



Cleveland Clinic

School of Medical Laboratory Science

Program Handbook

2024-2025

CONTENTS

Cleveland Clinic Mission and Care Priorities	9
The Mission of the Cleveland Clinic	9
Cleveland Clinic Care Priorities	9
The Mission of the Cleveland Clinic School of Medical Laboratory Science	10
The Vision of the Cleveland Clinic School of Medical Laboratory Science	10
Terms and Acronyms	10
RT-PLM Division Organizational Structure	11
Program Faculty and Administration	12
Directors	12
Laboratory Education Specialists	12
Advisory Board	12
CCSMLS Program Information	13
Admissions Criteria	14
Academic Requirements	14
Selection Process	15
Non-Academic Requirements	16
Nondiscrimination Statement	17
Diversity Statement	17
Anti-Hazing Policy	17
Program Goals, Objectives and Expectations	18
Essential Requirements	19
Accreditation Statement	22
Program Course Descriptions	23
Section of Clinical Microbiology	24
Section of Clinical Hematology	25
Section of Clinical Immunology	26
Section of Clinical Immunohematology	27
Section of Clinical Chemistry	27

Section of Laboratory Operations	29
Section of Molecular Diagnostics	29
Textbooks	30
Graduation Requirements	30
Certification Exams	31
Program Outcomes	31
Tuition Payments and Refunds	31
Other Expenses	32
Important Telephone Numbers	33
Program Contact Numbers:	33
Change in Contact Information	33
School Calendar	34
Student Employment and Service	35
Student Part Time Employment	35
Student Service Work	35
Student Post-Graduation Job Placement	35
Attendance	36
Expectations	36
Attendance Policy	37
Leave of Absence	39
Spare Time	40
Weekly Exams	40
School Library	41
Student Supervision	41
Policy	41
Student Academic Performance Standards	42
Academic Counseling	42
Academic Standards	42

Student Behavioral Guidelines	44
Student Conduct	44
Academic Integrity	44
Dismissal from the Program	45
Student Appeal Process for Cleveland Clinic In-House Training Program	46
Purpose	46
Definitions	46
Eligibility	47
Procedure	47
Informal Grievance Resolution	47
Formal Grievance Review	47
Regulatory Requirement/References	48
Oversight and Responsibility	49
Withdrawal from the Program	49
Program Evaluation	49
Student Records and Retention	50
Retention	50
Disclosure	50
Retention Schedule	50
FERPA (Buckley Amendment)	50
Student Health and Wellness Services	51
Caring for Caregivers	51
Cleveland Clinic AtWork	52
Student Injuries and Exposures	53
Cleveland Clinic Employee / Student Policies	54
Confidential Information	54
Sexual Misconduct in Education	56
Purpose	56
Policy Statement	56
Definitions	56

Policy Implementation	58
Scope	58
Title IX Coordinator	59
Relevant Considerations	59
Reporting	60
Non-Smoking Policy (Smoke-Free Campus)	61
Purpose	61
Policy Statement	61
Definitions	61
Policy Implementation	62
Employees	62
Patients	62
Contractors	62
Visitors	62
Regulatory Requirement/References	63
Oversight and Responsibility	63
Substance Abuse Policy	63
Purpose	63
Policy Statement	63
Definitions	63
Policy Implementation	64
Prohibited Conduct	64
Voluntarily Seeking Assistance	65
Programs of Education, Prevention, Treatment and Support	65
Post-Offer Pre-Placement Substance Testing	65
Post-Accident/Return to Duty Testing	65
Vaporizers (“Vapes”)	65
Random Testing	66
Reasonable Suspicion of Impairment/For-Cause Referral	66
Reasonable Suspicion Testing	66
Reasonable Suspicion of Diversion/Possession	66
Reporting Drug-Related Convictions	67
Refusal to Comply	67

