carolina Card is to serve as your name tag as it also serves to access certain treatment areas in the clinic as well as the computer lab.

University Fall & Spring Breaks
Students are not required to see clients during fall break, including outside practicum. **Clinical practicum at the clinic and outside sites continues during spring break.** Concerns/ comments should be addressed to the clinic director or the director of external practicum.

After Hours Safety
Graduate students are not to be alone in the clinic or computer lab after regular operating hours especially after dark. The *buddy system* is always required, even on the weekends.

The USC campus police emergency number is 7-9111 (if calling from a landline phone).

Note: The USC Police provide escorts for students on campus (e.g., after evening classes). Please contact them at 777- 4215 to request an escort at any time. Students are encouraged to download the RAVE Guardian Safety App. The RAVE Guardian Safety App is available on the Apple App Store and Google Play. The app connects directly with USC Police during an emergency. Additionally, Columbia's "Ambassadors," otherwise known as the "yellow shirts", will take you from the 1200 block of Main Street up to City Hall, or in and around the Vista. Hours: Monday - Sunday, 8 a.m. - 11 p.m. 803.309.7758.

No Smoking Policy
Since August 1, 2006, the University of South Carolina implemented a Tobacco Free policy. For further information on this policy go to:
http://www.sc.edu/policies/ppm/univ500.pdf

Telephone Lines
Voice mail operates on line 777-2614, between 5 PM and 8:30 AM for messages. *However, students calling in due to illness or an emergency must receive verbal confirmation from the administrative staff and/or the respective clinical faculty member. Please do not leave a voicemail message only. Call back during normal business hours and talk directly with the administrative staff.*

Weather Related and Other Emergencies

USC uses a Carolina Alert service to notify faculty, staff and students of impending weather issues and other potential threats. It is strongly recommended that you sign up for this system at:
https://sc.edu/about/offices_and_divisions/law_enforcement_and_safety/carolina-alert/
It is also advisable to watch local television stations or go on-line to the main university page for information on canceled classes and closings. Refer to Appendix C for additional emergency procedures.

II.   GENERAL INFORMATION REGARDING CLINICAL PRACTICUM

A.   INTRODUCTION

Clinical practicum at the Montgomery Speech, Language and Hearing Clinic is an important part of the clinical education and training of graduate students in the program. Graduate students are assigned cases at the clinic every semester despite having an external practicum assignment. The exception to this is the final externship. Ongoing clinical practicum assignments at the clinic allow the clinical faculty the opportunity to monitor your progress towards independence in preparation for your final externship.

B.   CLINICAL SKILLS OUTCOMES: CUMULATIVE EVALUATION

The Cumulative Evaluation on CALIPSO is the method by which the clinic director, the director of external practicum and the clinical faculty track all required skills outcomes mandated by the Council for Clinical Certification (CFCC). A demonstration of how the Cumulative Evaluation monitors skills outcomes is done during orientation week.

C.   REMEDIATION PLANS/CLINICAL COACHING PLANS

If a student fails to achieve the knowledge outcomes for a particular course or skills outcomes in clinical practicum, remediation will be completed through a Remediation Plan (in academic coursework) or a Clinical Coaching Plan (in clinical practicum). This remediation plan or clinical coaching plan is intended to allow the graduate student additional time and opportunity to achieve the specific knowledge and/or skills outcome(s). Successful remediation of skills does not affect the grade originally assigned.

The criteria for remediation of knowledge outcomes in Academic Coursework are one or both of the following: a grade of C or lower; students who do not achieve B or better on quizzes, examinations, papers, projects, or lab/homework assignments must undergo remediation in order to demonstrate mastery of the knowledge outcomes; if a student misses a quiz or examination question specific to a knowledge outcome but still earns a grade of a B or better the faculty member may require remediation on that particular question, regardless of the student's overall grade.

The criteria for remediation of skill outcomes in Clinical Practicum are one or both of

the following: a grade of C or lower; students who do not achieve a B or better in their overall clinical practicum; if a student fails to achieve a skill outcome at a rating of 3.5 or higher.

If a student scores below a B on an assignment with required knowledge outcomes, a remediation plan will be initiated by the course instructor and will include a remediation activity of the instructor's choice. Upon successful completion of the remediation, the student and teacher will sign the remediation form, which should be emailed to Beth Barnes or Teresa Boyett to be kept securely in the student's file. The completed remediation plan does not alter the original assignment grade or the final course grade, and all remediations plans must be completed by the end of the following academic semester.

In the case that a clinical coaching plan should be developed, the clinical faculty will meet with a student who is not complying with expectations and is having significant difficulty learning a skill. While many plans of this nature are initiated by the supervising clinical faculty, note that a clinical faculty administrator may initiate a clinical coaching plan. The purpose of this meeting is to discuss the concern(s) and create a plan of action to support the student's skill development. Written expectations, the criteria for attaining desired outcomes, and target completion date will be included in the plan. The plan will be signed by the student and the supervising faculty member or clinical administrator and retained in the student's clinic file. The completed clinical coaching plan does not alter the final course grade, and all remediations/clinical coaching plans must be completed by the end of the following academic semester. All completed clinical coaching plans should be sent to Juliana Miller. All signed, completed plans will be kept securely in the student's clinical file.

Graduate students are allowed no more than two remediation attempts for the same skill outcome(s) (contiguous or non-contiguous during the program). Further, graduate students are allowed no more than two remediation attempts for the same knowledge outcome(s) within a specific academic course. Failure to achieve these outcome(s) after two attempts will result in the student being counseled on options that do not include the ability to meet ASHA certification standards.

D.   CALIPSO

CALIPSO is a web-based program that manages many aspects of a graduate student's academic and clinical education. CALIPSO tracks the accumulation of clinical clock hours and progress towards meeting the CFCC requirements for certification. Training on the system occurs during orientation week.

E.   WORLD HEALTH ORGANIZATION/EVIDENCE-BASED PRACTICES

In accordance with world-wide trends in (re)habilitative healthcare, the World Health Organization (WHO) and the International Classification of Functioning (ICF) are taught in clinical practicum at the clinic. The WHO/ICF framework focuses on a client's participation in meaningful life activities rather than on the impairment or disability. The WHO/ICF framework is considered a crucial part of graduate clinical training.

According to ASHA, evidence-based practice (EPB) is "the integration of clinical expertise/expert opinion, external scientific evidence, and client/client/caregiver values to provide high-quality services reflecting the interests, values, needs and choices of the individuals we serve." EPB is family/client and requires a thorough review and interpretation of the research along with clinical expertise and client/family preferences to determine the best approach to treatment. Graduate students will learn to implement EPB with clients at the clinic and to integrate the evidence with principles of the WHO/ICF. Additional information on the WHO/ICF and EBP process is provided at the beginning of every semester.

F.   ASHA'S FUNCTIONAL COMMUNICATION MEASURES (FCMs) (SPEECH-LANGUAGE CLIENTS ONLY)

The clinic uses ASHA's FCMs to measure functional communication changes of clients over time. A FCM rating is selected at the onset of treatment and at the end of every treatment period. The 7-point rating scales for specific communication and swallowing disorders are located on the clinic's network directory. These are reviewed with students during orientation week as well as during initial planning meetings.

G.   CLINICAL ADVISOR/CLINICAL ADVISEMENT

In addition to being assigned an academic advisor for the duration of the program, graduate students are also assigned a *clinical advisor*. Graduate students meet with their clinical advisor for the first-time during orientation week and subsequently at the end of every semester while in the program, except during the final externship semester. During clinical advisement, clinical advisors review advisees' Cumulative Evaluation to monitor progress towards achievement of skills outcomes. Graduate students present their WHO/EBP project and participate in a discussion on ethical situation ("Ethical Minute"). **Clinical advisement is mandatory for all students**. Not attending for other than a medical reason (**doctor's note required**) will result in an evaluation of "1" for professionalism which is added into your semester grade.

H.   EVALUATION OF CLINICAL PERFORMANCE

Evaluation of a graduate student's clinical performance is done in CALIPSO a **minimum** of 3 times per semester for each client a student is assigned. Ungraded feedback is also given to a student at various times throughout the semester. See Appendix F for the evaluation form and grading scale. Please note that achievement of a particular skill outcome on the Cumulative Evaluation does not necessarily equate with the final letter grade on an evaluation from any supervisor. Grade averages are recorded on the Cumulative Evaluation. More information on this is provided during orientation.

III. HIPAA POLICIES AND PROCEDURES

A.   INTRODUCTION

The Montgomery Speech, Language & Hearing Clinic in the Arnold School of Public Health was originally established in 1969 as an integral part of the professional training program in the Department of Communication Sciences and Disorders. The mission of the clinic is to advance knowledge and skill in the nature, prevention, diagnosis, and treatment of communicative disorders. It seeks to educate students who will become leading clinical scientists and researchers in their work settings. Through excellence in instruction, research and service, the clinic seeks to fulfill its mandate as a leading treatment clinic in communication disorders in South Carolina. The scope of the programming addresses the needs of the diverse community at state, national and international levels.

The Montgomery Speech, Language & Hearing Clinic provides a variety of evaluation and treatment programs for individuals of all ages. The evaluation process to identify and describe areas of strength and weakness related to articulation, language, reading, spelling, aphasia, voice, hearing, and fluency as well those factors that prevent or facilitate effective communication in everyday life. Treatment programs are based on needs identified during the evaluation, by capitalizing on an individual's strengths and reducing barriers to effective communication. Individual and/or group programming may be recommended, and family/parent involvement is strongly encouraged throughout the treatment process. Therapy is conducted under the direction of licensed and certified speech-language pathologists and audiologists and involves graduate-level clinical teaching and research.

B.   PROFESSIONAL GUIDELINES

1.   Policy on the Privacy and Security of Client Health Information

The University of South Carolina identifies itself as a hybrid entity under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. As such, the University of South Carolina adopted guidelines for privacy and security of protected health information for its three (3) main health care providers (covered entities under HIPAA) and for all research conducted at the university. The Montgomery Speech-Language-Hearing Clinic in the Arnold School of Public Health is one of the three health care providers/covered entities at the University of South Carolina. Clinic-based policies and procedures on privacy and security of client health information were developed to come into compliance with this federal law effective April 14, 2003. Additional policies and procedures concerning the security of electronically transmitted client health information went into effect on April 20, 2005, September 23, 2009, and January 25, 2013. These policies and procedures are meant to provide strong privacy and security protection as well as to give clients increased access to their medical records. *In some cases, South Carolina state law may preempt the federal law. Any inquiries/requests by outside administrative agencies to release a client's PHI under the federal law (HIPAA) will require consultation*

with the Office of General Counsel at USC to determine if SC state law preempts federal law. See Appendix A for the specific requirements regarding safeguards to protect client's health information at the clinic.

