SPC St. Petersburg College

WORKFORCE INSTITUTE



PICC Clinical
Getting Started Guide

2022







MISSION STATEMENT

The mission of St. Petersburg College is to empower our students and community to achieve success and economic mobility through academic excellence and engagement.

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Welcome to the PICC Clinical Program!

The PICC Clinical Program is offered in partnership by St. Petersburg College Workforce Institute and Infusion Knowledge, Inc. to provide precepted live PICC insertions in an acute care environment.





You have chosen a 2 or 3-day PICC Clinical track. Your PICC Clinical will begin with observation/simulation and continue with hands-on PICC insertions. Depending on your progression and comfort level with the procedure, there will be the possibility of up to 4 (or more) one-on-one, instructor supervised, Ultrasound PICC insertions utilizing the Modified Seldinger Technique (MST) and ECG tip confirmation technology.



You will receive a completed Clinical Procedure Checklist with a written assessment of proficiency for each insertion performed.

CE and/or PICC Qualification certificates will only be issued to those individuals who successfully demonstrate a comprehensive knowledge and ability to comply with the proper procedural steps required to place an MST/Ultrasound PICC, as outlined in the course objectives.

Course Objectives

- 1. Verbalize and demonstrate the procedural steps listed on the Clinical Procedure Checklist for the insertion of Peripherally Inserted Central Catheters via MST-Ultrasound placement
- 2. Discuss and adjust procedural steps to implement the instruction, suggestions and recommendations provided by the preceptor to acquire PICC insertion skills
- 3. Demonstrate the ability to document the essential elements in the Peripherally Inserted Central Catheter via MST-Ultrasound placement insertion process
- 4. Demonstrate progress towards independently performing the procedure for Peripherally Inserted Central Catheter insertion via MST-Ultrasound placement, requiring incrementally less support and/or prompting related to the procedural steps throughout the PICC Clinical experience

Locations & Scheduling

- Your PICC Clinical will be scheduled on 2 or 3 consecutive days (Monday Saturday)
- Your PICC Clinical will take place at one of the following clinical locations:
 - Morton Plant Hospital 300 Pinellas Street, Clearwater, Florida
 - o Mease Countryside Hospital 3231 McMullen Booth Road, Safety Harbor, Florida
- PICC Clinicals are taught by a PICC Qualified instructor from Infusion Knowledge, Inc.

All admission requirements as outlined in this Getting Started Guide MUST be completed and submitted to CastleBranch a minimum of 4-weeks PRIOR to your scheduled PICC Clinical, in order to be properly verified by CastleBranch and St. Petersburg College.

Get it Done. Get Ahead

Next Steps...

- 1. Review the **Admission Requirements Checklist** on the next page
- 2. **Email a picture of yourself (from shoulders up) and a copy of your driver's license** to Infusion Knowledge so that your SPC student ID badge may be mailed to you
- 3. **Email your scrub top and pants sizes** to Infusion Knowledge
- 4. **Register with CastleBranch** for your background check, drug screen and fingerprinting, and pay fee (\$186)
- 5. Work with CastleBranch to obtain your drug screen and fingerprints
- 6. Have a licensed health practitioner complete the Health Examination Form
- 7. Obtain documentation of required immunizations and/or get immunizations as necessary
- 8. Complete the required BayCare Health System online orientation/training
- 9. Submit required documents to CastleBranch (as each item is completed)
- 10. Mail original FDLE VECHS Waiver form to St. Petersburg College
- 11. Continue to work with CastleBranch to confirm all items are complete and verified
- 12. Review ALL information detailing your PICC Clinical Day on pages 13-20

Admission Requirements Checklist

RN	, ARNP, PA or MD with an active/clear professional license within the United States
	mpleted the Infusion Knowledge PICC Education Program within past 6 months or are rently registered for an upcoming course
Em	ail a picture of yourself and a copy of your driver's license to Infusion Knowledge
Em	ail your scrub top and pants sizes to Infusion Knowledge
Reg	gister with CastleBranch and purchase required background check package (\$186)
Co	mplete background check / drug screen / fingerprinting through CastleBranch
Co	mplete Health Examination Form (located on page 32-34)
Co	mplete required BayCare Health System online orientation / training
Sul	omit documents to CastleBranch, including:
0	Copy of RN, ARNP, PA, or MD license
0	Certificates of completion for PICC 101, PICC 102 & PICC 103 or documentation of registration

for upcoming course

Health Examination Form completed by a licensed health practitioner

- Documentation of required immunizations
- o Transcript for completed BayCare Health System online orientation
- Professional liability insurance Note: If you do not already have insurance, we suggest you contact Nurses Service Organization at <u>www.NSO.com</u>. However, you may purchase insurance from any carrier you wish.
- Valid CPR certification card
- o FDLE VECHS Waiver Agreement and Statement form
- o Release of Liability, Assumption of Risk & Indemnity form
- o Consent & Authorization to Release Student Information form
- ☐ Mail your <u>original</u> FDLE VECHS Waiver Agreement form to SPC

CastleBranch: Background Check, Drug Screening & Fingerprinting

PICC Clinical students are required to complete a Level II Background Check, Drug Screening, and Fingerprinting.

To view the background and drug screening requirements for St. Petersburg College go to: https://go.spcollege.edu/pages/healthadmissions.aspx?id=1983

Background check, drug screening and fingerprinting must be completed through CastleBranch.

The cost for the background check / drug screening / fingerprinting is the responsibility of the student.

To Begin...

- o Go to: www.CastleBranch.com
- Click on "Place Order"
- Enter Package Code: <u>TX57</u> (for Florida residents) or <u>TX57os</u> (out-of-state)
- Enter personal information as requested
- Pay fee of \$186
- Obtain drug screening and fingerprinting as instructed by CastleBranch
- Submit required documentation to CastleBranch

Contact for Assistance:

If you have questions that CastleBranch is unable to assist you with or you have trouble getting through to CastleBranch, please contact Jason Boys @ SPC; Call: 727-302-6472 or Email: Boys.Jason@SPCollege.edu.

Note: MUST be completed a <u>minimum of 4-weeks PRIOR</u> to your scheduled PICC Clinical, in order to be properly verified by CastleBranch and St. Petersburg College.

Submit the Following Documentation to CastleBranch:

- Copy of your RN, ARNP, PA, or MD License
- Certificates of Completion from Infusion Knowledge for PICC 101, PICC 102 and PICC 103 or documentation of registration for an upcoming course
- Health Examination Form Completed by a Licensed Health Practitioner (see page 32-34)
- Documentation of required immunizations including COVID-19, Measles, Mumps & Rubella (MMR), Varicella (Chicken Pox), Hepatitis B, Tdap (Tetanus, Diphtheria, and PERTUSSIS), TB Skin Test (within the last 12 months), and Annual Flu Shot
- Transcript for Completed BayCare Health System Online Orientation
- Professional Liability Insurance (documenting minimum coverage of \$250,000 each claim & \$750,000 aggregate) Note: If you do not already have insurance, we suggest you contact Nurses Service Organization at www.NSO.com. However, you may purchase insurance from any carrier you wish.
- Valid CPR Certification Card
- FDLE VECHS Waiver Agreement and Statement form
- Release of Liability, Assumption of Risk & Indemnity form
- Consent & Authorization to Release Student Information form

Documents may be submitted to CastleBranch via upload, fax or mail. Please see the CastleBranch "How To" references beginning on page 40.

Please allow 1 - 2 weeks to have all items reviewed and verified by CastleBranch.

How to Complete BayCare Online Orientation / Training

In accordance with the Policy & Procedures of Morton Plant Mease Healthcare (our clinical site) PICC Clinical students are required to complete an online orientation component.

In order to access the BayCare Online Learning Center (OLC) you must first request a username and password.