Safe Transportation	67
Violation of Policy	67
Confidentiality	68
Licensing Boards	68
Regulatory Requirement/References	68
Oversight and Responsibility	68
Professional Appearance Policy	69
Purpose	69
Policy Statement	69
Definitions	69
Policy Implementation	69
General Standards	69
Uniformed Employees	71
Non-Uniformed Employees	71
Miscellaneous	71
Regulatory Requirement/References	72
Oversight and Responsibility	72
Identification Badges Policy	72
Purpose	72
Policy Statement	72
Definitions	73
Policy Implementation	73
Access Control	74
Replacement Badges	74
Identification Badge Procedure	75
On-Boarding Requirements	75
Vendormate	75
Vendormate Requirements	76
Off-boarding Requirements	76
Retiree Valet Benefit	76
Regulatory Requirement References	76
Oversight and Responsibility	76

Social Media Use Policy	77
Purpose	77
Policy Statement	77
Definitions	77
Policy Implementation	78
Standards	79
Authorized Social Networking	79
Employer Monitoring	79
Rules for Social Media and Social Networking	79
Regulatory Requirement/References	81
Oversight and Responsibility	81
Telephone and Cellular Phone Use Policy	82
Purpose	82
Policy Statement	82
Definitions	82
Policy Implementation	82
Personal Telephone Calls	83
Voicemail	83
Monitoring Telephone Calls for Customer Service	83
Cellular Phones	83
Recording and Photographing	84
Cellular Phone Use While Driving	84
Application of Policy	84
Harassment, Fraud or Illegal Activity	85
Regulatory Requirement/References	85
Oversight and Responsibility	85
Student Parking	85
Weather Emergencies	86
Purpose	86
Policy Statement	86
Definitions	86
Policy Implementation	86

Weapons and Contraband Policy	86
Purpose	87
Policy Statement	87
Definitions	87
Policy Implementation	88
Weapons/Firearms and Contraband	88
Room Searches	89
Regulatory Requirement/References	90
Oversight and Responsibility	90
Workplace Visitation	90
Purpose	90
Policy Statement	90
Defintions	91
Policy Implementation	91
Workplace Visitation	91
Conducting Personal Business	91
Policy Violations	91
Process and Considerations Following Patient Abuse Allegations SOP	91
Purpose	91
Definitions	92
Instructions	93
Guidelines for Reporting of Abuse/Neglect/Harassment	93
Guidelines for Investigation of Complaints Alleging Abuse, Neglect and/or Harassment of a Patient	94
Regulatory Requirement References	94
Oversight and Responsibility	95

CLEVELAND CLINIC MISSION AND CARE PRIORITIES

THE MISSION OF THE CLEVELAND CLINIC

Caring for life, researching for health, educating those who serve.

CLEVELAND CLINIC CARE PRIORITIES

PATIENTS

Care for the patient as if they are your own family.

Cleveland Clinic is here for one reason: to take care of patients. We are known for exceptional care delivered by multidisciplinary teams. We challenge ourselves to get better each year. Our goals are to touch more lives, relieve suffering and provide every patient the best care and experience.

CAREGIVERS

Treat fellow caregivers as if they were your own family.

There are nearly 60,000 Cleveland Clinic caregivers around the world. We are the largest employer in Northeast Ohio and the second largest in the state. We promote teamwork, inclusion, and integrity. We strive to make Cleveland Clinic the best place to work and grow.

COMMUNITY

We are committed to the communities we serve.

Cleveland Clinic's community benefit goes beyond healthcare services. As an anchor institution, we promote the physical and economic health of our neighborhoods. We are building a future for health education and workforce development that will enhance the region for generations.

ORGANIZATION

Treat the organization as your home.

Cleveland Clinic is a nonprofit organization. All revenues beyond expenses are reinvested in our mission. We care for the organization as if it were our home, by securing its financial health, using resources mindfully and bringing our services to as many people as need our care.