2.   Privacy and Security Awareness Training

The following positions in the Department of Communication Sciences and Disorders and the Montgomery Speech-Language-Hearing Clinic have been identified as members of the workforce according to HIPAA regulations:

Clinic Director	Graduate Students	Director - External Practicum
Clinical Faculty	Clinic Administrative Staff	Asst. Director - External Practicum

All workforce members are mandated by federal law to participate in privacy and security awareness training with documentation of such participation. All workforce members who are faculty and staff are to sign an acknowledgement of their training. Incoming graduate students participate in privacy and security awareness training during orientation week before any clinical practicum begins. Students must pass a quiz posted on Bb to ensure knowledge of HIPAA and the clinic's policies. This further serves as their attestation of training. Annual re-training and period training throughout the year is also required by federal law. Graduate students receive emails from the director on HIPAA-related issues and sign a confidentiality statemen at the beginning of their second fall semester. Documentation of all training is maintained by the clinic director.

3.   Organizational Structure for Privacy and Security

The Privacy and Security organizational structure at CLINIC is as follows:

Privacy Official – Angela McLeod, Director Montgomery Speech,Language, Hearing Clinic
Second Designee – Juliana Miller, Director of External Practicum
Third Designee – Coordinators of the Cochlear Implant Team
Fourth Designee – Carrie Hendrix, Clinic's Business Manager

4.   Procedure: Sanction Policy (164.530(e) (1)
Workforce members who do not comply with the clinic's privacy policies and procedures will be sanctioned commensurate with the severity, frequency, and intent of the violation. Procedures for sanctions are as follows:

a)   Security Violation Level I
Represents a severe violation in which the employee or student purposefully breaks the clinic's policies and procedures for systems usage, in which evidence clearly establishes malicious intent and/or which there have been an unacceptable number of previous violations.

Level I violations may include, but are not limited to:

Releasing data for personal gain.
Destroying or falsely altering data intentionally.
Releasing data with the intent to harm an individual or the organization.

1st offense – disciplinary action as stated under Corrective Actions.

b)   Security Violation Level II

Represents a moderate violation in which the intent of the violation is unclear, and the evidence cannot be clearly substantiated as to malicious intent. Level II violation may include, but are not limited to:

- Accessing a record of a client without a legitimate reason. This includes accessing a co-worker, friend, spouse, child of legal age, neighbor, etc.
- Using another co-worker's access code without the co-worker's authorization.
- Releasing client data inappropriately.
- Housing and storing PHI on office computers, laptops, cell phones, iPads, or other devices.
- **Posting any pictures and/or comments about clients on social media sites**.
- **Not adhering to policies and procedures on providing teletherapy (HIPAA)**.

1st offense - written warning
2nd offense - disciplinary action as stated under *Corrective Actions*

c)   Security Violation Level III

Represents a minor violation that is accidental, non-malicious in nature, and/or due to lack of proper training. Level I violation may include, but are not limited to:

- Code (Password) Sharing (giving his/her access code (password) to another person).
- Signing on and allowing another person to use his/her code.
- Failing to sign off a given computer terminal. Accessing his or her own record without following the proper process for completing an authorization.
- Requesting another co-worker to access his or her own record without following the proper process for completing an authorization.
- **Printing documents from PnC. NOTE: The only person authorized to de-identify any document in PnC is the clinic director.**

1st offense - oral reprimand (documented in writing)
2nd offense - written warning
3rd offense – disciplinary action as stated under Corrective Actions

d)   Corrective Actions

<u>**Employees**</u>

- All violations/disclosures and corrective actions will be documented on a mitigation form.
- Any employee or faculty member found by the clinic to have violated the policy will be subject to appropriate disciplinary actions, up to and including immediate termination.
- It is the responsibility of the employee's direct supervisor in conjunction with Human Resources to take corrective action for each security violation. The violation and the action(s) taken by the supervisor or department head are to be communicated back to the clinic Privacy Officer within five working days after identification of the security violation.

<u>**Students**</u>

- All violations/disclosures and corrective actions will be documented on the appropriate mitigation form.
- Any student found by the clinic to have violated the policy will be subject to appropriate disciplinary actions, up to and including suspension from all practicum assignments and/or termination from the program.

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American Speech-Language and Hearing Association Code of Ethics
Students are to always adhere to this code. The link to the ASHA Code of Ethics is: https://www.asha.org/code-of-ethics/ . Additionally, students are to adhere to the preprofessional guidelines set forth by the National Student Speech. Language and Hearing Association at: https://www.nsslha.org/membership/pre-professional-guidelines/

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IV.   DRESS CODE

(Applies while interacting with clients in the clinic. Most apply to outside practicum sites, but YOU SHOULD REVIEW EACH SITE'S DRESS CODE POLICY WITH YOUR OUTSIDE SUPERVISOR AS SOME OF THE BELOW ALLOWANCES MAY NOT BE APPROPRIATE AT OUTSIDE SITES)

We contribute to the public image of our clinic and to the profession of Speech-Language Pathology through our appearance and interaction with others. Our expertise is best communicated through a professional presence. This requires attention to our appearance and dress. Appropriate dress and personal appearance for graduate clinicians should always be consistent with professional standards while in the Clinic while seeing patients. Appearance should not affect the clinician-patient participant relationship.

The clinic follows two (2) options consistent with professional dress in therapeutic settings. At all times, graduate clinicians seeing patients are expected to exercise good judgment and dress in a manner consistent with professional standards.

Option #1: Scrubs
Scrubs that are in solid colors may be worn in the clinic (a different colored trim is acceptable). T-shirts are not an acceptable replacement for scrub tops. Closed-toe shoes must be worn with scrubs and include nice sneakers, Dansko-style shoes, etc. Undergarments or skin should not be visible through scrubs, which may occur with lighter colors or materials. USC collegiate scrub with the Gamecock logo may be worn but is not required. *Please avoid the medical green scrubs.*

Option #2: Casual Professional Attire
Professional attire appropriate for most clinical situations is comprised of casual slacks and skirts, collared shirts, blouses, and sweaters. Skirts/dresses should be an appropriate professional length.
- General Guidelines – Please adhere to the following:
  - All clothing must be clean, maintained, and appropriately fitted.
  - Comfortable shoes may be worn with an appropriate heal height.
  - Appropriate personal hygiene is expected and maintained.
  - Hair styles, makeup, etc., should meet professional standards. Hair must be clean and tidy in appearance.
  - Nails are to be maintained at a length that will not interfere with wearing gloves, interfere with client care, or be distracting to clients. *Excessively long nails are prohibited.*
  - *Natural looking* artificial eyelashes are permitted. However, a*void heavy and/or bulky eyelashes that may be distracting to clients or make affect vision*.
  - Please keep in mind that jewelry can be distracting to some patients. Piercings should be confined to the ear.
  - Please be considerate of olfactory sensitivities by patients/participants, families, staff, and peers. Scented products or other odors such as cigarette smoke should be avoided.
  - **Body art** must be covered when interacting with clients and their families.

Inappropriate Attire
Inappropriate attire includes, but is not limited to, active sportswear, mini-skirts, flip-flops, halter tops, crop tops, or apparel with messages or commercial advertising. Unkempt (e.g., soiled, torn, "worn," or wrinkled clothing) or inappropriately revealing clothing (including when bending or stretching) are not acceptable. Denim jeans* and shorts that meet the above criteria are not acceptable when interacting with patients or research participants in the clinic, but lab policies govern their acceptability within the lab. All clinicians and research staff are expected to exercise good judgment in choosing their work clothes. ***Although denim jeans are not permitted while seeing clients, there are exceptions made during the year as determined by the clinical faculty (e.g., Game Day Friday's). Students are typically notified of these exceptions via a Bb announcement**.

Violations

Anyone coming to work in attire that is deemed inappropriate may be asked to leave and return appropriately dressed or be given the option of wearing a lab coat or scrubs provided by the clinic.

Other Important Information Concerning the Dress Code

Appropriate dress is always required during normal clinic hours even if the graduate student is not seeing client(s). This includes observation of sessions or during any scheduled meetings with clinical faculty. If further clarification is needed regarding the appropriateness of garments, etc. please see your clinical advisor or the clinic director. Evening meetings at the clinic will permit more casual attire but must still be within reasonable limits (after 5PM). Inappropriate dress will constitute the following actions:

- Unsatisfactory rating by the clinical faculty on the "Evaluation of Student Performance" in CALIPSO.
- A meeting between the graduate student, the clinical advisor, and the clinic director if continued dress code problems are noted.
- The student may be requested to wear a smock for the day if unable to go home to change for any reason.

V.   OBSERVATION OF SESSIONS BY OTHERS

- Routine observers may include those persons who are actively enrolled in graduate study in the Department of Communication Sciences and Disorders, or a member of the client's family who has been authorized by the legal guardian to observe therapy sessions.
- Occasional observers are designated as those persons not related to or accompanying the client, i.e., teachers, other university students, etc. All observers receive HIPAA awareness training for observation and sign a training acknowledgement form before observations are scheduled.
- All observers are to inform the administrative staff in advance of a planned observation. The staff will then inform the observer of a schedule for the period he/she will be in the clinic, give a brief tour of the clinic for purposes of identifying therapy and observation areas, and introduce them to appropriate clinical faculty responsible for the client(s) to be observed.
- The clinical faculty member in charge of the case is the most appropriate person to answer questions from observers about case management. Graduate students may take on a more direct role as experience and knowledge is gained. Consult with the clinical faculty members on your role.

VI.   PROCEDURES FOR CLIENT INTAKE AND DIAGNOSTICS

A.   Referral Sources and Procedures

- Speech, language, and hearing services may be requested by an individual and/or a legal guardian. Physicians, school, and social agency personnel also refer an individual for services upon authorization.
- **Section 1557 of the Affordable Care Act (2010) is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination based on race, color, national origin (including Limited English Proficiency), sex, age, or disability in certain health programs or activities. As such, the clinic adheres to these federal regulations for clients receiving an evaluation**. *Interpreters are provided to any client who requests one or is determined to need one following the intake review.*
- Clients are accepted and scheduled for evaluation in order of request and after the completion of a case history and accompanying information to include authorization forms, permission to assess and to seek pre-certification from a third party pay source. At times it is necessary to schedule clients for appointments without detailed case history information.
- Under ordinary circumstances, clients will not be seen for speech-language therapy without first receiving a formal evaluation at the clinic. However, when a speech and language evaluation has been completed at another program and/or agency within three (3) months, the clinic director may waive evaluation at the clinic following review of the report.
- Clients referred for audiological services are always seen for a full hearing evaluation at the clinic.

B.   Preparation for Diagnostic
The graduate student must be available to meet with the clinical faculty during the scheduled conference time prior to the evaluation. Additional meetings are scheduled as needed throughout the practicum experience.