- o Go to https://baycare.org/careers/nonteam-member-training
- Under the NEW USERS heading click on "Register Here" to create an account
- You will be taken to a page with the heading "Mandatory Training for Non-Team Members"
- Review the information and click on the button titled CLICK HERE TO REGISTER at the bottom of the page
- Next, you will be asked for your personal information:
 - When you get to the field titled USER CODE select "Student"
 - Under the field titled SCHOOL select "St. Petersburg College"
 - Under the field titled CATEGORY select "Clinical"
 - Under the field titled LOCATION select "Morton Plant Hospital"
 - If you are a licensed <u>nurse</u> in the State of Florida, then fill in the fields titled "License Code" and "Florida License #"
 - Answer the question "Are you an active BayCare Team Member"
 - Choose 2 security questions and fill in your answers
 - Under "END DATE OF SERVICE TO BAYCARE" select a date at least 90-days out

Once all fields are complete, click the SUBMIT button at the bottom of the screen. When your registration is completed and verified, you will be sent an e-mail from BayCare that will contain your BayCare OLC Username and password. If you do not see the e-mail in your inbox, be sure to check your spam folder in case it was filtered as junk mail.

Get it Done. Get Ahead

If you do not receive your e-mail within 24 hours or experience difficulty with accessing the training site, please call BayCare Information Services at (727) 467-4700. Your BayCare OLC Username and password should be active immediately. The first time you login, you will be prompted to change your password.

BayCare User Name/NE#	Password:	

Once you login to the BayCare OLC, you will see "STEP 1: Choose Your Role Below to find your Required Courses". Choose "Student" and then "NTM Students – Clinical 2022". Click "Register" to register for ALL the courses as a bundle. You do not/can not register for them individually.

Following are the modules that you will need to complete:

- 1. Non-Team Member Essentials 2022
- 2. Assisting Patients with Communication Needs NTM 2022
- 3. BayCare Online Confidentiality Agreement 2022
- 4. Doing the Right Thing 2022 NTM
- 5. Student Guidelines for COVID-19 2022
- 6. Cerner (all modules)

Information Services cannot answer questions regarding your required training; please contact Tammy Barna at 727-825-1147 with online training-related questions.

NOTE: BayCare modules must be completed within the same calendar year as your PICC Clinical.

When you have completed the (6) required BayCare OLC courses, print a final transcript and submit to CastleBranch with your other required documentation.

Note: Non-team member usernames and passwords will be inactivated within 30 days of registering. Should you need to reactivate (enable) your account, go to www.BayCare.org/OnlineTraining and follow the "reactivate" link.

PICC Clinical Uniforms

As a PICC Clinical student, you must wear appropriate clinical attire including an SPC Allied Health Continuing Education navy blue scrub top and pants AND an SPC student ID badge, all of which will be provided to you.

You MUST wear the required PICC Clinical Uniform as noted above, otherwise you will not be allowed to participate in the PICC Clinical.

Scrub Top & Pants

Your SPC scrub top and pants will be shipped to you by Infusion Knowledge.

Please send your scrub top and pants sizes to angie@infusionknowledge.com.

NOTE: Keep in mind that the scrubs are "unisex" and tend to run larger on women.

SPC ID Badge

Your SPC student ID badge will also be shipped to you.

Please send a picture of yourself (from shoulders up) and a copy of your driver's license to angie@infusionknowledge.com.

Your PICC Clinical Day...

On the day of your scheduled PICC Clinical, you will meet the instructor outside the main lobby of the designated hospital location at **8:30 a.m.**

Please make sure to park in designated areas as indicated on the enclosed hospital campus maps. Parking is monitored remotely by camera and by mobile security. Any instructor or student parking in an incorrect location will result in them being asked to leave for the day.

Your PICC Clinical will begin with the instructor reviewing the goals and objectives for the day. You will then observe an MST-Ultrasound PICC insertion, simulate an insertion, and then continue with hands-on PICC insertions.

Depending on your progression and comfort level with the procedure, there will be the possibility of up to 4 (or more) one-on-one, instructor supervised, Ultrasound PICC insertions utilizing the Modified Seldinger Technique (MST) and ECG tip confirmation technology. Though, we cannot guarantee the availability of PICC insertions on a given day. Refunds are not given due to a lack of available insertions.

Please understand that the clinical site has the potential to change at any time due to the availability of PICC's. For this reason, if you are coming from out-of-town we STRONGLY suggest you rent a car.

Due to the availability of PICC's, the meeting time also has the potential to fluctuate.

Each day of the PICC Clinical is a full 8-hour day. If you are coming from out-of-town, do NOT plan to depart from the airport prior to 8 p.m. on the last day.

Lunch will be on your own. The hospital has a cafeteria and coffee bar onsite.

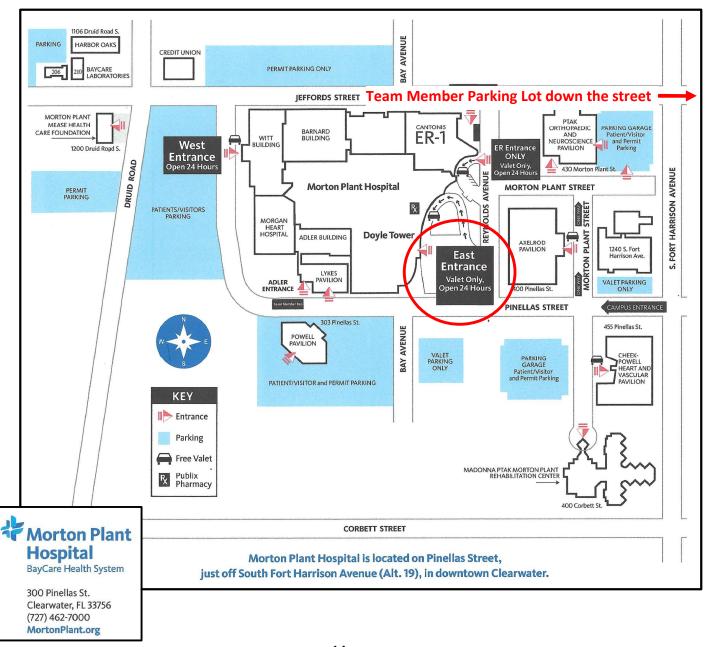
Note: Please bring your "Getting Started Guide" to your PICC Clinical.

Morton Plant Hospital Campus Map & Parking

If your PICC Clinical is scheduled at Morton Plant Hospital...

Students & instructors should park in the Team Member Parking Lot, which is located off of Jeffords Street, East of S. Fort Harrison Avenue. Be prepared to walk from the parking lot, as there may not be a shuttle available (at this time).

You will meet your PICC Clinical Preceptor outside the East Entrance of the hospital.

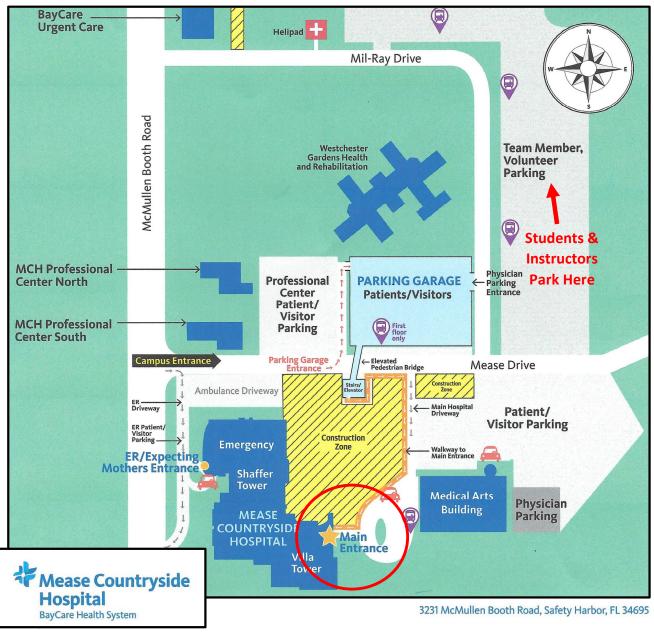


Mease Countryside Hospital Campus Map & Parking

If your PICC Clinical is scheduled at Mease Countryside Hospital...

Students & instructors should park in the Team Member / Volunteer Parking Lot, which is located North of the hospital, across Mease Drive. Be prepared to walk from the parking lot, as there may not be a shuttle available (at this time).

You will meet your PICC Clinical Preceptor outside the Main Entrance of the hospital.



When Entering the Hospital Facility...