THE MISSION OF THE CLEVELAND CLINIC SCHOOL OF MEDICAL LABORATORY SCIENCE

To provide the highest quality classroom and laboratory education preparing students to be proficient medical laboratory scientists

THE VISION OF THE CLEVELAND CLINIC SCHOOL OF MEDICAL LABORATORY SCIENCE

To sustain excellence in the practice of laboratory medicine through the study of contemporary theory and methods supporting world class care

TERMS AND ACRONYMS

ASCP – American Society for Clinical Pathology

CC – Cleveland Clinic

CCAG – Cleveland Clinic Akron General

CCSMLS – Cleveland Clinic School of Medical Laboratory Science

LES – Lab Education Specialist

MLS – Medical Laboratory Scientist

MLT – Medical Laboratory Technician

MDx – Molecular Diagnostics

RT-PLM – Robert J. Tomsich Pathology and Laboratory Medicine

RT-PLM DIVISION ORGANIZATIONAL STRUCTURE

Brian Rubin, MD, PhD

Robert J. Tomsich Pathology and Laboratory Division, Chair

- The Two Departments of the Division
 - Laboratory Medicine
 - David Bosler, MD, *Department Chair*
 - Pathology
 - John Goldblum, MD, *Department Chair*
- The Center for Pathology Education
 - Sean Williamson, MD, *Vice Chair, Pathology Education*
 - Paul Suchy, DM, MSM, MLS(ASCP), *Administrator, Center for Pathology Education*
- The Five Sections of Laboratory Medicine
 - Clinical Biochemistry
 - Transfusion Medicine
 - Hematopathology
 - Clinical Microbiology
 - Molecular Diagnostics

PROGRAM FACULTY AND ADMINISTRATION

DIRECTORS

Susan Harrington, Ph.D. D(ABMM), MLS(ASCP)^{CM}
Medical Director, Mycobacteriology
Medical Director, Akron General Microbiology
Medical Director, CCSMLS

Barbara Zingale, MSIT, MLS(ASCP)^{CM}
Program Director, CCSMLS

LABORATORY EDUCATION SPECIALISTS

Sonja Bruketa, MLS(ASCP), Immunopathology

Ryan Collison, MLS(ASCP)^{CM}SC^{CM}, Chemistry

Rita Khongphatthana, MLS(ASCP)^{CM}, Molecular Diagnostics

Hilary Klenjoski, MLS(ASCP)^{CM}, Blood Bank

Kate Landfried, MLS(ASCP)^{CM}, Microbiology

Amy Miller, MLS(ASCP)^{CM}, Hematology

Pinal Patel, MLS(ASCP)^{CM}, Hematology

Erick Tobin, M(ASCP)^{CM}, Microbiology

ADVISORY BOARD

Barbara Zingale, MSIT, MLS(ASCP)^{CM}
Program Director

Susan Harrington, Ph.D. D(ABMM), MLS(ASCP)^{CM}
Medical Director

Adam McShane, PhD.
Medical Director, Automated Biochemistry
CC Professional Staff representation

Michele Wasuk, MLS(ASCP)
Administrator, RT-PLM
CC Administration Representation

Marcia Chappell, MLS(ASCP)
Manager, Hematology, RT-PLM
CC Management representation

Kate Zoccola, MLS(ASCP)^{CM}
Laboratory Education Specialist, Microbiology
Laboratory Education Specialist representation

Rita Khongphatthana, MLS(ASCP)^{CM}
Laboratory Education Specialist, Molecular Diagnostics
Program Graduate representation

Celeste Dean-El, MLS(ASCP)^{CM}SBB^{CM}
Divisional Director, IRL, American Red Cross
External Laboratory Employer representation

Gloria Albrecht, MS, RT(R)
Program Director, Cleveland Clinic School of Diagnostic Imaging
CC Allied Health Program representation

Sondra Turner, MLS(ASCP)
Laboratory Director, Akron General Hospital
Clinical Site representation

Joan O'Connell, EdD, MEd, MLS(ASCP)
Assistant Professor/Director, Youngstown State University
Ad hoc affiliate representation

The CCSMLS's Advisory Board is a representative group of the school's community of interest. The Advisory Board's purpose is to provide the structure to integrate quality throughout the program, implement measures to ensure the program educates students to excel in academic achievement, and help ensure continued successful academic and professional outcomes. In this way it helps to ensure the quality of the program and its graduates. The Advisory Board meets twice a year. Minutes are kept at each meeting.

CCSMLS PROGRAM INFORMATION

The program is designed to train either 3+1 students, while completing their degrees, or 4+1 students, who have completed their degrees, having completed all required college prerequisites.

MLS students are classified as full time (40 hours per week), temporary students in a Cleveland Clinic sponsored program. This entitles students to receive a parking assignment, access to laboratory supplies, and instructor and Program Director time.