Prior to the meeting with the clinical faculty, the graduate student is to do the following:
- Review all available information on the client located in PNC. The graduate student is to be prepared to discuss history information with the clinical faculty.
- Prepare a tentative plan for the diagnostic session, i.e., tests to be administered, procedure for interviewing parents/caregivers, etc.
- Graduate students should expect to take additional time prior to the diagnostic to review and practice the administration of all tests to be given. **If you need to practice a test you can check it out at 4:30 p.m. but return it by 8:30 a.m. the next morning. Audiometers cannot be checked except for screenings conducted through the Montgomery Speech, Language, and Hearing Clinic The student is to plan additional time on their weekly schedule for reviewing how to use the audiometer.** Evaluating student performance during diagnostic practicum is related to this preparation.
- Prepare on the day of testing by accumulating test materials (tests, forms, objects, etc.) and appropriately preparing the examining room. Organization of

test materials, forms, etc. is the first step towards a successful diagnostic session.

- <u>The graduate student is to check all manipulatives and toys particularly those in test kits, for any safety hazards (e.g., small, or broken items that can be a choking hazard, etc.).</u>
- If the graduate student is unable to meet a scheduled diagnostic due to illness or emergency, he or she is to follow the procedure previously stated on page 7.
- A medical excuse is required for any absence due to illnesses.

C.   Procedures Subsequent to Diagnostics
- Following the diagnostic, the clinical faculty and graduate student will accompany the client to the front desk for check-out. This is to ensure that the administrative staff has all necessary paperwork, signatures, etc.
- The clinical faculty and the graduate student discuss case findings and information to be included in the report. Time allotted immediately following the diagnostic session is for conferencing and report writing.
- The clinical faculty will provide feedback regarding the graduate student's participation in the diagnostic session.
- The graduate student is to return diagnostic test and/or materials to the appropriate place immediately following the diagnostic.
- If the need for therapy is indicated based on diagnostic results and the parent requests service at the clinic, the clinical faculty member completes a therapy request form. This form is given to the administrative staff who file it in the waiting list notebook in a secure location.
- A diagnostic report is required of each graduate student as designated by the clinical faculty. *Diagnostic reports are to be done only on the computers at the clinic due to privacy and security policies*
- Unless otherwise instructed, the report is to follow the formats provided. **Notify your clinical faculty member by email when your work is complete**. When the report is approved, the clinical faculty member will forward the report to the administrative staff. **Reports are to be processed within 2 weeks of the evaluation**.
- The *Authorization to Release Information* form in the HIPAA section of the client's chart is to be reviewed before indicating on the diagnostic report who is to receive a copy of the client's information. This release form must be dated within the year to be legal. If you notice this form being outside of one year of the current date of service, please notify the administrative staff immediately and do not record any names on the cc section of the diagnostic report.
- Test forms, case histories, and other information contained in the client's file must always remain in the in the clinic. Please do not leave any papers, test forms, etc. from the diagnostic unattended while working on the report.
- Once the report is finalized on PNC, the staff will scan all paperwork into the electronic record. Medicaid guidelines require us to maintain originals of all test protocols.
- The following considerations should be made regarding report writing:

- The graduate student is responsible for promptly completing the revision of the report. *Diagnostic reports are to be mailed within two weeks from the date of the evaluation.*
- The graduate student is responsible for reviewing the clinical faculty's final revision of the report as a guideline for future report writing.

VII. PROCEDURES FOR THERAPY

A. Admission Criteria/Caseload Selection

- Section 1557 of the Affordable Care Act (2010) is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination based on race, color, national origin (including Limited English Proficiency), sex, age, or disability in certain health programs or activities. As such, the clinic adheres to these federal regulations for clients enrolled in treatment. ***Interpreters are provided to any client who requests one or is determined to need one if recommended for treatment.***
- The clinic complies with ASHA's guidelines on admission for speech-language pathology services. These guidelines may be reviewed on-line at: https://www.asha.org/policy/gl2004-00046/
- As a teaching facility, a variety of cases must always be maintained. Therefore, the following procedures are to be followed when, after diagnosis, it is felt that immediate therapy is indicated.
- New clients seen for diagnostics are scheduled for therapy the following semester unless a space is available for immediate scheduling.
- If it is determined that therapy will not be available immediately, the clinical faculty may consider the following:
  o Waiting list for therapy (permission of the client or family is needed to be placed on the waiting list).
  o A referral list of area service provider options is provided.

B. Clinical Practicum Schedules

On the **first day** of each semester (both summer sessions are treated as one semester with regards to practicum) graduate students are provided with a "Contractual Guidelines for Practicum" schedule of assignments, which is picked up from the front desk administrative staff. *Any in-house conflicts are to be resolved with the clinic director and outside conflicts are to be resolved with the director of external clinical practicum.*

- Graduate students are to sign up for meetings with each clinical faculty member they are working *immediately following receiving their guidelines.*
- *During this meeting, the graduate student and clinical faculty member will review the Cumulative Evaluation. For beginning students who have not yet been evaluated, the clinical faculty member may highlight some areas of learning specific to assigned clients.*

- Treatment room assignments are made by the clinical faculty during scheduling. A master schedule is maintained with the front desk administrative staff. Notify one of them if you note a room assignment discrepancy.

C. Beginning of Semester

The graduate student is responsible for making an appointment during the designated times with the faculty clinical instructor supervising the assigned case.

Prior to the meeting with the clinical faculty Instructor, the graduate student is to complete the *Chart Review form* located on the template directory on all computers in the lab. The graduate student should complete the following prior to the meeting:

- Read client medical record in PNC in preparation for answering any question about that client.
- Evaluate the needs of the client at the present time. Outline, in writing, tentative baseline procedures and activities to be completed during first session.
- List therapy programs and/or methods and materials that might be appropriate.
- The tentative written plan should be brought to the appointment with the clinical faculty for discussion.
- Once baseline is established, the graduate student is responsible for generating a Treat*ment Plan* and submitting it for approval. The *Treatment Plan* (and subsequent *Progress Report*) are to be completed directly into PNC [electronic medical records system].
- Hard copies of reports are not to be printed and submitted to clinical faculty for approval. Content to include in the *Treatment Plan* is covered during orientation week (PNC Training).
- Graduate students assigned a group should collaborate with each other on the writing of the *Treatment Plan.* It is not the responsibility of only one graduate student.
- Although the general requirements of each clinical faculty are parallel, the graduate student should expect some differences across clinical faculty. It is the student's responsibility to familiarize themselves with each clinical faculty members protocol regarding case management.

D. Use of Client Medical Records (PnC)

- Preparation for practicum and reviewing a client's medical record may occur in the computer lab/materials room or in an unoccupied treatment room using a laptop (either personal laptop or one of the clinic's).
- Notes taken must not include any identifying information such as full name, phone number, etc.
- **Information on a client's PHI cannot be used for research projects, special projects, etc. without the approval of the patient and the clinic director. There are HIPAA regulations that must be followed (effective Jun 1, 2019).**

- Client-related documents (e.g., test forms) should not be left unattended in the computer lab or in a treatment room at any time. This is a violation of HIPAA privacy rules.
- <u>Any student who prints any part of a client's medical record from PnC may be suspended from practicum at the discretion of their academic and clinical advisors and the clinic director</u>.

E.   Throughout the Semester

1.   The Clinical Faculty will:

- Maintain close, consistent contact with the graduate student regarding client progress as well as the graduate student's skill development; Identify, in conjunction with the student, appropriate skills outcomes on the both the student's Cumulative Evaluation as well as individual session evaluations.
- Observe a <u>minimum</u> of 25% (1/4) of the total semester therapy sessions and 50% (1/2) of every diagnostic session in compliance with certification requirements. The amount of supervision initially provided is more than the minimum requirement and is increased or decreased based on the individual needs of the students. Factors considered in determining the amount of supervision include previous clinical experience with a similar disorder, performance in therapy at midterm, the nature and severity of the disorder and overall professional behavior. The manner of supervision includes in-room observations, and/or observation via closed circuit TV monitoring.
- Provide feedback on the graduate student's performance. Complete a minimum of three (3) *Evaluation of Clinical Performance* on CALIPSO throughout the semester. Non-graded feedback is also provided on CALIPSO. **Students who are not receiving some type of feedback (verbal or written) before the next therapy and/or diagnostic session (particularly during the first half of the semester) should speak to the clinical faculty member. A minimum of one (1) graded mid-term grade on CALIPSO is to be completed by mid-term.**
- Request the student to engage in the self-reflection and self-evaluation processes. Information on self-reflection and self-evaluation is provided during your initial planning meeting.
- Review and return all assignments in a timely manner.

2.   The Graduate Student will:

- Be prompt in all matters concerning the management of professional duties.
- Submit lesson plans for all therapy sessions 3 days prior to the date of therapy.
- Be certain to 1) begin and end therapy on time and 2) to clean therapy materials and table for the next session.
- Maintain appropriate client performance during each therapy session. Data sheets are a record of a client's responses specific to behavioral objectives listed on your lesson plan. Data is a part of every client's medical record and is scanned into the client "chart" in PnC. Data is evaluated to make changes in treatment.

- Complete all post-session record keeping, i.e., SOAP notes, etc. SOAP notes are completed in PnC on the appropriate template. Notify the respective faculty member via e-mail when your note is complete and ready for approval. Not cancellations and "no shows" do not require a SOAP note.
- Record any phone conversations with the parents/caregivers in the NOTES section of the medical record in PnC.
- Complete one self-evaluation on your clinical performance at midterm (this is done directly on CALIPSO as well).
- Complete self-reflections from mid-term until the end of the semester or otherwise directed by the clinical faculty member in charge of the case (more information will be provided by the clinical faculty collaborating with you.
- Complete the *World Health Organization and Evidence-based Practice* project for assigned client.
- Initiate and participate in discussion regarding the Cumulative Evaluation on CALIPSO.
- Follow universal precaution procedures.
- Complete an evaluation on each clinical faculty member or external site supervisor you work with during the semester. This is monitored before you leave each semester, and you are notified to complete them before the next semester.

F. WHAT TO AVOID WHILE IN THERAPY
- Chewing of gum
- Texting (or receiving texts)
- Use of cell phones. Cell phones are to be turned off while you are in therapy. In cases where a graduate student is expecting a phone call about an emergency, please inform the clinical faculty member of the situation and that you may need to leave the therapy session. Your cell phone is to be set on vibrate under these circumstances.
- Inappropriate laughter or "giggling."

VIII. END OF SEMESTER CLOSE-OUT MEETINGS ON CLIENTS

NOTE: Students receive more detailed information regarding all end of the semester responsibilities (mandatory clean-up day, clinical advisement appointments, etc.) via email on Bb 1-2 weeks before practicum ends.