- Do NOT bring personal belongings, including backpacks, purses, laptops, notebooks, etc. into the facility.
- Cell phones should NEVER be used in patient care areas. Cell phones may only be used in break areas or outside.
- Tattoos must be covered and hair must be pulled back or pinned up, off the collar.
- No nail gels, acrylics, tips or chipped polish, and no scented body products. Fake eyelashes are not allowed. Make-up should be conservative
- Students should use good personal cleanliness and grooming to eliminate offensive odors. Keep hair neat and clean and away from the face.
- No jewelry except for wedding bands and small earrings.
- Undergarments should not be visible.
- Shoes and socks should be clean, closed heel and toe. Leather or leather-like shoes should be worn.
- No hooded sweatshirts may be worn.
- Head coverings for religious observation may be worn. They may be either white or black and cannot interfere with vision. In some areas where infection control may be an issue, students may be required to remove it for patient protection.
- Gum chewing and fanny packs are not permitted in the clinical setting.
- Loitering in the halls, lobby, etc. is not permitted.

PATIENT SAFETY is a number one priority for ALL teams, instructors, and students entering the hospital facility.

Get it Done. Get Ahead

Course Outline

- 1. Review goals and objectives of the PICC Clinical
- 2. Review facility MST-Ultrasound PICC Placement policy and procedures
- 3. Review facility PICC kit and equipment
- 4. Review Ultrasound equipment
- 5. Observe the MST-Ultrasound PICC insertion procedure
- 6. Simulate the MST-Ultrasound PICC insertion procedure
- 7. Obtain PICC Ultrasound consults from facility contact
- 8. Place PICC's on selected patients with preceptor guidance and support
- 9. Verify PICC tip location at Caval Atrial Juncture (CAJ) via ECG technology with preceptor confirmation
- 10. Document procedure appropriately
- 11. Clean and disinfect Ultrasound equipment
- 12. Complete facility PICC tracking sheets
- 13. Give report to facility contact

Closed Sterile Gloving Technique

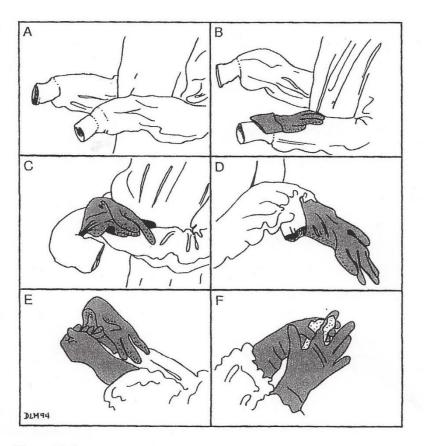


Figure 10-4.

Closed gloving technique. A, Keep hands inside sleeve cuffs. B, Lift first glove by grasping it through fabric of sleeve. Cuff on glove facilitates easier handling of glove. Place glove palm down along forearm of matching hand, with thumb and fingers of glove pointing toward elbow. Glove cuff lies over gown wristlet. C, Hold glove cuff securely with the hand on which it is placed, and, with other hand, stretch the cuff over opening of sleeve to cover gown wristlet entirely. D, Draw cuff back onto wrist, directing fingers into their spaces in the glove. E, Use gloved hand to position remaining glove on opposite sleeve in same fashion. Place glove cuff around gown cuff. Draw second glove onto hand, and pull cuff into place. F, Adjust fingers of gloves, and wipe gloves with wet pad to remove glove powder.

Source: Mosby's Pocket Guide Series: Infection Prevention and Safe Practice, 1996.

The MST / Ultrasound Insertion Procedure

- 1. Verify physician order and patient consent
- 2. Disinfect hands
- 3. Explain procedure to patient
- 4. Position patient with arm at 90° angle, place tourniquet loosely
 - Consider measurement of vein diameter without tourniquet (natural state of vein)
- 5. Apply ultrasound gel
- 6. Assess vein locations, availability and diameter of vein (at least one "fist width" above boney prominence of elbow)
 - Assess BOTH arms
 - Remember right side approach is shorter
 - Assess chest for a pacemaker / scars / port
- 7. Consider a "sign" on skin for vein location
- 8. Measure for catheter length and upper arm circumference
- 9. Position patient with arm at proper angle
- 10. Disinfect hands
- 11. Skin pre-scrub
- 12. Assemble equipment including positioning of Ultrasound machine
 - Opposite side of bed / same side of bed / on the bed
 - Put gel on Ultrasound transducer
- 13. Don mask, eye protection, and bouffant hair cover
- 14. Open equipment, establish sterile field, and drop additional sterile items needed onto field
- 15. Disinfect hands, don sterile gown and sterile gloves
- 16. Position sterile drape and sterile maximum barrier sheet
- 17. Prep patient skin at insertion site
- 18. While skin dries, prepare syringes, catheter, wire, etc.
- 19. Place sterile cover over Ultrasound transducer and cable, add to sterile field
- 20. Apply tourniquet (if not already on) using sterile technique or use assistant
- 21. Relocate desired vessel

Get it Done. Get Ahead

- 22. Anesthetize planned entry site
- 23. Access vessel using percutaneous needle using Ultrasound guidance
- 24. Observe for blood return filling needle hub
- 25. Gently set down transducer head, carefully stabilize needle with non-dominant hand
- 26. Thread wire into access needle approximately half of wire length
- 27. Remove needle from skin and wire
- 28. Anesthetize tissue (again) around wire entry, if necessary
- 29. Skin nick with blade
 - Follow wire entry angle
 - Skin nick depth depends on tissue depth to vein entry
 - Helpful to move wire slightly side-to-side
- 30. Place dilator/sheath assembly over-wire
 - Secure wire at end of vein dilator
- 31. Advance dilator through tissue with firm, but gentle, forward rotating pressure
 - May need to elevate vein dilator and twist slightly for successful advancement
- 32. Remove wire and place dead end cap on dilator
- 33. Remove tourniquet
- 34. Trim catheter to length
- 35. Simultaneously remove inner cannula portion of vein dilator with wire or remove the inner cannula with dead end cap
- 36. Thread PICC catheter into outer sheath to pre-measured depth; check for brisk blood return
- 37. Retract sheath from skin approximately 1 to 2 cm, crack hub, split slightly, advance catheter; retract, split, advance catheter; retract, split, advance catheter until entire sheath is out of vessel
- 38. May tamponade entry site with catheter, if appropriate
- 39. Secure catheter
 - Consider a hub securement device, Steri-Strips on hub, or sutures)
- 40. Apply 2x2 gauze or antimicrobial disc at point of entry, as a pressure dressing
 - If oozing at site, consider a hemostatic agent
- 41. Transparent Semi-Permeable Membrane (TSM) dressing
 - Remember to minimize tape on the TSM dressing

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Notes From Your PICC Clinical Day				

Lodging

We suggest staying at a hotel that is somewhere in between both of our PICC Clinical hospital sites.

Fairfield Inn & Suites

3070 Gulf to Bay Blvd., Clearwater

Phone: 727-724-6223

**Ask about a "BayCare" discount, which is the health system that hosts our clinicals

Or, you may wish to try...

Holiday Inn Express (3-4 miles away from Mease Countryside Hospital)

3990 Tampa Road, Oldsmar

Phone: 813-854-5080

Courtyard By Marriott (3-4 miles away from Mease Countryside Hospital)

4014 Tampa Road, Oldsmar

Phone: 813-925-8887

Residence Inn Clearwater Downtown (1.5 miles away from Morton Plant Hospital)

940 Court Street, Clearwater

Phone: 727-562-3561

Any Clearwater Beach Hotel (3-4 miles away from Morton Plant Hospital)

Airports & Transportation

If you are coming from out-of-town the closest airport will be either Tampa International Airport or St. Pete-Clearwater International Airport.

Due to the fact that the clinical site is subject to change with short notice, we strongly suggest that you have your own vehicle or rent a car.

St. Petersburg College Student & Program Policies

SPC EA/EO Statement

The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The college will not discriminate on the basis of race, color, ethnicity, religion, sex, age, national origin, marital status, pregnancy, sexual orientation, gender identity, genetic information, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this Rule, the college will not tolerate such conduct. Should you experience such behavior, please contact Pamela Smith, the director of EA/EO/Title IX Coordinator at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by email at eaeo_director@spcollege.edu.