Students' performance (both at the Cleveland Clinic and on certification exams) is used by accreditation agencies, prospective students, future employers of our graduates, and the Cleveland Clinic itself to judge the quality and value of our program.

ADMISSIONS CRITERIA

The CCSMLS seeks student applicants who:

- Demonstrate familiarity with clinical laboratory science.
- Match personal attributes with those required for practice of medical laboratory science

Applicants must demonstrate a capacity for academic achievement:

- Minimum Cumulative GPA of 2.5
- Minimum Chemistry GPA of 2.5
- Minimum Biology GPA of 2.5
- Minimum Mathematics GPA of 2.5

Desirable Attributes of Applicants:

- Logical thought processes facilitating problem solving
- Strong oral and written communication skills
- Dependability and a sense of responsibility
- Courtesy and respect in personal relationships
- Internal motivation
- Integrity
- Maturity
- Interests or hobbies that enrich personal satisfaction
- Ability to follow directions
- Ability to react appropriately and to maintain poise and control under stressful conditions
- Manual dexterity

ACADEMIC REQUIREMENTS

- Applicants must be enrolled as a medical laboratory science student at an affiliated school as described below. Students not attending an affiliate institution as a 3+1 student must have a bachelor's degree in a biological, chemical or physical science or medical/clinical laboratory science or medical technology prior to the first day of the clinical year. No 3+1 students from non-affiliated schools will be considered for enrollment.

- CCSMLS has formal affiliation agreements with a number of universities and colleges. Contact the program advisor or the CCSMLS Program Director for affiliation status.
- The applicant must have a minimum of 90 semester hours (135 quarter hours) of academic credit in a baccalaureate degree program from an accredited institution, including the following courses:
 - Chemistry:
 - A minimum of 16 semester hours (24 quarter hours) acceptable toward a chemistry major is required. A course in organic chemistry or biochemistry must be included. Biochemistry is strongly recommended.
 - Biological Sciences:
 - A minimum of 16 semester hours (24 quarter hours) acceptable towards a biology major is required. Microbiology and immunology are required. Genetics and anatomy & physiology are strongly recommended.
 - Mathematics:
 - One course in college mathematics is required. Remedial mathematics courses do not satisfy the mathematics requirement. A course in statistics is strongly recommended.
 - International Applicants:
 - Students whose baccalaureate degree is from a non-English speaking country must submit Test Of English as a Foreign Language (TOEFL) scores. The scores must be less than two years old. Reports need to be sent directly from the test provider to the Program Director.
 - Minimum IBT score of 75, with minimum speaking and written of 17 each is required.

SELECTION PROCESS

- When all the application materials items listed on the website have been submitted, the applicant's academic qualifications are evaluated.
- Applicants meeting the minimum criteria *may* be contacted to make an appointment for a personal interview. Please note that meeting the minimum criteria does not guarantee an interview.
- If you are contacted, an interview is required. Face-to-face interviews are preferred, but virtual interviews can be requested by the applicant. This will be decided by the Program Director on a case-by-case basis.
- Letters of Recommendation are not required but will be accepted. Letters will be reviewed prior to selecting a candidate for an interview. They are not considered in the overall scoring of the applicant.
- It is the responsibility of the applicant to see that deadline for submitting applications and other application materials is met.
- After the interview, each applicant who has completed the process will be scored on non-academic characteristics, using information gathered from the application form and interview.

- The relative weights given to each source of information are:
 - Academic criteria: 60 percent of total score
 - Non-academic criteria
 - Application form: 15 percent of total score
 - Interview: 25 percent of total score
- Acceptable applicants will be ranked and selected in order of their total scores.
- Cleveland Clinic guarantees placements for all students who have paid the deposit fee after having been accepted into the program.