During close-out meetings with the clinical faculty will:
- Read, approve, or instruct to revise final progress reports.
- Meet with the graduate student to discuss client progress and care.
- Review skill outcomes on the Cumulative Evaluation in CALIPSO. Review and submit a *Learning Outcomes Remediation Notice for Clinical Practicum* if any learning outcomes require additional time and training.
- Discuss clinical performance throughout the semester and review the final grade.

- Approve any remaining clinical clock hours in CALIPSO once all paperwork is completed and approved by the clinical faculty member.

The graduate student will:
- Prepare a rough draft of final progress report on all clients in PnC and notify the clinical faculty that it is ready for final approval (email). A treatment Plan for the following semester is also required at this time. **ALL VISIT NOTES AND THE PROGRESS REPORT MUST BE DATED *before* THE PROJECTED TREATMENT PLAN FOR THE NEXT SEMESTER IS WRITTEN (S.C. Medicaid Rule).**
- Schedule final conference with the clinical faculty to discuss client care and student performance for the semester (detailed information on this process is provided to students at the end of every semester).

Graduate students who fail to complete all practicum obligations (whether at the clinic or at other practicum sites) before the final day of the semester will receive a letter grade lower than the grade earned. Those students who failed to register for a practicum course (COMD 772) will not receive a passing grade, credit for the hours accumulated for the semester, and will not have skills outcomes signed by the clinical faculty.

IX.   ADDITIONAL INFORMATION CONCERNING CLIENT CARE

A.   DISCONTINUATION OF CLINICAL SERVICES
The clinic follows ASHA's guidelines on discontinuation of therapy services. These may be reviewed on-line at: https://www.asha.org/policy/gl2004-00046/ .

Additional clinic procedures for the discontinuation of services include:
- The client has been absent for two consecutive sessions without phone calls to cancel. In this case a letter is sent advising the client of the discontinuation of services. The client is encouraged to contact the clinic to discuss continuation of services.
- When alternative service options are exercised.
- When a pattern of inconsistent attendance over time is noted. In this case, the director and faculty member in charge of the case discuss options.

NOTE: A discharge summary is required on all clients discharged regardless of the reason. A template for writing a discharge summary is in PnC.

Procedures for Discontinuation of Services
- A conference between the clinical faculty and the clinic director is to precede any action on the discontinuation of services.
- A notation is made in the client's medical record, including the reason for termination and appropriate recommendations; this is to be done by the clinical faculty.

- Notification of discontinuation of services to the **authorized** referral source(s) is made by the clinical faculty member only after review of the *Authorization to Release Information* form in the client's chart. If the form does not specify the referral source to receive information, then notification of the discontinuation of services report cannot be made.

X.   AVAILABLE RESOURCES

A.   Materials

Many commercially purchased therapy materials are provided for use in the clinic only. There is not a check-out system for use of these materials in the clinic. It is important that care be taken to return materials to the proper place and order in which they were found (e.g., cards should be returned to appropriate cardholders or kits, beads returned to cartons, etc.). **Request for additional materials and/or equipment should be submitted to the clinic director.** The need to replace or repair of materials and equipment (including computers, printers, etc.) should be directed to one of the administrative staff members as soon as it is noted.

If you need to practice a test you can check it out at 4:30 p.m. but return it by 8:30 a.m. the next morning. A list of all available tests is regularly updated and maintained on the Template Directory on the clinic network system (titled *Master Resources List) and is* in a word document.

Checking out tests, using toys/materials or photocopying therapy pictures/forms is not permitted for use in outside sites. This includes the portable audiometers.

B.   CLINIC Lending Library (Temporarily closed as of 3/15/20 due to pandemic)

The clinic has a lending library for clients and their families as part of an ongoing campaign to promote literacy. An alphabetical listing of all books by title and author is located on the Template Directory of the clinic network system (titled *Master Resources List – Excel document*). A checkout system is in place so clients may take books home throughout the semester. See the clinical faculty member in charge of your client(s) for further information.

C.   Equipment

All equipment (lap top computers, iPads etc.) are housed in a secured location in the clinic. Equipment is never to be left unattended while in use. All equipment is to be cleaned in accordance with infectious disease control procedures (Appendix B). Any defect in the operation of equipment used in therapy should be reported to the appropriate clinical faculty member. Operation of the smart boards requires instruction by clinical faculty unless you otherwise have had experience with their use. A training session is offered at the beginning of the first fall semester. Graduate students are notified of this training via email.

XI.   ADDITIONAL IMPORTANT INFORMATION

A.   Student Medical Needs/Religious Holidays

Medical Appointments: A graduate student requiring either a one-time or an on-going medical appointment (e.g., routine allergy shots) may request special consideration of this need in the scheduling or re-scheduling of their practicum assignments. Appropriate medical documentation is required before adjusting any practicum schedule for on-going medical treatment. Please inform your clinical advisor if you have any on-going medical needs. **For a one- time illness (e.g., the flu), a medical excuse is required for <u>all missed days</u>.** Discuss options for a one-time medical appointment with the respective clinical faculty members (e.g., rescheduling of therapy). *Students should not return following an illness with fever for 24 hours after the fever breaks. This is a typical recommendation from physicians.*

<u>NOTE: A student who cancels practicum due to illness is considered too sick to attend class(es). More than two (2) excused medical excuses may result in termination of all clinical practicum, both at the clinic and in an outside site (if assigned). Students are required to make up all excused absences which may extend into the end of the clinical semester if needed. Please see COMD 772 syllabus for additional details.</u>

Students who observe religious holidays other than those noted on the USC calendar can be excused from clinical practicum. Please discuss this with the clinic director for in-house assignments and with the director of external practicum for outside sites.

B.   Professional Behavior and Conduct

The Division of Student Affairs and Academic Support at USC has an extensive policy on professional behavior and conduct expectations for students. It is strongly recommended that you review this policy before your first semester. You may access the policy at: http://www.housing.sc.edu/osc/pdf/StudentCodeofConductFINAL.pdf. Graduate students are also expected to adhere to the ASHA Code of Ethics

C.   Student Health Condition Disturbances

The Division of Student Affairs and Academic Support at USC has an extensive policy on disturbances due to a student's health condition. It is strongly recommended that you review this policy before your first semester. You may access the policy at: https://www.sc.edu/policies/ppm/staf626.pdf .

D.   Students will receive communications about notable events, etc. in the following ways:

1)   Community Student Blackboard organization (students are automatically enrolled)
2)   Clinic Practicum Blackboard organization (students are automatically enrolled)
3)   Email on the USC email system only
4)   Phone

Students are to notify the department/clinic administrative staff immediately when an email address, home phone or cell phone number changes.

E.   Communicating with Faculty and Staff

Students are to communicate with faculty by phone or the USC e-mail system. Professional salutations are to be used when addressing any faculty member (e.g., "Hello Dr. Barnes" versus "Hey" or "Hey there…") as well as professional valedictions (e.g., "Best," "Sincerely," etc.). Other email etiquette tips: 1) always include a clear, direct subject line; 2) use exclamation points sparingly; 3) be cautious with humor and avoid casual language such as "What do ya think about that?" and 4) check your email messages daily and reply to them in a timely manner.

Text messaging to the faculty is only allowed by permission of the faculty member. Any communication with a faculty member should be specific to course requirements and performance, advisement, research interests or any issue that may be interfering with a student's ability to be successful in the program. It is also not appropriate to send social media friend requests to faculty members. Interactions other than those stated above are a violation of the USC Student Code of Conduct, Pre-Professional Guidelines if a member of the National Student Speech-Language-Hearing Association, and the ASHA Code of Ethics, of which students are expected to follow for the duration of their program of study.

F.   Social Media and Interactions with Clients

As noted on page 11 of this manual (Level 2 violations) contacting a client or posting information about a client on any form of social media is a HIPAA violation. On a rare occasion, a client with whom you are working may contact you on social media, such as making a friend request on Facebook. If this occurs, you are to ignore the request and/or block the individual from your account and immediately contact the clinical faculty member in charge of the client's care at the clinic. The faculty member will discuss the situation with the client during their next visit.

Students should not socialize with clients or their families outside of the designated times during which clinical responsibilities are assigned. Examples of social interactions include babysitting, providing transportation, tutoring, attending parties, etc. Please speak with your clinical instructor or a clinical faculty administrator if you have questions regarding activities that are permitted.

G.   Laminator and Photocopy/Printing Materials at the clinic

The laminator machine is in the materials room of the clinic. It is available for use by all students working with clients at the clinic. The following guidelines must be followed regarding its use:

Laminating is free of charge if any graduate student intends to leave the materials at the clinic for future student use. Laminating sheets cost 25 cents for any graduate student who intends to keep the materials for future use at other practicum sites or for personal use. Money is collected and laminator sheets distributed accordingly by the

administrative staff.

A photocopy machine is available on the clinic side for students to use as it relates to clinical practicum at the Montgomery Clinic (#8258, room 223).   Use of the copier for any other use, such as academic coursework requirements or therapy at outside sites, is prohibited. *It is not for personal use of any kind, including creating your own set of materials*. The student code for access to the copier is located on the bulletin board above the copy machine in the file room. Copying volume is monitored monthly to ensure that the clinic is not exceeding the monthly quota of copies. If at any time the quota is exceeded, the clinic director may suspend student copying for the remainder of the month. Cooperation in adhering to this policy will ensure that all students have access to the copier for clinic practicum requirements. **Students are not to print course materials or personal resources from the internet etc. except from the designated printer in the computer lab, paid for by the dean's office.**

H.   Accessing and Using the Clinic's Computer Networking System

All incoming graduate students are provided a temporary password from the clinic's administrative staff to begin the process of computer and network access. Your username and temporary password will give you access to the computers and the network system. Please note the following:

- *You will need to change your password every 180 days to remain on this secured system.* The computer will remind you that to change your password. We recommend that you do so the first time you see the message "your password expires in five days - do you wish to change it now?" that you do so immediately. If your password expires you will be blocked from accessing the system. If this occurs, it may take several days to re-authorize your access as Computer Support Services will need to re-issue another temporary password. See the administrative staff if your access is blocked.
- **Lesson plans are only submitted to faculty on the networking system or via email attachment (de-identified – client initials only**). **PHI should never be written on a lesson plan**. When you complete your document, name the document, and submit it on the "tba" (to be approved) directory *under the respective faculty members file name*. Your clinical instructor will proof your work and email you the status of your lesson plan (approved, needs changes, etc.) This process continues until your work is approved for processing.
- *Remember, ePHI may **not** be stored on any hard drive on the computers, on a jump drive, Google docs or other cloud-based program. In cases where a graduate student may want to store notes on general case management taken during a planning meeting with the clinical faculty member, the network directory should be used. A secured server, located in the Arnold School of Public Health, maintains back-up copies of all information.*

Other information available on the network directory for your use includes:

- Functional Communication Measures (FCM) (needed for Treatment Plans, Progress Reports and Evaluations/Re-evaluations)

- Master Resource list of tests and materials in the clinic and books in the lending library
- Parent handouts on literacy

Appendix A

HIPAA Awareness

Guidelines

Procedures: Administrative Requirements - Safeguards to Protect Health Information (164.530 (c) (1) (including physical and technical safeguards)

To ensure the privacy of patients' protected health information, all workforce employees, including graduate students, should adhere to the following guidelines:

- **PATIENT MEDICAL RECORD**

  o No portion of a patient's electronic medical record is to be copied or printed by the faculty or students for student training purposes. Documents are to be reviewed directly on IMS. Administrative staff members have the authority to print and mail patient records to authorized persons designated by the patient. Requests to de-identified records must be submitted to and approved by the Center's director, in accordance with the privacy rule.