Attendance

Attendance is mandatory. If there is an emergency, please contact your instructor immediately. If there is an illness, the student must submit a physician's statement before returning to class or clinicals. There is no refund for students who do not attend their clinical rotations.

General Grading Policies

CE certificates will be issued by St. Petersburg College and reported to CE Broker (for individuals licensed in Florida). PICC Qualification Certificates will be issued by Infusion Knowledge, Inc. Certificates will only be issued to those individuals who successfully demonstrate a comprehensive knowledge and ability to comply with the proper procedural steps required to place an MST/Ultrasound PICC, as outlined in the course objectives.

Emergency Situations

Students enrolled in clinical courses are responsible for checking on the status of the college during local emergencies, such as inclement weather or other emergency situations. Should the college close, the student must leave the clinical site and contact your instructor as soon as possible. **Students are not permitted in the clinical sites when the college is closed,** as the student is not covered by the liability insurance during that time. This also applies to regularly scheduled closings such as holidays and school breaks, which are listed in the College Handbook, Academic Calendar, and your syllabus. Emergency school closings will be announced via radio and TV, and on the SPC channel (19) on Bright House Cable/Bay News 9. Every attempt will be made by the faculty to make contact with the students, but the students are required to monitor the situation and take appropriate action themselves.

Disclaimer Clause

The College and the Department of Corporate and Continuing Education at St. Petersburg College reserves the right to make and designate the effective date of changes in college policies, other regulations and the regulations and policies announced in this handout any time such changes are considered to be desirable or necessary. If changes are required during this class, the student will be given reasonable advance notice of those changes. In addition to the policies and procedures contained in this handout, all students are governed by the policies and procedures that govern St Pete College and the Department of Corporate and Continuing Education.

Professional Behavior and Standards

Healthcare is a profession that has earned the public's trust. The importance of student honesty and integrity are very serious concerns due to the implications to patient safety. Students must conduct themselves in a professional manner in the classroom, lab and clinical sites or at any

SPC related activities. This includes being *ON TIME for class, clinical, labs and testing*. Use of professional communication skills including language with instructors, staff and fellow students encountered during the duration of classes at SPC. Students are required to maintain HIPAA compliance and confidentiality at clinical sites.

Dishonest, disruptive, disorderly, fraudulent, abusive, harassing, unethical or illegal behavior or encouraging these behaviors in others is unacceptable any time. Use of cell phones is prohibited in the school building or inside the clinical site. Violations of professional behavior may lead to disciplinary action, which may include dismissal from the program with no refund. A student in the Allied Health Continuing Education program at SPC will: demonstrate emotional maturity, cooperation, sound judgment, dependability and self-reliance. The student will accept and use constructive input to modify their behaviors/actions. There is zero tolerance for alcohol and drug use. In the event you are dismissed from the clinical site or class for violation of professional standards, a refund will not be granted.

Honor Code

St. Petersburg College expects students to be honest in all of their academic work. By enrolling at the College, students agree to adhere to high standards of academic honesty and integrity and understand that failure to comply with this pledge may result in academic and disciplinary action, up to and including expulsion from the College. As members of the College community, students also have an ethical obligation to report violations of the SPC academic honesty policies they may witness. For more information, go to: https://go.spcollege.edu/academichonesty/.

Student and Student Organization Regulations

Students enrolled at St. Petersburg College are expected to conduct themselves in a manner that will reflect credit to the college, the community and themselves. Each student, by registering, assumes the responsibility to become familiar with and to abide by the general regulations and rules of conduct listed in this rule. If found guilty of violation of any of these rules, a student may be subject to the placing of a hold on their student record, the withholding of grades, credits, transcripts, or diplomas, disciplinary probation, suspension or dismissal, in accordance with prescribed rules for the handling of disciplinary cases. For more information, go to: https://go.spcollege.edu/studentconduct/.

Course or Class Cancellation Policy

Every effort is made to conduct classes as listed in our promotional materials and on our website. However, occasionally, circumstances make it necessary for classes to be cancelled, postponed, or combined. If it is necessary for us to cancel or reschedule a class/course, you will be notified by phone or by email. If a course is cancelled, you may transfer to another course, if available, or receive a full refund.

Refund / Transfer Policy

There are no refunds or transfers for the PICC Clinical Program.

Student Grievance Process

- The student should first talk to his or her instructor if it is an academic complaint. Any other type of complaint can be discussed either with an instructor or with one of the Allied Health administrative staff.
- 2. If the student feels the issue is unresolved, the student should fill out a complaint form (available on D2L) and/or contact the Allied Health Program Coordinator for assistance. The Coordinator will have the student fill out a "Student Complaint" form, if not already completed, and will discuss the concern with the student. The complaint will be addressed within three business days unless more time is needed to research and respond to the complaint. If more than three days is needed, the Allied Health Program Coordinator will notify the student.
- 3. If the student still believes the issue was not satisfactorily resolved, the student can request that the Complaint Form be passed on to the Director of Allied Health programs. The director will review the complaint and discuss the matter with the student to find resolution.
- 4. If the student still believes the issue was not satisfactorily resolved, the student can request that the Complaint Form be passed on to the Executive Director of Workforce Institute. The director will review the complaint and discuss the matter with the student to find resolution.
- 5. Students will be notified of the resolution. All appropriate documents will be filed in the Student Complaint Folder and in the student's file.

Dismissal Policy

Violation of the program policies listed below, but not limited to, will result in program dismissal with no refund.

- 1. There is a zero tolerance for alcohol and/or drug use:
 - a. Consumption of alcohol less than 12 hours prior to a classroom and/or clinical may impair the student's performance and is not acceptable. Students who appear to be intoxicated, smelling of

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- alcohol, or who appear impaired for any reason will be immediately removed from the classroom or clinical site, and will be dismissed from the program with no refund.
- b. Positive drug screening
- 2. Unprofessional behaviors:
 - a. Dishonest, disruptive, disorderly, fraudulent, abusive, harassing, unethical or illegal behavior or encouraging any of these behaviors in others
 - b. Plagiarism
 - c. Violation of HIPAA regulations
 - d. Foul language
 - e. Use of cellphone in class or clinical
- 3. Not participating in clinical skills
 - a. Refusing to participate in administering or receiving clinical procedures

Medical Insurance

All students are strongly encouraged to check his/her personal health insurance policy to ensure coverage for illness or injury resulting from the clinical experience.

Fitness Policy

All students are required to submit a completed health update form to participate in the clinical component of the course. If the student has a medical issue that can affect their participation in the program, they should advise SPC immediately. Physical forms including immunization record will be distributed at the start of the program. All forms must be returned within 14 calendar days. Students cannot attend clinical without completed health forms.

Emergency Care in the Clinical Setting

In the event a student requires emergency treatment, the affiliate will provide such treatment according to the conditions of the affiliation agreement between the College and the hospital/affiliate. The affiliate reserves the right to bill the student for such emergency treatment.

The student is liable for any medical expenses incurred in the clinical setting from any emergency medical treatment administered.

Communicating Student Concerns

Student concerns are typically related to course or clinical experiences. Therefore, the instructor most directly involved in the particular area should be the first and best resource. In addition, the Allied Health Coordinator should be contacted as deemed necessary for classroom, clinical or personal concerns or grievances. Instructors and Coordinators are available through in person conference, phone or email.

Accessibilities Services

SPC ACCESSIBILITY SERVICES PROVIDES ACCOMMODATIONS THAT ENSURE EQUAL ACCESS FOR ALL STUDENTS

SPC's Accessibility Services office provides or facilitates SPC students with:

Academic adjustments such as early registration and exam accommodations Aids and services including adaptive technologies, note-takers and interpreters Under Section 504 of the Vocational Rehabilitation Act of 1973 and the Americans with Disability Act of 1990, SPC seeks to ensure that admission, academic programs, support services, student activities and campus facilities are accessible to and usable by all students who attend the college. Students with disabilities who desire accommodations need to provide appropriate documentation of a disability and request services from Accessibility Services through one of the Accessibility Coordinators.