NON-ACADEMIC REQUIREMENTS

In addition to academic requirements, the following health screenings/immunizations are required for all enrolled students:

- Hepatitis B IgG Antibody titer must be positive. If not, then:
 - 3 new dose of Hepatitis B vaccine (0, 1, and 6 months) **AND** Anti-HBs serologic re-test 6-8 weeks after final dose **OR**
 - 2 doses of Heplisav-B vaccine (at least 4 weeks apart) **AND** Anti-HBs serologic re-test 6-8 weeks after final dose
 - If the Hepatitis B vaccination series is declined (this is **STRONGLY** discouraged!), a waiver must be signed to assume the risk of exposure during the clinical rotation.
- Measles (Rubeola) IgG Antibody titer must be positive. If not, then:
 - 2 doses of MMR (0 and > 28 days later)
- Mumps IgG Antibody titer must be positive. If not, then:
 - 2 doses of MMR (0 and > 28 days later)
- Rubella (German measles) IgG Antibody titer must be positive. If not, then:
 - 2 doses of MMR (0 and > 28 days later)
- Varicella (Chickenpox) IgG Antibody titer must be positive. If not, then:
 - 2 doses of Varicella vaccine (0 and >28 days later)
- Tdap must be done within the last 10 years or a booster will be required.
- Influenza vaccination is required during the clinical rotation. Documentation must be provided to the Program Director by November 30. If declining the vaccine, a medical/religious reason must be provided. Non-compliance with this requirement will negatively affect the student's Laboratory Operations Professionalism grade.
- Negative two-step Mantoux TB test **OR** QuantiFERON-TB Gold blood test – done within the last 12 months. If either of those tests are positive, then:
 - Negative chest X-ray radiology report within the past 5 years with a negative TB symptoms review **AND** annual negative TB symptoms review.
 - If chest X-ray is not negative, one of the following is required:
 - Confirmation of appropriately collected negative sputum results **OR**
 - Proof of adequate treatment and medical clearance (free from communicable diseases) with appropriate follow-up as indicated by Provider.

- Either of the above confirmations must be submitted to the Program Director PRIOR to program start date.
- Evidence of medical insurance coverage must be provided to ensure that emergent situations that require an emergency room visit can be covered for the student.
- A background check will be completed by Cleveland Clinic Protective Services. In order for the student to begin the program, the student must have either a negative background check **OR** a positive background check that has been reviewed and approved by Cleveland Clinic Protective Services and the Medical Director of the Center for Health Professions Education.

NONDISCRIMINATION STATEMENT

Cleveland Clinic is committed to providing a working and learning environment in which all individuals are treated with respect and dignity. It is the policy of Cleveland Clinic to ensure that the working and learning environment is free from discrimination or harassment on the basis of race, color, religion, gender, sexual orientation, gender identity, pregnancy, marital status, age, national origin, disability, military status, citizenship, genetic information, or any other characteristic protected by federal, state, or local law. Cleveland Clinic prohibits any such discrimination, harassment, and/or retaliation.

Any participant in a Cleveland Clinic educational program, including any student, trainee or employee, who may have been subject to discrimination on the basis of a protected characteristic is encouraged to make a report.

Reports of discrimination on the basis of sex, gender, sexual orientation, gender identity or gender expression may be made to the Title IX Coordinator: TitleIX@ccf.org.

DIVERSITY STATEMENT

The Cleveland Clinic, the Center for Health Professions Education and CCSMLS are committed to valuing all people throughout our organization, regardless of background or culture. A diverse and inclusive environment for students and staff and culturally appropriate care for our patients, are essential to fulfilling our vision to be the best place for care anywhere and the best place to work in healthcare. We welcome students from diverse backgrounds and cultures.

ANTI-HAZING POLICY

Cleveland Clinic has adopted a Student Anti-Hazing Policy which prohibits hazing, defined as, “doing any act or coercing another, including the victim, to do any act of initiation into any student or other organization or any act to continue or reinstate membership in or affiliation with any student or other organization that causes or creates a substantial risk of causing mental or physical harm to any person, including coercing another to consume alcohol or a drug of abuse.” Incidents of hazing should be reported to your program leadership. Reports of discrimination on

the basis of sex, gender, sexual orientation, gender identity or gender expression may be made to the Title IX Coordinator at TitleIX@ccf.org .

Reports of discrimination on the basis of any other protected characteristic may be made to the Office of Educational Equity at EduEquity@ccf.org .