"The Privacy Rule provides two ways to de-identify PHI. One way is to remove the following identifiers of the individual and of the individual's relatives, employers, or household members: (1) Names; (2) all geographic subdivisions smaller than a state, except for the initial three digits of the zip code if the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; (3) all elements of dates except year and all ages over 89; (4) telephone numbers; (5) fax numbers; (6) email addresses; (7) social security numbers; (8) medical record numbers; (9) health plan beneficiary numbers; (10) account numbers; (11) certificate or license numbers; (12) vehicle identifiers and license plate numbers; (13) device identifiers and serial numbers; (14) URLs; (15) IP addresses; (16) biometric identifiers; (17) full-face photographs and any comparable images; (18) any other unique, identifying characteristic or code, except as permitted for re-identification in the Privacy Rule. In addition to removing these identifiers, the Clinic must have no actual knowledge that the remaining information could be used alone or in combination with other information to identify the individual".

The Clinic may also use statistical methods to establish de-identification instead of removing all 18 identifiers. The covered entity may obtain certification by "a person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable" that there is a "very small" risk that the recipient could use the information to identify the individual who is the subject of the information, alone or in combination with other reasonably available information. The person certifying statistical de- identification must document the methods used as well as the result of the analysis that justifies the determination". The Clinic "is required to keep such certification, in written or electronic format, for at least 6 years from the date of its creation or the date when it was last in effect, whichever is later".

  o PHI, including videos, is not to be saved or stored on any faculty, student or staff computers (hard drive), Tablet PCs, jump drives, or mobile device such as laptops, mobile phones, and iPads. iPad applications used in therapy that rely on PHI (picture of the client, etc.) to be effective must be immediately deleted at the end of the session. This is the faculty member's responsibility.

  o Photographs of patients for purposes other than clinic-related activities [given patient permission] are never to be taken and posted to individual faculty's social media accounts.

- **WORKSTATION POLICY**
  - All medical records or any written patient information are to be kept in the possession of the workforce member or in a secure location such as the locked file room, locked file cabinet in an office, etc.
  - Patient reports, records, and information never in public view
  - Position workstation as to minimize unauthorized viewing of protected health information
  - Workstation access limited to those who need it in order to perform their job duties
  - Visitors should be escorted by a workforce member to destination
  - In faculty work areas, records to be placed in a file holder inside their offices with identifying information facing inward or otherwise placed in manila folders.
  - All unneeded health care information should be shredded, never discarded in trash cans
  - Reports with patient information in the process of being printed to be picked up quickly
  - Discussion of patients and use of patients' full name in public areas is to be avoided if possible. Notifications to faculty and/or graduate students of patient cancellations are to be made by using the day and time of the appointment rather than first, last, or full name of the patient
  - Use a quiet voice always
  - Non-authorized workforce members are not allowed in a workstation area while Clinic business is being conducted.
- **TELEPHONE USE**
  - Use reasonable precautions to verify identity of a caller if other than the patient
  - When leaving messages for patients on answering machines or with family members, limit information to Clinic name, phone number and the minimum amount of information to confirm an appointment. In certain cases, ask that the patient call back.
  - Speak in a quiet voice when talking with a patient or authorized family member over the phone
- **SIGN IN SHEET**
  - Use pull-tab sign-in sheets.
  - Do not ask patient for any unnecessary information
- **PROFESSIONAL DISCUSSIONS**
  - Professional discussions to take place in private areas, as much as is reasonably possible
  - Public areas, hallways, elevators, lunch areas to be off limits for discussion(s)of a patient's PHI

- o When possible, speak in a quiet voice when discussing patient case with patient and/or family members if done in the waiting area or other public area
- o Discuss patients only with persons involved with the patient's healthcare or for healthcare training/educational purposes

- **VERIFICATION POLICY BEFORE DISCLOSING PHI**
  - o Verify identity of person requesting protected health information if unknown to faculty or administrative staff
  - o Verify authority of the person to access the information if unknown to faculty or administrative staff
  - o May request agency badge or credential where applicable
  - o May ask to present written request of legal authority on appropriate letterhead
  - o Exercise professional judgment in making a use or disclosure; ask the patient if s/he agrees/objects to use and disclosure

- **PATIENT FILES/SUPERBILLS/VISIT NOTES**

  - o open patient files in IMS are to be closed when leaving a work station
  - o Graduate students are to set up for their diagnostic session using the
  - o DIAGNOSTIC AGENDA form previously approved by their clinical instructor. If necessary to review the file for information, it must be viewed on IMS, accessible on the Tablet PCs in all treatment areas or in the student lab. Any remaining paper records are to be returned to the administrative staff at the end of the diagnostic session.
  - o All superbills are completed on IMS by the respective faculty supervisor. immediately following diagnostic and therapy sessions. Session logs (SOAP notes are completed on IMS (day of service for Medicare/Medicaid patients).
  - o PHI is to NEVER to be accessible or on screen in someone's work area when unattended;
  - o Test forms are not to be taken from the Clinic at any time for any reason.

  These above outlined procedures are to be followed for all routine paperwork that circulates at the Clinic.

- **OBSERVATIONS BY STUDENTS**
  All observations are to take place in designated area(s) of the Clinic. Headsets are to be used always. Student observers must undergo HIPAA training.
- **PORTABLE SECURITY of LAPTOPS/iPADS**

  - o Are to remain in the possession of the user always
  - o Must not have patient identifying information written on front
  - o Is not be taken out of the Center
  - o placed in the appropriate secured area at the end of the workday
  - o The exception to this policy is for mapping results on cochlear implant patients. Test results are stored on the portable computer located in the audiology suite. This computer is password protected and secured using a lock device to prevent theft.

- **VIDEOTAPE/AUDIOTAPES/DVD POLICY**

  - Videotapes, audiotapes, and DVD's are considered a part of a patient's PHI and are subject to the same safeguards to ensure privacy as a patient's written record.
  - Upon special request, a faculty member may store videotapes, etc. in their office providing the faculty member maintains these records in a locked file cabinet in their office*.
  - PHI is not to be maintained on individual faculty computers for any reason. Audiotapes and videotapes/DVD's for clinical training purposes are not to be listened to/viewed outside of the Clinic.
  - When listened to/viewed in the Clinic, the faculty member and/or graduate student are to follow the same procedures for privacy and confidentiality as for patient files.
  - Audiotapes/videotapes being listened to/viewed should NEVER be left unattended by the graduate student or faculty member.

- Effective August 21, 2014 the Clinic moved to a software-based recording system. DVD recordings are not in use on a routine basis.

USE OF PHOTOGRAPHIC DEVICES (CAMERAS, CAMERA PHONES, ETC.) IS STRICTLY PROHIBITED IN THE CLINIC WITHOUT PRIOR AUTHORIZATION FROM THE APPROPRIATE FACULTY OR ADMINISTRATIVE STAFF PERSONNEL.

- **COMPUTER POLICY FOR FACULTY/ADMINISTRATIVE STAFF**

  - Computer monitors to face a direction which prevents viewing by unauthorized persons OR use a HIPAA compliant protective privacy shield
  - Log off unattended computers or lock unattended computers (latter requires Windows 2000 or compatible system - Control + Alt + Delete)
  - Screensaver are set to activate after 15 minutes of inactivity.
  - Use password protection and do not share password (password changes every 180 days). Passwords are to be unique (i.e. strong) and are not to be re-used. A unique password generally consists of the following: 1) a minimum of 12 characters and 2) includes numbers, symbols, capital letters and lower-case letters. Passwords on personal sites should not be tied to any USC password.
  - Replaced CPU's must go to ASPH Computer division to run Norton DiskWipe before sending to Inventory Control.

- **COMPUTER POLICY/NETWORK FOR GRADUATE STUDENTS**

  - Follow all procedures outline for faculty/administrative staff
  - save patient protected health information on the network in the appropriate directory using the patient's first three letters of last name.* Full patient identifying information should never be used to name a document
  - hard copies of reports, etc. are NEVER to be made by Graduate Students
  - all reports should be submitted to clinical faculty/staff on the appropriate designated directory on the hard drive
  - students are to log off the network when they are finished with reports

- o passwords are not to be shared and are to be changed every 180 days
- o Passwords are to be unique (i.e. strong) and are not to be re-used. A unique password generally consists of the following: 1) a minimum of 12 characters and 2) includes numbers, symbols, capital letters and lower-case letters. Passwords on personal sites should not be tied to any USC password.
- o e-mail transmission of any PHI is NOT to have patient identifying information on it (e.g. lesson plans)
- o graduate students to sign confidentiality statement at the beginning of each semester.

- **ROUTINE CLINICAL PAPERWORK POLICY FOR GRADUATE STUDENTS**

  - o lesson plans, data sheets, etc. are not to contain patient identifying information such as full name, birth date, etc. (exception are diagnostic test forms, which remain in the Clinic always).
  - o initials of the patient only are to be used. Paperwork submitted to respective clinical faculty member in appropriate folders in mailboxes outside office doors
  - o all graduate students receive training on HIPAA policies and procedures. Documentation of training is maintained in a notebook in the director's office.

HIPAA awareness training for all workforce members must be done annually and one or more other times during the designated calendar year (HIGH TECH ACT, 2009).

- **E-MAIL/TEXT MESSAGING POLICY**

  - o PHI is not to be transmitted via email or in a text message. Lesson plans may be transmitted via email to clinical instructors but must be de-identified (patient initials only and date of session).
  - o encryption or other special security, such as a confidentiality statement at the end of all e-mails, should be implemented.
  - o email notification to patients regarding appointment times, etc. is NOT permitted even with the patient's permission.
  - o students are not to contact patients via email, text messaging, or social media. A patient's name is never to be added to anyone's private cell phone contact list
  - o Faculty are permitted to text message patients from the center's encrypted cell phone only. Refer to the policy at the end of the document (effective June 13, 2018).