St. Petersburg College recognizes the importance of equal access to learning opportunities for all students. Accessibility Services (AS) is the campus office that works with students who have disabilities to provide and/or arrange reasonable accommodations. Students registered with AS, who are requesting accommodations, are encouraged to contact their instructor by the first week of the semester. Students who have, or think they may have, a disability (e.g. learning disability, ADD/ADHD, psychiatric, medical/orthopedic, vision, and/or hearing), are invited to contact the Accessibility Coordinator (AC) that serves your campus for a confidential discussion.

Request for Assistance

If you need help completing the online college application or have questions about applying to or attending SPC, please contact an Accessibility Services Coordinator.

To request Accessibility Services, see a campus Accessibility Services coordinator and bring your documentation. If you do not have documentation, the Accessibility Services coordinator can let you know what you need to qualify for accommodations. Schedule your appointment as early as possible so that accommodations can be made in a timely manner. All information will be kept confidential.

Accessibility Services Coordinators	Phone	Campus
<u>Jeff Zeigler</u>	<u>727-791-2710</u>	Clearwater Campus
Ray Hollowell	<u>727-341-4316</u>	St. Petersburg/Gibbs
Dr. Tonya (TJ) Williams	727-341-7913	EpiCenter and SPC Downtown
Elizabeth Shumate	727-712-5789	Tarpon Springs
Stefanie Silvers	<u>727-341-3721</u>	Health Education Center
Kelli Mitchell	727-394-6289 (TTY)	Seminole Campus
<u>Lisa Gould</u>	727-398-8284 (TTY)	Midtown/Allstate Campus

REGISTER WITH ACCESSIBILITY SERVICES- https://yukon.accessiblelearning.com/SPCollege/

WHO IS ELIGIBLE?

As a student at SPC with a documented disability, you may be eligible to receive services. If you think you have a disability but have not had it documented, your campus Accessibility Coordinator will explain how to get proper testing or assessment. To be documented, you must have a recent report from a licensed physician or psychologist or an IEP or SOP from your high school.

Technical Standards

ISSUE	STANDARD	EXAMPLES OF NECESSARY ACTIVITIES
CRITICAL THINKING (cognitive application)	Critical thinking that demonstrates the application of knowledge, skills, and values learned through previous course work along with sufficient thinking for clinical judgment, thoughts (inductive and deductive), feelings, and behaviors sufficient to manage and implement safe patient care for multiple clients in differing nursing situations, using the nursing process.	Identify cause-effect relationships in varying nursing situations (clinical and otherwise), display ability to concentrate, problem-solve, calculate for dosage and measurements and development of the plan of care. Identify complex problems and reviewing related information, able to develop and evaluate options and implement solutions.
INTERPERSONAL SKILLS (valuing and professional skills)	Demonstrates positive interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of backgrounds. Demonstrates respect for self and others, has integrity and is honest, and adheres to professional standards.	Establishes rapport with individuals, families, and groups from diverse socioeconomic and cultural backgrounds, functions within the discipline of nursing as a member of the profession and a colleague. Demonstrates characteristics of empathy, altruism, integrity, honesty, responsibility, and tolerance.
COMMUNICATION (oral and written expression, reception, reading)	Communicates effectively and sensitively in written and spoken English, understands and responds effectively to both formal and colloquial English, person to person communication, by telephone, technology or in the written form. Assesses and responds to verbal and non-verbal communication in a clinical environment with individuals, families, and groups.	Initiates health teaching documents, interprets nursing actions, assesses and evaluates client's responses and best methods for providing sufficient health teaching. Fosters a therapeutic milieu and relationship through effective written and verbal communication. Works as a part of the transprofessional team in an effort to manage and coordinate care.

ISSUE	STANDARD	EXAMPLES OF NECESSARY ACTIVITIES
MOBILITY (locomotion and gross mobility)	Sufficient ability to move from room to room, place to place in a number of physical settings. Able to maneuver is small spaces, around equipment, to assist patients/clients. With care needs. Able to operate equipment, and must be able to lift 50 pounds.	Moves around patient/clients care environments, work spaces, treatment areas, and may administer cardiopulmonary procedures and assist with patient/client mobility and ambulation.
MOTOR SKILLS (fine motor skills)	Gross and fine motor skills sufficient to respond to patient/client's needs, manipulate equipment required within a health care setting and implement essential nursing activities.	Ability to use specific nursing equipment (ex. IV pumps, blood pressure machines, Accu-Chek meters, etc.) that may require fine motor calibration and manipulation of dials, switches, and knobs. Ability to assist patients/clients with positioning.
SENSORY ACUITY (includes hearing, vision and tactile ability)	Corrected auditory and visual acuity to be able to hear and see verbal and emergency signals in an effort to respond to emergency situations. Able to discriminate different sounds from physical assessment in an effort to recognize changing condition, able to effectively respond to members of the health care team. Tactile ability sufficient to perform physical assessment and engage in skills performance.	Responds to alarms, patient/clients requests for assistance (use of call bells), emergency signals, auscultatory sounds, cries for help, tape recorded transmissions, oral report, other auditory and visual stimuli and ability to read small print of medication packaging, properly and safely prepare and administer medications and treatments. Tactile ability sufficient to function in therapeutic interventions such as catheter insertion, IV starts, etc.
SAFETY (includes observation of change)	Manages and maintains and environment that is safe for the individual, family, groups and health care personnel. Follows prescribed guidelines for safety within the organization or nursing situation. Recognizes and responds to safety issues in a timely manner, able to recognize emergency situations and takes appropriate actions.	Responds to patient's and clients changing health conditions through effective observation, maintains an environment that is safe and promotes a safety culture (including safety relating to mechanical, electrical, thermal, chemical, radiologic, and biohazardous threats), follows policies and procedures for administering professional nursing care.

ISSUE	STANDARD	EXAMPLES OF NECESSARY ACTIVITIES
STABILITY	Possess the psychological health for full use of abilities and responds to others in a collegial manner. Maintains a mature, sensitive, and effective relationship with patients/clients, families, other students, faculty, and members of the health care team under all circumstances, including those situations that are highly stressful.	Able to carry out the responsibilities of a Registered Nurse that can often be taxing and stressful. Stressful issues can include human suffering, threats to personal safety, disagreements, and need for collaboration. Must be able to work as a member of the health care team, discipline of nursing, and provide professional nursing care for a group of patients in a variety of clinical and nursing situations. Has the ability to cope with the stresses of the role of nurse and caregiver.

No list can ever be inclusive and this list of technical standards is no different. Nursing is a complex and engaging profession that requires a number of different skills and attributes. Additional resources on the role of a nurse and specific skills that may be expected of a nurse can be located within the skills textbook associated with the course of study. Students or potential students that would like additional information of skills for nursing can be directed to the nursing office or individual course instructor.

References (June 26, 2014):

- 1. Details Report for: 29-1141.00 Registered Nurses. O*Net Online (US Department of Labor, Employment and Training Administration), 2014. http://www.onetonline.org/link/details/29-1141.00#Abilities
- 2. Essential Functions Technical Standards for Admission. Center for Allied Health Programs, University of Minnesota, 2014. http://cahp.umn.edu/essential-functions- cls

Forms to Complete, Sign & Submit to CastleBranch:

Please complete and sign the following forms and submit to CastleBranch

- SPC Health Examination for Health Occupation Programs
- FDLE VECHS Waiver Agreement and Statement
- Release of Liability, Assumption of Risk and Indemnity
- Consent and Authorization to Release Student Information

Mail Original Form to St. Petersburg College:

Please <u>mail the original signed copy</u> of your FDLE VECHS Waiver Agreement and Statement to St. Petersburg College:

St. Petersburg College Workforce Institute

Attention: Jason Boys 13805 58th Street North Clearwater, Florida 33760



HEALTH EDUCATION CENTER

HEALTH EXAMINATION FOR HEALTH OCCUPATION PROGRAMS

NAM	E:	Las	t First	Middle i	nitial		Student number
		Pro	gram for which you are applying				
			ARE PROVIDER: The patient requesting sburg College. The purpose of the examinations are the purpose of the examinations.				
			ns requiring physical and emotional stam				
			nis form, please call or write the director of	f the health p	rogram to which	h your	patient is applying. Thank you for
your	assistano	e.					
		то ве	COMPLETED BY A LICENSED HEA	LTH PRAC	TITIONER (N	1.D., D	O., A.R.N.P., P.A.)
Heig	ght:		Weight:	Pulse:			Blood pressure:
	be all sig		be completed by practitioner. Please at findings under Practitioner's	Check e	ach item below	v: To b	be completed by practitioner.
Yes	No			Normal	Abnormal		
		1.	Eye or vision problems	П	П	1.	Ears, hearing
		2.	Ear or hearing problems	П	\Box	2.	Oral cavity: hard and soft tissue
		3.	Mouth or teeth problems			3.	Nose, throat and sinuses
		4.	Ear, nose, throat			4.	Lungs
		5.	Cough, sputum, difficulty breathing			5.	Breasts
		6.	Breast lumps, enlargements, nipple			6.	Heart-size, rhythm and sound
			drainage				•
		7.	Heart disease/hypertension			7.	Lymph nodes
		8.	Swollen lymph nodes			8.	Abdomen
		9.	Indigestion, pain or food intolerance			9.	Back
		10.	Bowel-constipation, diarrhea			10.	Upper extremities
		11.	Hepatitis (If yes, type)			11.	Lower extremities
		12.	Back pain or surgery			12.	Feet and arches
		13.	Muscle pain, weakness			13.	Reflexes
		14.	Foot problems			14.	Skin
		15.	Headaches or seizure			15.	Genitalia
		16.	Skin rashes, lesions			16.	Anus
		17.	Urinary problems			17.	Posture
		18.	Rectal problems			18.	Pelvic exam
		19.	Female: vaginal discharge, excessive bleeding				
		20.	Male: prostate problems				Describe any abnormalities.
		21.	Emotional illness				Precede each comment by
		22.	Diabetes				number referring to
		23.	Allergies				appropriate item.
		24.	Chemical dependency/substance abuse				
		25.	Other:				
Visua	l exam:	Dis	· · · · · · · · · · · · · · · · · · ·	r: OD	OS	Co	olor perception

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Does applicant have any current or past emotional liness? \square Yes \square No \square If yes, give dates((s) and describe treatment.
Has applicant had any medical/surgical problem that has required treatment in the past two years? date and describe treatment.	☐ Yes ☐ No If yes, give
Does applicant have any current or past chemical dependency/substance abuse problem? ☐ Yes describe treatment.	\square No If yes, list dates and
Please list any medication the patient is taking on a continuing basis:	

REQUIRED IMMUNIZATION SCREENING HISTORY

MUST HAVE SUPPORTING LAB VALUE AND/OR OFFICIALLY DATED DOCUMENTS

IMMUNIZATION		REMENT – meet at least one of the			
	stated re	equirements			
Hepatitis B	a.	Positive Titer	Date of Titer:	Declination Letter	
	b.	Signed Declination Form	Results:	Date:	
TB	a.	2 step TST – one to three weeks	Date #1:	Date #2:	
		apart	Results:	Results	
	b.	2 consecutive years of TST			
	c.	IF ANY TST POSITIVE	CXR Date:		
		RESULTS – Baseline CXR with	Results:		
		TB report followed by annual TB	Questionnaire:		
		questionnaire			
	d.	Proof of BCG Vaccine and obtain	Date of BCG:		
		baseline CXR with TB report	CXR Date:		
		followed by annual TB	Results:		
		questionnaire	Questionnaire:		
	e.	IGRA's: QuantiFERON or T-			
		Spot and if positive obtain a	Date of IGRA:		
		baseline CXR with TB report	Results:		
		followed by annual TB	CXR Date:		
		•	Results:		
		questionnaire	Questionnaire:		
		**NOTE: no expiration dates on			
		CXR – do not repeat if have TB			
		report, annual TB questionnaire is			
		= = = = = = = = = = = = = = = = = = = =			
		required			
MMR	a.	Proof of positive MMR Titer –	Measles titer –	Mumps titer –	Rubella titer –
		individual reports of all three titers	Date:	Date:	Date:
	b.	Two adult boosters if titer	Results:	Results:	Results:
		negative, boosters MUST be 4			
		weeks apart	Booster #1	Booster #2	
			Date:	Date:	
Varicella	a.	Proof of positive varicella titer	Varicella titer –		
	b.	Two adult boosters if titer	Date:		
		negative, boosters MUST be 28	Results:		
		days apart and completed			
		BEFORE start of clinical	Booster #1	Booster #2	
			Date:	Date:	

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Influenza	a.	Annual vaccine dated as soon as	Influenza Vaccine	Declination Letter	
		vaccine is available for current	Date:	Date:	
		season (after 09/01)			
	b.	Annual declination letter			
Tetanus, Diphtheria	a.	Tdap booster within past 10 years	Tdap Booster		
and PERTUSSIS			Date:		

PRACTITIONER'S COMMENTS: Include any additional significant information concerning health findings and/or treatment.

	ry and physical examination f	pears to be free of infectious disease. My sig indings justify him/her to undertake a health		
	Health practitioner's signatu	ire and license		Date
	Health practitioner's name (printed)	-	
ADDRESS:	Street	City	Sate	ZIP Code

The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The college will not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, genetic information, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this Rule, the college will not tolerate such conduct. Should you experience such behavior, please contact the director of EA/EO/Title IX Coordinator at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by e-mail at eaeo_director@spcollege.edu.

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RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY

Date

(Strudent/Participant) (Street) in consideration of being granted permission to take or participate in at St. Petersburg College, or other college-sponsored event or activity, do Board of Trustees of St. Petersburg College, the college, its officers, employ claim, demand, action, or right of action, of whatever kind or nature, either or including any loss, damage or injury including death that I may suffer a course or activity specifically including any loss, damage, or injury, including	hereby release yees, and agents in law or equity as a result of m ag death that I n	s of and from an arising from or b y participation ir	y and ever
at St. Petersburg College, or other college-sponsored event or activity, do Board of Trustees of St. Petersburg College, the college, its officers, employ claim, demand, action, or right of action, of whatever kind or nature, either or including any loss, damage or injury including death that I may suffer a course or activity specifically including any loss, damage, or injury, including	hereby release yees, and agents in law or equity as a result of m ag death that I n	, and forever dis s of and from an arising from or b y participation ir	y and ever by reason c
Board of Trustees of St. Petersburg College, the college, its officers, employ claim, demand, action, or right of action, of whatever kind or nature, either or including any loss, damage or injury including death that I may suffer a course or activity specifically including any loss, damage, or injury, including	vees, and agents in law or equity as a result of m ag death that I n	s of and from an arising from or b y participation ir	y and ever by reason c
negligence of the Board of Trustees of St. Petersburg College, its Trustees,			
It is my desire to participate in the above course or activity and I am aware of participation in the above course or activity, which I voluntarily enter into. that I am involved in as described above includes the potential risks of incur death, which may be sustained by me or to my property. Having voluntarily activity, I hereby acknowledge that I knowingly agree to assume the risks of may be sustained by me or to any of my property.	Further, the couring loss, damag ly entered into s	irse of instructio ges and/or injurie said course of in	n or activity es, including estruction o
In addition, should this release relate to a travel activity, I am aware of violence, of hijacking or other acts of terrorism, and I specifically include the release. I further voluntarily assume all risks of loss, damage, or injury, include to any property of mine relating to travel activity. I understand that should I dependently personal vehicle insurance will be responsible for any liability connected with passengers.	nese potential riuding death that choose to drive	sks within the some may be sustaine may be sustaine my personal veh	cope of this ed by me o licle that m
I further hereby agree to hold the Board of Trustees of the St. Petersburg C agents harmless from any and all liability, claims, demands or actions what injury, including death, that may be caused or sustained by me as a result activity.	atsoever arising	out of any loss,	damage o
This Release of Liability, Assumption of Risk and Indemnity shall be bindin guardians of the student/participant (if student/participant is under 18 or in personal representatives, executors, administrators and assigns of the student	competent), dis	tributees, heirs,	next of kin
In signing this, I acknowledge that I have read the foregoing, that I underst consequence of this Release of Liability, Assumption of Risk and Indervoluntarily.			
Student/Participant signature Student	number	Date	
Parents or legal guardians of student/participant under 18 or incompete	ent must comp	lete the followir	ıg:
of .	•		_
I,, of	(City)	(State)	(ZIP Code)
the mother/father/guardian of, do her, do her	reby agree to all	the provisions o	f the above
Release on behalf of my son/daughter/ward.			