In addition, Cleveland Clinic shall provide reasonable accommodations to any qualified student with a disability in order for the student to have equal access to their program. Students needing a reasonable accommodation in order to apply to or participate in the program should contact the program director as early as possible.

PROGRAM GOALS, OBJECTIVES AND EXPECTATIONS

Behaviors demonstrated by students are expected through their course of training and as they assume a role in the clinical laboratory as a medical laboratory scientist.

Ethical behavior – Students conduct themselves with honor and do not cheat or falsify academic information or laboratory data at any time

Respect – students make every effort to maintain effective relationships and communication with their peers, instructors and laboratory staff

Diligence – Students strive to be on time, prepare daily, complete assignments and apply themselves to study

Knowledge – Students assimilate the knowledge required to achieve competency as a medical laboratory scientist

Integrity – Students follow required lab practices and maintain an organized work space

Judgment – Students exercise their best judgment in analysis and problem-solving

Competency – Students sustain grades to remain in good standing in the program

Quality – Students are mindful that quality in all phases of school or work is essential and is foundational to accurate diagnostics and the best patient care

Certification – Students pass a certification examination on completion of studies and maintain certification throughout their career

Continuous learning – Students commit to the personal responsibility of keeping abreast of new information and practice

Upon successful completion of the Cleveland Clinic School of Medical Laboratory Science program, the graduate will be able to:

- Perform specimen collection and processing procedures, evaluate specimen adequacy, and resolve issues related to specimen processing
- Perform and evaluate pre-analytical, analytical, and post-analytical procedures to ensure quality lab results
- Perform chemical and biological analytical test procedures on body fluids and tissues, evaluate lab data to correlate test results with clinical significance, and identify and correct problems
- Explain the methods and principles in the laboratory tests performed in the clinical laboratories
- Operate laboratory instrumentation with basic proficiency, performing basic maintenance on a routine basis
- Identify problems with instrumentation and follow the defined process for resolution
- Identify the physiological functions of each organ or organ system that are evaluated by laboratory testing and correlate them
- Evaluate test results, identify the probable disease associated with the results, and suggest confirmatory testing
- Explain sources of error and any effects of interfering substances on test results, including recognizing results that are inconsistent with physiological disease states
- Use the defined quality assurance programs to ensure the accuracy and reliability of the information being produced, including recognizing out of range quality control results and taking appropriate actions
- Evaluate new techniques or procedures for clinical usefulness, cost effectiveness, standards of performance, and establishing reference ranges
- Prepare and present educational material for new employees, support personnel, students, and continuing education programs
- Understand and apply principles of management and supervision, including lab safety, budgeting, instrument selection, human resource management, and governmental regulations as they apply to the clinical laboratory
- Participate in laboratory research, assisting with developing protocols, performing data collection, interpreting the results using statistical analysis, and presenting the findings
- Demonstrate a professional attitude in all interactions, maintain a willingness and enthusiasm to learn and accept instruction and suggestions in a positive, constructive manner, and continue to develop themselves professionally
- Practice medical and professional ethics
- Communicate ideas effectively in oral and written form; use electronic methods to communicate, collaborate and disseminate information

ESSENTIAL REQUIREMENTS

In addition to the Program's academic demands there are non-academic demands. Every applicant is expected to meet these requirements in order to participate in the Program.

PHYSICAL AND MOTOR SKILLS

Students must:

- Have fine motor dexterity to collect patient samples, use a microscope, and operate and repair laboratory equipment
- Have gross motor dexterity to process samples, physical mobility to collect blood specimens from patients, and stamina to tolerate a physically demanding workload
- Be able to stand for long periods of time and maneuver through crowded spaces to collect specimens

SENSORY/OBSERVATIONAL SKILLS

Students must:

- Be able to participate in lab and clinical practical demonstrations
- Have visual acuity sufficient to use microscopes to perform analysis requiring distinguishing structural details and staining characteristics of cells and microorganisms
- Be able to view computer screens for extended lengths of time
- Be able to visually identify reactions on slides, test tubes, microwells, and probe colors on slides

COMMUNICATION SKILLS

Students must:

- Be able to communicate in English, both verbally and in writing to all staff, employees, students, patients and other healthcare workers
- Be able to complete written assignments and participate in classroom discussions