- **FAX POLICY**

  - o fax machine should be not be accessible to the public and should be in a private area
  - o fax with patient information should not be left unattended until the fax process is complete. The original paperwork is to be removed from the fax
  - o fax numbers should be verified before sending faxes containing patient information
  - o the intended recipient should be notified of the fax being sent
  - o confirmation of the fax should be obtained by the respective administrative staff person

- **OUTREACH SITES**

  - All procedures previously outlined apply to the protected health information of patients seen in outreach sites
  - permanent patients' files remain in the Clinic in secure area always. Work files containing PHI can be transported to off-Clinic sites in a locked briefcase marked "confidential".
  - PHI at off campus sites is subject to the same privacy and security measures as PHI at the main Montgomery Speech, Language, and Hearing Clinic.

- **Procedure: Mitigation (164.530 (f)**

  The Montgomery Speech, Language, and Hearing Clinic has a duty to mitigate, to the extent possible, any harmful effect of a use or disclosure of PHI that is in violation of our privacy requirements. The following measures will be taken to minimize, correct and otherwise prevent violations.

  - routine privacy and security checks by designees
  - review of the procedure by the Privacy Official
  - recommendations for a revision made by the Privacy Official
  - all revised policies/procedures to be documented in the policies and procedures manual

- **Procedure: Sanction Policy (164.530 (e) (1)**

  Workforce members who do not comply with the Montgomery Speech, Language, Hearing Clinic's privacy policies and procedures will be sanctioned commensurate with the severity, frequency and intent of the violation. Procedures for sanctions are as follows: Privacy/Security Violation Level I - Represents a severe violation in which the employee or student purposefully breaks the Center's policies and procedures for systems usage, in which evidence clearly establishes malicious intent and/or which there have been an unacceptable number of previous violations.

  Level I violations may include, but are not limited to:

  - Releasing data for personal gain.
  - Destroying or falsely altering data intentionally.
  - Releasing data with the intent to harm an individual or the organization.

1st offense – disciplinary action as stated under Corrective Actions.

Privacy/Security Violation Level II - Represents a moderate violation in which the intent of the violation is unclear, and the evidence cannot be clearly substantiated as to malicious intent. Level II violation may include, but are not limited to:

- Accessing a record of a patient without a legitimate reason. This includes accessing a co-worker, friend, spouse, child of legal age, neighbor, etc.
- Using another co-worker's access code without the co-worker's authorization.
- Releasing patient data inappropriately.

- o Housing and storing PHI on office computers, laptops, cell phones, iPads or other devices.
- o Posting any comments about patients on social media sites.

1st offense - written warning
2nd offense - disciplinary action as stated under Corrective Actions

Privacy/Security Violation Level III - Represents a minor violation that is accidental, non-malicious in nature, and/or due to lack of proper training. Level I violation may include, but are not limited to:

- o Code (Password) Sharing
    - o Giving his/her access code (password) to another person.
    - o Signing on and allowing another person to use his/her code.
    - o Failing to sign off a given computer terminal

- o Requesting another co-worker to access his or her own record without following the proper process for completing an authorization.
- o Failure to turn in a checked-out key within the 24-hour time.
- o Transferring a key to another person during the check-out period.

  1st offense - oral reprimand (documented in writing)
  2nd offense - written warning
  3rd offense – disciplinary action as stated under Corrective Action

- **Corrective Actions**

  Students

- o All violations/disclosures and corrective actions will be documented on the Mitigation Form
- o Any student found by the Clinic to have violated the policy will be subject to appropriate disciplinary actions, up to and including suspension from all practicum and/or termination from the program

Reviewed June 29, 2023

Appendix B

Universal

Precautions

Universal Precautions/Infectious Disease Control

A. Policy

All faculty, staff and graduate students are to practice universal precautions while interacting with clients and for pre- and post-treatment cleaning of materials, furniture, computers, etc.

B. Purpose of the Policy

To minimize risk of exposure to communicable diseases (clients, faculty and staff).

C. Individual(s) to Whom the Policy

Applies Faculty, staff, and graduate

students.

D. Individual(s) Responsible for Upholding the Policy and Documenting Compliance

Client Care & Infectious Disease Control/Prevention Committee

E. Procedures

1. The clinic follows the policies and procedures for occupational health set forth by the University of South Carolina and OSHA. The University's Exposure Control Plan (required reading) is distributed to new employees by the Clinic Director. The risk of infection from blood borne pathogens and other body fluids is minimal but possible for individuals working at the clinic. The blood borne pathogens and fluids of greatest concern with regards to the clients seen at the clinic include Hepatitis B, Hepatitis C, Human Immunodeficiency Virus (HIV) and body secretions (saliva, urination, fecal matter). Hepatitis B and C and HIV are most likely transmitted by the following routes: needle stick, skin or eye contact, mucous membrane, scratches, cuts, bites or wounds.

2. Hepatitis B Vaccine — strongly recommended for faculty and staff; required for graduate students.

3. Furniture and carpet soiled by body fluids is to receive special cleaning paid for by the clinic. Furniture is not to be used until thoroughly cleaned. Affected carpet should be marked and avoided (e.g. reschedule therapy to another room, etc.).

4. All treatment spaces are equipped with gloves, tissues, and disinfectant. Additional disinfectant and cleaning supplies are available through the Business Manager.

5. All treatment materials are to be cleaned by the graduate student or faculty supervisor before being used with another client or returned to the appropriate storage location. Materials that cannot be cleaned or are considered"disposable" (e.g. straws, cups, spoons, etc.) are to be discarded immediately after use in the lined trashcans located in every room following treatment. Gloves are to be worn while cleaning.

6. Tables are to be wiped down after every client session. Cleaning of the room, materials, etc. is the responsibility of each clinician and/or faculty member following the session. USC facility management/housekeeping is responsible for having the facility cleaned on a routine basis. Bathrooms are cleaned daily.

7. All audiological equipment is to be cleaned after use. Earphones should be wiped clean with antiseptic after each use or disposable supra-aural headphone covers should be used with each client. The headband and cords are to be cleaned as needed. Tympanometer tips, otoscope specula, etc. are to be cleaned and sanitized in the chemical cleaner as needed.

8. The nasometer, located in the closet in room 236, should be cleaned according to procedure. Cleaning is to be documented in the notebook next to the nasometer (DHEC requirement).

9. Soiled clothing is to be placed in a biohazard bag, available in the small clear tote located in the break room. Scrubs are available for use by faculty, staff and students in the event clothing becomes soiled.

10.   Faculty, graduate students and staff are to wear gowns, gloves and protective eye wear when handling chemical cleaning agents. These items are located in the break room.

11.   End of semester cleaning of therapy rooms, etc. is coordinated and completed through NSSLHA and its student members.

Universal Precautions — Steps If Exposed

A. Policy

All faculty, staff and graduate students are to follow university procedures if exposed to a blood borne pathogen.

B. Purpose of the Policy

To reduce effects of exposure.

C. Individual(s) to Whom the Policy

Applies Faculty, staff, and graduate

students.

D. Individual(s) Responsible for Upholding the Policy and Documenting Compliance

Clinic Director

E. Procedures
1. Do not delay treatment for any reason. Immediately wash or flush the exposed area with soap and/or water.

2. During normal working hours: M-F, 8:00 am - 4:30 pm, please report for treatment to the Center for Health and Well-Being (formerly the Thomson Student Health Center) at 1401 Devine St. Columbia, SC 29208 Phone: 803-777-3175. After normal working hours: M-F, 5:30 p.m.- 8:00 a.m. and on weekends and holidays, please report to the emergency department at Prisma Health Baptist Hospital. Be sure to inform personnel that the injury is an exposure to blood borne pathogens.

3. Contact the Thomson Student Health Clinic (777-3658) to answer any questions you may have regarding exposure to non-blood borne pathogens.

For further information on injury reporting procedures go to
https://www.sc.edu/about/offices_and_divisions/ehs/documents/injury_reporting_p rocedures_2018.pdf
An accident/injury report form must be completed and can be found at
https://www.sc.edu/about/offices_and_divisions/ehs/documents/a_i_form.pdf

NOTE: THESE PROCEDURES ALSO APPLY TO ANY INJURY SUSTAINED WHILE WORKING AT THE CLINIC.

Appendix C

Emergency

Procedures

EMERGENCY PROCEDURES

Response and Evacuation Procedures

A.   Policy

In the event of an emergency the clinic follows the University policies for all emergencies.

B.   Purpose of the Policy

To assure a quick and safe response in emergency situations and to minimize the threat of harm to clients, faculty, and staff.

C.   Individual(s) to Whom the Policy

Applies Clients, clinical faculty, staff,

and students

D.   Individual(s) Responsible for Upholding the

Policy and Documenting Compliance

Clinic Director

E.   Procedures

The clinic is equipped with the following safety equipment: fire alarms, fire extinguishers and self-activating weather radios. There are three (3) alert buttons, one (1) in the front desk area, one (1) just inside the copy room located in the clinical faculty offices area and one (1) in the computer lab. If used, push the button for several seconds and it alerts the USC police of an emergency event. Students are encouraged to sign up for the Carolina Alert System at https:// sc.edu/about/offices_and_divisions/law_enforcement_and_safety/carolina- alert/index.php

The following procedures follow university policies in response to emergencies:

FIRE

In all cases of fire at the clinic, campus police must be notified immediately by calling 911. If necessary, the Columbia Fire Department can be reached at 545-3700. Observe the following procedures:

•Know the evacuation route(s), location of the fire extinguishers, fire exits, and alarm systems in your area and know how to use them. Know the location "area of refuge" for individuals in wheelchairs.

• If a minor fire appears controllable, immediately contact the Columbia Fire Department (545-3700) and the USC campus police (7-9111) and begin evacuation procedures. Then promptly direct the charge of the fire extinguisher toward the base of the flame. If you are not alone, ask another employee to make the emergency call and begin evacuation procedures.

• If an emergency exists, activate the building alarm. Caution: In some buildings, the alarm rings only inside the building. YOU MUST REPORT THE FIRE BY PHONE.

•To contain the fire and reduce oxygen, close all windows and doors. Do not lock doors.

TORNADO

In the event of a tornado, move quickly to an interior room in either the clinic or department/computer lab area. There are a number of interior rooms on the clinic side. The main interior hallway in between faculty offices will provide protection as well should you not be able to make your way to another "safe" area (office doors must be closed). The administrative/computer lab area has fewer options, but the GREAT room is a perfect location. Procedures are as follows:

> **Tornado Watch** – The staff will:
>
> • Review actions to take should the situation change to a tornado warning
>
> • Ensure no physical restrictions exist that would prevent free movement to the nearest safe area.
>
> • Continue normal activities but be alerted to weather outside and monitor a radio or television program for further information (staff).
>
> **Tornado Warning**
>
> • Take cover by proceeding to the nearest safe area of the facility. Faculty and graduate students are responsible for directing their clients and family members to the appropriate safe areas.
>
> • Faculty and staff are to close office and treatment area doors as indicated on the evacuation procedures.
>
> • Stay clear of windows and other glass if possible.
>
> • Monitor weather conditions if possible (staff).
>
> • Staff to contact emergency personnel following the storm if necessary (staff).