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Parent/Guardian signature



CONSENT AND AUTHORIZATION TO RELEASE STUDENT INFORMATION

This form may be submitted via SPC student e-mail to Admissions.Records@spcollege.edu or in-person at an SPC campus

I, the undersigned student of St. Petersburg College, consent to the following, and hereby authorize St. Petersburg College and any of its representatives to release and/or orally discuss the educational records and information described below to the following named individuals or entities:

Name:	Relationship to m	e: Purpose for release:
The specific records covered by	this release are:	
All student records and inform	nation	
OR		
Choose all that apply:		
Financial records Disciplinary records Registration and enrollmer Grade reports (If requestin Other - please specify:	g an official transcript, u	se SPC's Transcript Request Form SR 412)
protected under Florida law and understand that by signing this	d the Federal Family Educ consent and authorization	de information which is classified as private and cation Rights and Privacy Act. (FERPA) I also on form, I am authorizing the College to release wise private and may not be accessible to them.
	orivilege, I must submit S	or until I revoke this privilege. I SPC Withdrawal of Consent and Authorization to
(Date)		(Student's printed name)
(Student's ID)		(Student's signature)
SPC staff use only		
SI entered by:		Date:

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Get it Done. Get Ahead

CastleBranch References

- CastleBranch Reference Page
- CastleBranch Submitting Documents Guide

Additional Forms

• Accident – Incident Report Form



How to Place Order



To place your order go to:

Package Name (if applicable): PICC Clinical

PLACE ORDER

SELECT PROGRAM

SELECT PACKAGE

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- View order results
- Upload documents
- Manage requirements
- Place additional orders
- Complete tasks

Please have ready personal identifying information needed for security purposes.

The email address you provide will become your username.

Contact Us: 888.914.7279 or servicedesk.cu@castlebranch.com

Submitting Documents

Submitting documents to myCB can be achieved three ways: via upload, fax, or mail. This guide will cover all three options. If you need any further assistance, please call the number located at the bottom right of every page.

UPLOADING DOCUMENTS

The most efficient way to submit. Uploading your documents through myCB is not only secure, but ensures faster processing time.

Options for Digitizing Your Document

- Take a picture
- Use the myCB app
- Scan your document
- Utilize a local FedEx, UPS, Library, or University's resources

Submitting Through myCB

- Olick To-Do Lists within the myCB panel on the left
- Expand the requirement you wish to upload to
- Olick Browse next to Your Computer or Flash Drive
- Select file(s) needed, one at a time
- Hit Submit



All Documents uploaded are stored in your **Document Center** for future use.

To attach a previously uploaded document to a requirement, follow the same steps and then click **Browse** next to **My Documents.**



Note: Document removal may only happen before submission. Make sure you have attached the correct file name(s) before submitting. To remove a document, simply click **Remove Document** and re-attach the correct version.

Replacing Rejected Documents

- Read the rejected reason
- Re-upload using the same steps above

The two most common rejection reasons are missing information and illegible documentation. Make sure your documents are easily legible and contain their essential information, such as: signatures, physical exam dates, vaccination dates, or titer collection dates.

Submitting Documents

FAXING DIRECTLY TO REQUIREMENTS

Following the steps below will result in your documents **automatically attaching to their specific requirements**, designated by their included cover letters.

Print Cover Letters

- Olick To-Do Lists within the myCB panel on the left
- Expand the requirement you wish to upload to
- Olick **Download** at the bottom
- Read and close the warning prompt
- Print the cover letter
- Follow the directions on the cover sheet
- Repeat for all requirements to be faxed

FAXING TO DOCUMENT CENTER

Following the steps below will result in your documents going into your myCB document center, where **you will need to attach them to each requirement individually**.

Print Cover Letter

- Olick Document Center within the myCB panel on the left
- Olick Print/Fax Mail Cover Sheet on far right
- Read and close the warning prompt
- Print the cover sheet
- Follow the directions on the cover sheet
- Faxed documents will display under My Documents within the Faxed folder

Submit Through myCB

- Olick To-Do Lists within the myCB panel on the left
- Expand the requirement you wish to upload to
- Olick Browse next to My Documents
- Choose the Faxed folder
- Pick document needed
- Hit Submit



Submitting Documents

MERGING FAXED PAGES

If submitting more than one document to a requirement, you have the option to merge them together.

To Merge Pages

- Click Document Center
- Find the Faxed/Mailed Documents folder
- Select one file you wish to merge with another
- Click Add PDF to Merge Queue
- Repeat until all pages you wish to merge are queued
- Select Merge These Documents at the top right
- All merged files can be found in the Merged Files folder.

MAILING DOCUMENTS TO CASTLEBRANCH

Follow the steps below to mail documents to CastleBranch for review.

Print Cover Letters

- Olick **To-Do Lists** within the myCB panel on the left
- Expand the requirement you wish to mail in
- Click **Download** at the bottom.
- Read and close the warning prompt
- Print the cover letter
- Repeat for all requirements to be sent in
- Mail to:

CastleBranch

1844 Sir Tyler Drive

Wilmington, NC 28405

Attn: TDL Document Center



Note: Pages mailed to CastleBranch should be ordered accordingly:

Cover letter A, document A Cover letter B, document B



Florida College System Risk Management Consortium

ACCIDENT – INCIDENT REPORT

(A copy of this report is **NOT** authorization for medical treatment)

INSTRUCTIONS:												
• If loss/occurrence/injury is to a college employee , please complete sections: 1, 2, 5, 6, 7 and 8.												
 If loss/occurrence is to college-owned property please complete sections: 1, 3, 5, 6, 7 and 8. If loss/occurrence/injury is to a non college employee or non college-owned property, please complete sections: 1, 4, 5, 6, 7 and 8. 												
1. LOCATION AND DATE OF INCIDENT/OCCURRENCE												
COLLEGE: (Ch	eck One)											
□ BreCC	□ ESC	□ IRS0		PBS		SPC			СС	CAN	/IPUS/LOCA	ATION CODE:
□ BC□ CC	□ FGC □ FKCC	☐ LSC		PHC PeS		SFC SSC		□ V	С			
□ CCF				PSC		SFSC						
□ DSC	□ НСС	□ NW	resc 🗆	SJRS	SC [SCFMS	;					
DATE OF OCCUR	RENCE:	•	TIME OF OC				LOCA	ATION (OF OCCL	IRRENCI	E (BE SPEC	CIFIC):
				А	M	PM						
2. INJURED EN	MDI OVEE (INIII	IRV/I OSS	S TO COLLEG	GE E	MDI OVE	E)	1					
NAME OF EMPLO		51(171000	TO COLLE	AGE		CUPATION	& DEPA	ARTME	NT:		EMPLOYE	E #:
ADDRESS:					CITY:				S	T:	ZIP:	
PHONE:	PART	OF BODY II	NJURED:			TYPE OF	INJURY	(CUT,	STING, E	UMP, B	RUISE ETC	.):
()												
	/ISH TO SEEK MEDI	-	LL EMPLOYEE R	EQUIR	E TIME OF	F D,	DATE INJURY FIRST REPORTED: TIME INJURY FIRST REPORTED:					
ATTENTION TODAY		FRO	OM WORK:	□ NO								
		mployee's rig			l attention	at a later da	te.					
* A "no" answer does not waive the employee's right to request medical attention at a later date. 3. PROPERTY (COLLEGE OWNED)												
IDENTIFY THE DA	•								ESTIMAT	ED COS	T OF DAM	AGED/LOST PROPERTY:
	\$											
੍ਰੇ ਮ												
4. INJURED PARTY/PROPERTY (PERSONS NOT EMPLOYEED BY COLLEGE AND/OR PROPERTY NOT OWNED BY COLLEGE)												
NAME:					AGE:		PHONE:					
						()						
ADDRESS:				CITY:	CITY:					ZIP:		
IDENTIFY THE INJURY OR THE DAMAGED/LOST PROPERTY:						UDENT II		A dmittad ('+do.n+\.			
							(11	injurea i	arty is i	Admitted S	student):	
5. WITNESS(E	S)					DUONE						
NAME:				()	PHONE:							
ADDRESS:				CITY: ST: ZIP:					7ID·			
ADDRESS.				C111.	S1. ZIF.							
NAME:			PHONE	Ξ:								
				()	()							
ADDRESS:				CITY:	CITY: ST: ZIP:					ZIP:		