INTELLECTUAL AND QUALITATIVE SKILLS

Students must:

- Have the ability to calculate, measure, interpret and evaluate laboratory data and other research materials
- Have the ability to organize their work, solve problems, think critically, and make appropriate judgments

PROFESSIONALISM AND SOCIAL BEHAVIOR

Students must:

- Have the ability to follow directions, manage time, and meet deadlines
- Be able to function as part of a team and act as a professional
- Have the ability to work under pressure, maintaining a calm demeanor and demonstrating maturity

- Be able to adhere to the regulations of accrediting agencies, comply with safety regulations of the laboratory and maintain a safe environment for themselves and others
- Be able to act as a professional by wearing appropriate dress, using proper behavior and maintaining personal honesty and integrity.

ACCREDITATION STATEMENT

The Cleveland Clinic School of Medical Laboratory Science program is accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS).

Further information can be obtained by contacting NAACLS at 5600 N. River Road, Suite 720, Rosemont, IL, 60018, by phone at 773-714-8880 or by visiting the NAACLS website at www.naacls.org.

PROGRAM COURSE DESCRIPTIONS

The program curriculum is comprised of both didactic and laboratory sessions with emphasis on clinical hands-on opportunity. Students take written and practical examinations frequently throughout the school year. Several individual and group projects are also part of the curriculum. Sections such as Microbiology or Chemistry are used to define the discipline being taught, but each course in a section is graded separately.

The CCSMLS uses a blended learning approach. The majority of the work is currently completed in a face-to-face classroom or laboratory setting with examinations and supplemental resources available online. An online learning management system is used by the program.

Section Name	Course #	Course Name
Clinical Microbiology	5101	Bacteriology I
	5102	Bacteriology II
	5103	Mycology
	5104	Parasitology
Clinical Hematology	5201	Hematology I
	5202	Hematology II
	5203	Coagulation
	5204	Urinalysis and Fluids
Clinical Immunology	5301	Immunopathology I
	5302	Immunopathology II
Clinical Immunochemistry	5401	Immunochemistry I
	5402	Immunochemistry II
Clinical Chemistry	5501	Chemistry I
	5502	Chemistry II
Laboratory Operations	5601	Laboratory Operations I
	5602	Laboratory Operations II
	5603	Laboratory Operations III
Molecular Diagnostics	5701	Molecular Diagnostics

SECTION OF CLINICAL MICROBIOLOGY

BACTERIOLOGY I (3 CREDITS)

Lectures introduce specimen collection, transport, processing, and storage as well as quality assurance and quality control. Additional lectures will cover medically relevant aerobic gram-positive bacteria. Laboratory work emphasizes isolation, identification, and antibiotic susceptibility testing of aerobic gram-positive bacteria.

Upon completion of the lectures, exams and laboratory exercises, the student will be able to explain the criteria for specimen collection, transport, processing, and storage of most specimen types as well as quality assurance and quality control as it applies to the microbiology laboratory. The student will also be able to isolate, identify, and perform susceptibility testing on clinically significant aerobic gram-positive bacteria.

BACTERIOLOGY II (3 CREDITS)

Lectures present the medically relevant aerobic gram-negative bacteria, anaerobic bacteria, and viruses. Laboratory work emphasizes the strategies for isolation and identification of clinically significant aerobic gram-negative bacteria and anaerobes.

Upon completion of the lectures, exams and laboratory exercises, the student will be able to isolate, identify, and perform susceptibility testing on clinically significant aerobic gram-negative bacteria and anaerobes. The student will also be able to summarize clinically significant viruses and various viral testing methods.

MYCOLOGY AND MYCOBACTERIOLOGY (2 CREDITS)

Lectures introduce clinically significant yeasts, molds, and other fungi. Additional lectures will cover the medically important mycobacteria. Special topics will focus on infection prevention. Laboratory work will emphasize the isolation and identification of fungi and mycobacteria as well as susceptibility testing of mycobacteria.

Upon completion of the lectures, exams and laboratory exercises, the student will be able to describe the process of cultivation and identification of mycobacteria, yeasts, molds, and other fungi. Additionally, the student will be able to explain the impact of the microbiology laboratory on infection control.