HURRICANE

Hurricane season lasts from June through November. A hurricane watch is issued when there is a threat of hurricane conditions within 24-36 hours. A hurricane warning is issued when hurricane conditions are expected within 24 hours or less. Thus, ample time is provided for the university to close under these conditions. Any closing or delay opening is transmitted from the Governor's Office to the State Office of Human Resources. The State Office of Human Resources will then notify the University's Chief Operating Officer or the Vice President for Human Resources or the Director of Law Enforcement and Safety, who then are responsible for notifying the Columbia Campus. Employees should monitor USC- Columbia campus status via the radio or television station.

SEVERE WINTER STORMS

The university follows Richland County government offices with regards to closings, delayed openings, etc. during inclement weather or an emergency. Unless Richland County government issues a declaration of emergency, employees are expected to report for work. Clinic employees are encouraged to sign-up for the Carolina Alert System which sends notifications of delays or closings to registered recipients. A USC Columbia Emergency Information Network is also available at 777-5700, providing up to date information on delays and closings.

EARTHQUAKE

Follow the steps outlined below:

• If indoors at the clinic, seek refuge in a door or under a desk or table. Stay away from glass windows, shelves, and heavy equipment.

• If outdoors at the clinic, move quickly away from the building, utility poles and other structures.

• After the initial shock, evaluate the situation and if emergency help is necessary call campus police at 7-9111.

> • Begin evacuation procedures.
> • Be prepared for aftershocks.
> • Do not return to an evacuated building unless told to do so by an authorized University official.

BOMB THREAT

Anyone at the clinic who receives a bomb threat, either by phone or some other means, should follow these procedures:

- Remain calm and attempt to obtain as much information as possible from the caller by using the attached checklist. Record the conversation if possible.
- Call campus police at 7-4215 from your office or cell phone or 777-4215. Give then your name, location, and telephone number. Inform them of the situation and provide them with the exact information you obtained from the caller as well as the location and time of the threat.
- Do not evacuate the building and do not sound the alarm but wait for further instructions from the police. USC Law Enforcement personnel and other authorities will be responsible for necessary evacuations of the clinic. Follow the clinic's Emergency Evacuation plan if those responsible deem evacuation necessary.
- Do not touch, move, or tamper with any suspicious object you find. Do not confront any suspicious acting person(s).
- Immediately cease the use of all wireless transmission equipment such as cellular phones.

MEDICAL EMERGENCY

In the event of a medical emergency at the clinic, call for emergency medical assistance at 911. State the nature of the medical emergency, location of the clinic, specifics about the clinic's location, your name,

and the clinic's phone number. Stay on the phone until released by campus police dispatcher or the 911 dispatcher.

PSYCHOLOGICAL CRISIS

Adhere to the following procedures if a psychological crisis occurs at the clinic:

- Never try to manage a situation you feel is dangerous on your own.
- Notify campus police of the situation by calling 7-9111. Clearly state your need for immediate assistance, give your name, location of the clinic (1705 College Street, Montgomery Speech- Language-Hearing Clinic, Suite 220 Columbia, S.C. 29208) and the nature of the emergency.
- In extreme emergencies, call the USC Counseling and Human Development Clinic at 7-5223 or the Columbia Area Mental Health Clinic at 898-8888 (Clinical Services).

POWER OUTAGE

Call USC Police at 7-9111 (emergency) or 803-777-4215 (non-emergency).

- Turn off all electrical devices such as computers
- Damage can occur once power is restored
- Laboratory personnel should secure all experiments and unplug electrical equipment before leaving
- All chemicals should be returned to their proper storage place
- Provide appropriate ventilation by opening all windows and doors
- Evacuate immediately if you are unable to provide appropriate ventilation for chemicals; call UofSC Police
- DO NOT open cold-rooms, refrigerators, or other temperature-sensitive area

Personnel Training

Training consists of the following:

1) Annual review of evacuation procedures
2) Fire drills held monthly
3) CPR training for all faculty and staff every 2 years.
4) Per DHEC regulations 2 other annual training practices must be completed.

Emergency Coordinator(s)

Jean Neils-Strunjas, Chair
Angela N. McLeod, Clinic Director

To report severe injury, follow USC' s policies and procedures locate at:

http://www.sc.edu/policies/ppm/lesa309.pdf

ACTIVE SHOOTER PLAN

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims.

Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims.

Because active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

Good practices for coping with an active shooter situation:

- Be aware of your environment and any dangers
- Take note of the two nearest exits in any facility you visit
- If you are in an office, stay there and secure the door
- If you are in a hallway, get into a room and secure the door
- As a last resort, attempt to take the active shooter down. When the shooter is at close range and you cannot flee, your chance of survival is much greater if you try to incapacitate him/her.
- CALL 911 WHEN IT IS SAFE TO DO SO!

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

Quickly determine the most reasonable way to protect your own life. Remember that students and visitors are likely to follow the lead of employees and managers during an active shooter situation.

1. Evacuate. If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

2.   Hide out. If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
- Do not trap yourself or restrict your options for movement
- To prevent an active shooter from entering your hiding place:
    - Lock the door
    - Blockade the door with heavy furniture

IF THE ACTIVE SHOOTER IS NEARBY

- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind heavy items (i.e., cabinets, desks)
- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

3.   Act against the active shooter. As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES

Law enforcement's purpose is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots were heard.

- Officers usually arrive in teams of four (4)
- Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment
- Officers may be armed with rifles, shotguns, handguns
- Officers may use pepper spray or tear gas to control the situation
- Officers may shout commands, and may push individuals to the ground for their safety

How to react when law enforcement arrives:

- Remain calm and follow officers' instructions
- Put down any items in your hands (i.e., bags, jackets)
- Immediately raise hands and spread fingers
- Always keep hands visible
- Avoid making quick movements toward officers such as holding on to them for safety
- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises

Information to provide to law enforcement or 911 operator:

- Location of the active shooter
- Number of shooters, if more than one
- Physical description of shooter/s
- Number and type of weapons held by the shooter/s
- Number of potential victims at the location

Notes: The first officers to arrive to the scene will not stop to help injured persons. Expect rescue teams comprised of additional officers and emergency medical personnel to follow the initial officers. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the premises.

Once you have reached a safe location or an assembly point, you will be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave until law enforcement authorities have instructed you to do so.

Appendix D

Carolina Access to Clinic and Computer Lab

Carolina Card Access to the Clinic and Computer Lab

A. Policy

The Montgomery Speech, Language and Hearing Clinic complies with federal regulations on physical security (HIPAA).

B. Purpose of the Policy

To maintain student and client safety.

C. Individual(s) to Whom the Policy Applies

All faculty, administrative staff, and graduate students.

D. Individual(s) Responsible for Upholding the Policy and Documenting Compliance

   Clinic Director

E. Procedures

1. Faculty, staff and students are to enter the Hipp side (clinic) and the computer lab using their Carolina Card only. Entrance through the Montgomery doors is not permitted.

2. Allowing entrance to an unknown person is not permitted.

3. Your Carolina Card is not to be given to anyone, including patients.

4. The Carolina Card access doors leading into the clinic are never to be disengaged.

5. Carolina Card access doors leading into the clinic are never to be propped open.

Reviewed June 29, 2023

Appendix E

COVID-19 Risk Mitigation Plan

Risk Mitigation Plan for COVID-19

A. Policy

All faculty, staff and graduate students are to practice all clinic policies as it relates to minimizing the spread of COVID-19. These policies are based on recommendations from USC COVID-19 site at https://www.sc.edu/safetycoronavirus/safety_guidelines/index.php

B. Purpose of the Policy

To minimize risk of exposure to COVID-19 and COVID-19 variants to students, faculty, staff and, most importantly, to our clients.

C. Individual(s) to Whom the Policy

Applies Faculty, staff, and

graduate students.

D. Individual(s) Responsible for Upholding the Policy and Documenting

Compliance Clinic Director and Clinical Faculty

E. Procedures

1. Per USC, masks are required health care facilities on campus, which includes the clinic (waiting area, treatment rooms, hallways). Masks are not required in other locations such as the computer lab or where classes are held. Optional mask wearing is up to the individual. **KN95 masks are available from University Health Services.**

2. All treatment materials are cleaned by the graduate student or faculty supervisor before a) use with another patient or b) returning to the appropriate storage location. Materials that cannot be cleaned or are considered
"disposable" (e.g., straws, cups, spoons, etc.) are to be discarded immediately after use in the lined trashcans located in every room following treatment.
Gloves are to be worn while administering an oral peripheral examination.

3. Disinfecting Procedures
   - All treatment area tables and chairs are to be cleaned and disinfected with supplies provided in the two-drawer storage unit in each room.

- The clinic purchased two (2) *UVC* units to disinfect therapy toys, materials. These units are not large and may not accommodate all toys and materials. If that is the case, disinfecting supplies and instructions are located above the sink in the computer lab. Dish drainers will be available to allow the toys, materials to air dry.
- Computer keyboards are to be wiped down after use.
- All communal areas in the computer lab are to be disinfected after use. This includes tables, chairs, cabinets, refrigerator, the suggestion box, UVC machines, sink faucets, etc.

Steps if Exposed or Symptomatic

1. Per USC: "Following the most updated guidelines from the **CDC** and **SCDHEC**, students, faculty and staff who test positive for COVID-19 will be expected to isolate off campus for five full days to prevent the spread of illness regardless of vaccination status.

2. Following this isolation, if symptoms completely resolve, the individual may leave isolation but must wear a face covering for an additional five days when around others."

3. If exposed to COVID-19 but are asymptomatic contact the USC Coronavirus Phone Bank at 803-576-8511.

Reviewed June 29, 2023

Appendix F
Clinical Performance
Grading Levels and
Descriptors

UNIVERSITY OF SOUTH CAROLINA
Department of Communication Sciences and Disorders

CLINICAL PERFORMANCE GRADING

5-Point Scale

The following grading system is based on a 5-point scale. It recognizes that students new to clinical practice need more guidance and do not perform as well as students about to leave the program. They are expected to move toward increased initiative and improved clinical performance. Therefore, as a student moves through practicum assignments, they are expected to score higher on the scale in order to maintain an acceptable grade.