6 DESCRIBE THE LOSS/OCCURRENCE/INITIRY /To be completed by Injured Employee/Party if at all possible):					
6. DESCRIBE THE LOSS/OCCURRENCE/INJURY (To be completed by Injured Employee/Party, if at all possible):					
7. SIGNATURES					
INJURED EMPLOYEE/PARTY'S SIGNATURE:	DATE:				
DEPARTMENT CONTACT'S SIGNATURE:	DATE:				
8. RISK MANAGEMENT COORDINATOR REVIEW (To be	completed by the College's Risk Management Coordinator):				
TYPE OF CLAIM (Please Check One):	, , , , , , , , , , , , , , , , , , , ,				
☐ GENERAL LIABILITY	□ STUDENT ACCIDENT				
□ COLLEGE PROPERTY DAMAGE/THEFT	□ ATHLETIC				
□ EQUIPMENT BREAKDOWN	□ FACILITIES USE				
□ WORKER'S COMPENSATION**	☐ ALLIED HEALTH (Please Attach Allied Health Incident Form)				
	College WC coordinator should submit all WC claims through the call center.				
RISK MANAGEMENT REVIEW STATEMENTS (Initial ONLY those statements that apply):					
man management netters of Artement of finition offer those statements that apply).					
THIS A/I IS FYI ONLY. NO CLAIM IS BEING SUBMITTED AT THIS	TIME.				
THIS A/I HAS BEEN SUBMITTED TO FRINGE BENEFITS, FOR CLAIM REVIEW (Student Accident Coverage).					
THIS A/I HAS BEEN SUBMITTED TO SUMMIT AMERICA, FOR CLAIM REVIEW (Athletic Coverage).					
RISK MANAGEMENT COORDINATOR'S SIGNATURE:	DATE:				

ACCIDENT – INCIDENT REPORT INSTRUCTIONS

This form is used to notify the Florida College System Risk Management Consortium (FCSRMC) of accidents/incidents/occurrences for review as possible claims. This form should be used to document the following types of occurrences: Accidents, Injuries, Crimes/Theft, Property Damage (College Owned), Property Damage (Non-College Owned), Internet Crisis (stolen, lost, or hacked personal information), Equipment Breakdown (fka Boiler and Machinery), Student Accidents, Athletic Injuries, and Allied Health (Professional Liability Claims). Please note, Worker's Compensation claims are not reported to the FCSRMC using this form. The College's Worker's Compensation Coordinator should submit all claims via the dedicated reporting line: 877-842-6843.

1. LOCATION AND DATE OF INCIDENT/OCCURRENCE

COLLEGE: Clearly check the FCSRMC abbreviation for your college.

CAMPUS/LOCATION CODE: Please use the campus codes as noted on the College's Property Listings on file with the FCSRMC.

LOCATION OF OCCURRENCE (BE SPECIFIC): Provide campus name and building name or number. If accident occurred off campus, provide street address and city.

2. INJURED EMPLOYEE

OCCUPATION & DEPARTMENT: List the occupation and department in which the employee is primarily employed.

PART OF BODY INJURED: Loosely identify the part of the Employee's body which has been injured (i.e. wrist, ankle, back etc.)

TYPE OF INJURY: Loosely identify the manner in which the Employee has been injured (i.e. cut, sting, bruise etc.)

DATE INJURY FIRST REPORTED: If the injury was originally reported on a date different from the date of completing the A/I, please list the original date the injury was reported.

3. PROPERTY (COLLEGE OWNED)

IDENTIFY THE DAMAGED/LOST PROPERTY: Describe the damaged or stolen college-owned property. Enter information such as: "Flood damage to 1st floor of Building K; or 1998 white Mercedes driver side door; or Glass broken in classroom window; or IBM Pentium II computer, monitor, keyboard, and Hewlett-Packard LaserJet printer."

ESTIMATED COST OF DAMAGED/LOST PROPERTY: Enter your best guess of the value. This figure will not be used in evaluating the claim. It will be an indication of whether or not it falls within the college deductible and whether or not it needs to be submitted to the servicing office.

4. INJURED PARTY/PROPERTY (INJURY/LOSS TO PERSONS NOT EMPLOYEED BY COLLEGE AND/OR PROPERTY NOT OWNED BY COLLEGE)

NAME: Report the name of the impacted person, such as, students who are not employees of the college at the time of injury, visitors, or owners of property that is stolen or damaged while at the college, including art exhibits.

IDENTIFY THE INJURY OR THE DAMAGED/LOST PROPERTY: Enter information such as "Twisted knee; or 1989 white Mercedes convertible; or blue backpack with 4 textbooks; or Walkman radio/tape player; etc."

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5. WITNESS(ES)

This information is extremely valuable in adjusting the claims or if suits are filed later. Please supply the information if it is available.

6. DESCRIBE THE LOSS/OCCURRENCE/INJURY (To be completed by the injured person, if at all possible):

Please do not write "SEE ATTACHED." Please give a brief description of accident using words such as: "College-owned vehicle was hit by vehicle owned by student; or Employee tripped over phone cord; or Student left backpack on library steps for 10 minutes; or Vehicle 1 (student-owned) hit vehicle 2 (student-owned) while backing out of parking space."

If additional space is required, feel free to attach a second A/I form.

It is extremely important to remember that those of us reading the accident/incident reports after they have left your college have no idea who the involved people are, whether they are college employees, students or visitors, and we have some difficulty determining whether or not damaged property is college owned or non-college owned.

7. SIGNATURES

Where possible, please get the signature of the Injured Employee/Party and a Department Contact.

8. RISK MANAGEMENT COORDINATOR REVIEW (To be completed by the College's Risk Management Coordinator):

Review by the Risk Management Coordinator or his/her designee are extremely important. Our belief is every incident should be submitted through the Coordinator's office for review and that office should accept responsibility for submitting the report to the Consortium office. It is important for loss control purposes to have one person at the college coordinating incident information and taking responsibility to make sure areas in need of repair are reported to the proper people for this to be accomplished.

GENERAL LIABILITY: Check this block when incident involves students, visitors, property of students or visitors.

COLLEGE PROPERTY: Check this block when incident involves property owned by the college.

EQUIPMENT BREAKDOWN: Check this block only when incident involves your college owned boiler and/or refrigeration equipment.

STUDENT ACCIDENT: Check this block if the injured party is enrolled in a covered curriculum.

ATHLETIC: Check if claimant was participating in an enrolled sport.

FACILITIES USE: Check this block when incident involves visitors to an event for which Facilities Use coverage has been purchased.

ALLIED HEALTH: Check this block when incident involves patients of students enrolled in the Allied Health Program. Be sure to attach an Allied Health Incident Form found at http://fcsrmc.com/attachments/Allied_Heath_Incident_Form.pdf

RISK MANAGEMENT REVIEW STATEMENTS: Initial the appropriate statements to let the FCSRMC staff know that the Risk Management Coordinator has reviewed the claim and determined that the A/I is for FYI purposes only, is a Student Accident claim that has been forwarded to Fringe Benefits, OR is an Athletic claim which has been submitted to Summit America. By initialing the appropriate statements, we hope to make the notification process more efficient and limit the number of follow-up calls the FCSRMC has to make to the College Risk Coordinator.

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EQUAL ACCESS / EQUAL OPPORTUNITY STATEMENT

The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The college will not discriminate on the basis of race, color, ethnicity, religion, sex, age, national origin, marital status, pregnancy, sexual orientation, gender identity, genetic information, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this Rule, the college will not tolerate such conduct. Should you experience such behavior, please contact Pamela Smith, the director of EA/EO/Title IX Coordinator at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by email at ea eo director@spcollege.edu. View Equity Report.





https://spcollege.augusoft.net