First Year **MS-RES** Students   Second Year **MS-RES** Students

Fall	Spring	Summer		Fall	Spring	Internship
I	**I**	**II**		**II**	**II**	**III**

1st Year **MS-DE** Students   2nd Year **MS-DE** Students   3rd Year **MS-DE** Students

Optional Fall/Spring	Summer	*Optional Fall/Spring*	Summer	*Optional Fall*	Spring	Internship
I	**I**	*II*	**II**	*II*	**II**	**III**

GRADE	SCALE I 772	GRADE	SCALE II 772	GRADE	SCALE III 774
A	**4.25 –5.0**	A	**4.50 –5.0**	A	**4.65 –5.0**
B+	**3.95 - 4.24**	B+	**4.20 - 4.49**	B+	**4.35 –4.64**
B	**3.75 - 3.94**	B	**4.00 - 4.19**	B	**4.15 - 4.34**
C+	**3.45 - 3.74**	C+	**3.70 - 3.99**	C+	**3.85 - 4.14**
C	**3.25 - 3.44**	C	**3.50 - 3.69**	C	**3.65 - 3.84**
D+	2.95 - 3.24	D+	3.20 –3.49	D+	3.35 - 3.64
D	2.75 - 2.94	D	3.00 - 3.19	D	3.15 - 3.34
F	Below 2.75	F	Below 3.0	F	Below 3.15

GRADE	SCALE I 772	GRADE	SCALE II 772	GRADE	SCALE III 774
A	85 -100	A	90 -100	A	93 -100
B+	79 -84.9	B+	84 -89.9	B+	87 -92.9
B	75 -78.9	B	80 -83.9	B	83 -86.9
C+	69 -77.9	C+	74 -79.9	C+	77 -82.9
C	65 -68.9	C	70 -73.9	C	73 -76.9
D+	59 -64.9	D+	64 -69.9	D+	67 -72.9
D	55 -58.9	D	60 -63.9	D	63 -66.9
F	Below 55	F	Below 60	F	Below 63

5-Point Performance Rating Scale Descriptions
University of South Carolina – Communication Sciences and Disorders

1.0 **Non-existent Performance – Skills Not Evident /** *Unacceptable Behavior*
Late, completely unprepared, or does not show for a scheduled appointment or session. Makes no attempts to alter plans after multiple attempts from supervisor to modify the same skill/behavior(s) have been initiated.

2.0 **Minimal Performance - Skills Minimally Evident /** *Maximum Support required*
Specific direction from supervisor does not alter performance without complete, maximum Assistance - Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling. *(Skill is present <25% of the time)*

2.5 **Early Emerging to Emerging Skill Performance /** *Moderate-Maximum Support required*
Skill behavior beginning to emerge but is highly inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor provides instructions for all aspects of case management & services. Efforts to modify may result in minimum to moderate success. Maximum amount of direction from supervisor is needed to perform effectively. *(Skill is present 26-50% of the time)*

3.0 **Inconsistent Performance /** *Moderate Support required*
Inconsistently demonstrates clinical behavior/skill. Exhibits awareness of the need to monitor and adjust and to make changes. Modifications are generally effective. Moderate amount of direction from supervisor needed to perform effectively.

3.5 **Skill Behaviors Present and Developing /** *Minimum-Moderate Support needed*
Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this without assistance. Supervisor provides on-going monitoring and feedback – focusing on increasing student's critical thinking on how/when to improve skill.
(Skill is present 51-75% of the time)

4.0 **Adequate Performance /** *Minimum Support needed*
Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in session, and can self-evaluate. Problem-solving is mostly independent.
Supervisor acts as a collaborator to plan and suggest possible alternatives. *(Skill is present 76-85% of the time)*

4.5 **Inconsistent Strengths Evident /** *Limited Support needed*
Adequately and effectively implements the clinical skill/behavior with only occasional support needed by supervisor. *(Skill is present 85-95% of the time)*

5.0 **Consistently Strong Performance /** *Supervisory support is collaborative*
Adequately and effectively implements the clinical skill/behavior without support by supervisor. Skill is always consistent and well-developed. Student can modify own behavior as needed and is an independent problem- solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience. Supervisor provides guidance on ideas initiated by student. *(Skill is present >95% of the time)*

Appendix G

Policies and Procedures for Providing Teletherapy Services

**Montgomery Speech-Language-Hearing Clinic
(MSLHC) Quality of Care and Patient
Confidentiality Protocol Teletherapy**

Effective June 1, 2022 all teletherapy sessions are conducted in the Montgomery Speech, Language, and Hearing Clinic. JUNE 1, 2022. Both the clinical educator and student are on site.

CLIENT PRIVACY AND CONFIDENTIALITY

1. Providers shall comply with all federal and individual state laws and regulations regarding child privacy, including but not limited to HIPAA, HITECH and FERPA. All existing laws and regulations regarding client privacy and confidentiality, including laws pertaining to protection of privacy when minors consent for their own health care, apply to teletherapy encounters just as they do for traditional encounters.

2. Policies and safeguards (technical, administrative, procedural, and environmental) shall be in place to protect client privacy. If the provider is unable to maintain appropriate privacy during the encounter, due to factors on either the client or provider side, the provider shall consider terminating and/or referring the client to another provider.

3. There shall be no recordings of any encounters delivered via teletherapy or transmission of the client's image from one provider to another.

INFORMED CONSENT

1. Prior to the initiation of a teletherapy services the provider or designee shall inform and educate the client and/or legal representative about the nature of teletherapy service compared with in-person care, billing arrangements, and the relevant credentials of the provider. This should include management of treatment plans, lesson plans, data collection, and progress reports.

2. An informed consent agreeing to teletherapy services shall be signed or acknowledged by the client or legal guardian (see informed consent submitted).

3. The Montgomery Clinic shall follow state-specific requirements for the use of translation services for consent, and shall utilize translation services, as necessary, for consent in the absence of such state- specific requirements.

4. The provider shall follow the South Carolina Age of Consent law. In South Carolina, the age of consent is 16 years of age, the age at which an individual is considered legally old enough to consent to participation in their healthcare needs.

5. Client and caregiver verification shall be done in compliance with the HIPAA Red Flag Rule (January 2008), a policy currently in place for face to face encounters at the Montgomery clinic. Providers shall make appropriate effort to confirm that the client receiving the services is the appropriate person.

PROVIDER CONSIDERATIONS

1. Providers shall only provide services to clients via teletherapy within the scope of their appropriate practice as for in person encounters. Providers shall have the necessary education, training/orientation, licensure, and ongoing continuing education/professional development, to have the necessary knowledge/competencies for safe provision of quality services (ASHA).

2. Providers shall follow federal, state, and local regulatory and licensure requirements related to their scope of practice and shall abide by state board and specialty training requirements.

CLIENT SAFETY/SPECIAL CONSIDERATIONS

1. The American Speech-Language-Hearing Association 2016 Code of Ethics states, "Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally." This includes when telepractice is used for service delivery. Therefore, providers shall review individual clients to assess any potential risks to the client prior to services. The providers shall have enough evidence from the history, physical exam and/or an established prior client relationship to make an appropriate clinical decision. Teletherapy services will be terminated if the provider determines, at any time, this mode of delivery is not in the client's and/or families' best interest (ASHA, 2016).

2. Providers of teletherapy shall meet the same standards for communication between client and provider as those for in-person encounters, including an overview of the therapy session and progress status.

PARENTAL/LEGAL REPRESENTATIVE PRESENCE

1. A parent/legal representative shall participate in the teletherapy session for any child under the age of 16.

2. A parent/legal representative may participate in the encounter either in person with the client or remotely.

EMERGENCY CONTINGENCIES (Low Risk)

1. All teletherapy services shall include an established emergency response plan in place for all teletherapy services provided. Providers shall have addresses of clients in preparation of a 911 call.

2. In the event of an emergency, the teletherapy provider shall, if safe and feasible, stay on-line with the client until emergency care arrives.

MOBILE DEVICES

Mobile devices shall not be used in the delivery of teletherapy services due to technical safeguards required by HIPAA. Mobile devices are generally not appropriate for delivery of speech services due to their screen size.

CLINICAL ENCOUNTER

1. Teletherapy encounters shall be structured with consideration to privacy, consent and environments as outlined elsewhere in these operating procedures.

2. For any teletherapy encounter, there shall be at least one party to the encounter who can operate all involved technologies for successful implementation of teletherapy.

THERAPY PROTOCOLS/MATERIALS

1. Treatment protocols used in teletherapy shall be the same as used in face to face encounters at the Montgomery clinic. These treatment protocols shall adhere to the ASHA standards for use of evidence- based practices. Materials used for provision of teletherapy services shall be appropriate for the disorder being treated and for the age, developmental stage and understanding of the client.

2. Teletherapy services shall follow relevant standards for the management of any disorder addressed, as best practices according to the American Speech-Language-Hearing Association and state regulatory agencies in the state (ASHA Evidence Maps; Harold, Meredith, 2020).

3. Providers shall be aware that the use of some materials in children may pose unique challenges relating to client cooperation, size, comfort, and technique, and shall modify materials and techniques accordingly. Providers shall determine whether the quality of the device output and displayed images are appropriate for management of the client's disorder.

4. Teletherapy providers shall have a technical support plan and contingency plan in place in the event of technology or equipment failure during an encounter.

5. Teletherapy providers shall consider use of headphones for both the client and provider side of the encounter to improve client privacy, provided this does not interfere with parent/legal representative interaction or facilitator presence during the encounter.

ENVIRONMENT

Provider

1. At the teletherapy provider site, the provider shall minimize distraction, background noise and other environmental conditions that may affect the quality of the encounter.

2. The environment shall meet standards for privacy and confidentiality. Personal health information not specific to the client being treated shall not be visible.

3. The provider shall guide the client or facilitator as needed on means of providing privacy at the client end. The provider shall have a process for verifying who is present on the client end and who joins or leaves the encounter.

Client

2. The client or facilitator shall identify an appropriate space for the client encounter. Ideally the space should be large enough to comfortably accommodate the client, up to two parents or legal representatives. If present, the parent/legal representative should also be able to see any monitors or clinical information that is visible to the client, and to be seen on camera by the remote provider. Such spaces should be compliant with the American Disability Act.

3. The client or facilitator shall make the teletherapy provider aware of all persons present on the client end and notify the provider of anyone who enters or leaves the encounter.

4. No personal health information not specific to the client being treated shall be visible.

References:

American Speech-Language-Hearing Association Code of Ethics (2016): https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934956&section=Key_Issues#Ethical_Consid erations

American Speech-Language-Hearing Association Evidence Maps: https://www.asha.org/EvidenceMapLanding.aspx?id=8589944872&recentarticles=false&year=undefine d&tab=all

American Speech-Language-Hearing Association Roles and Responsibilities for Telepractice: https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934956&section=Key_Issues#Roles_and_Re sponsibilities

Health Insurance Portability and Accountability Act of 1996 (HIPAA; U.S. Department of Health and Human Services, n.d.-b)

Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH; U.S. Department of Health and Human Services, n.d.-a)

Family Educational Rights and Privacy Act of 1974 (FERPA; U.S. Department of Education, n.d.)

Harold, Meredith. How to Know What Works: Evidence for Teletherapy and Beyond", presented March 24th, 2020 for SLPTeleCon. https://www.theinformedslpmembers.com/free-telepractice-research- reviews

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