PARASITOLOGY (2 CREDITS)

Lectures cover life cycles, diagnostic morphology, and pathology of human parasites. The course also emphasizes the detection and microscopic identification of diagnostic forms of parasites and detection of blood in fecal specimens.

Upon completion of the lectures, exams and laboratory exercises, the student will summarize clinically significant parasites and be able to detect and identify cysts, trophozoites, eggs, and larvae in human specimens.

SECTION OF CLINICAL HEMATOLOGY

HEMATOLOGY I (3 CREDITS)

Lectures and reading assignments cover the basic methods of manual and automated hematology testing as well as the production, function, and morphology of hematopoietic cells. The various causes and presentations of anemias are also covered. The course also covers manual and automated enumeration and identification of the cellular components of blood and performance of diagnostic test procedures. Laboratory work will give the student hands-on experience with instrumentation and manual methods to assist with the understanding of troubleshooting, quality control, and result interpretation.

Upon completion of the lectures, exams, and laboratory exercises, the student will describe the function of hematology analyzers, operate analyzers, perform diagnostic laboratory determinations, analyze the results, and diagnose anemias of various disease origins.

HEMATOLOGY II (3 CREDITS)

Lectures cover the production and function of hemoglobins, the identification of diseases associated with abnormal hemoglobins, and the principles of laboratory tests employed in their diagnosis. The course also covers morphology of white blood cells, discussion of the diagnostic features of hematologic disorders and principles of laboratory tests employed in their diagnosis. Additionally, specimen collection, manual and automated enumeration and identification of white blood cells, and performance of diagnostic test procedures are also discussed and/or practiced. Laboratory work will give the student hands-on experience with instrumentation and manual methods to assist with the understanding of troubleshooting, quality control and result interpretation.

Upon completion of the lectures, exams and laboratory exercises, the student will describe the production and function of hemoglobins, white blood cells, and the disorders which affect them. They will also exhibit the ability to perform diagnostic laboratory determinations and interpret and correlate the results and apply the knowledge to examine and correlate test results to disease conditions.

HEMOSTASIS AND THROMBOSIS (2 CREDITS)

Lectures cover the process of hemostasis, hemorrhagic and thrombotic disorders and the principles and performance of laboratory procedures used in the diagnosing and monitoring disorders. Laboratory work will give the student hands-on experience with instrumentation and manual methods to assist with the understanding of troubleshooting, quality control and result interpretation.

Upon completion of the lectures, exams and laboratory exercises, the student will evaluate the hemostasis of the coagulation system including the coagulation, fibrinolysis and the production and function of platelets and disorders that affect them, exhibit the ability to perform diagnostic laboratory determinations and correlate the results and apply the knowledge to examine and correlate test results to disease conditions.

URINALYSIS AND FLUIDS (2 CREDITS)

Lectures cover the physiology and clinical importance of examining urine and body fluids. The course also covers the anatomy and physiology of the kidney in health and disease and the chemical and microscopic examination of urine and body fluids. Laboratory work will give the student hands-on experience with instrumentation and manual methods to assist with the understanding of troubleshooting, quality control and result interpretation.

Upon completion of the lectures, exams and laboratory exercises, the student will describe the characteristics and components of body fluids and urine, illustrate and explain kidney anatomy, kidney function and dysfunction, describe specimen collection, processing, and handling and will apply the knowledge of the principles, interpretation, QC, and clinical significance to physiochemical tests performed on urine. Additionally, the student will be able to discuss and differentiate the properties and physiologic makeup of body fluids.

SECTION OF CLINICAL IMMUNOLOGY

IMMUNOPATHOLOGY I (2 CREDITS)

Lectures cover the characteristics of antigens, antibodies, their reactions and the principles of laboratory tests involving antigen-antibody reactions. Laboratory work will give the student hands-on experience with instrumentation and manual methods to assist with the understanding of troubleshooting, quality control and result interpretation.

Upon completion of the lectures, exams and laboratory exercises, the student will be able to apply the knowledge of the immune system, its components, function, dysfunction and evaluation, summarize various serodiagnostic tests, including the theory and clinical importance of their results and discover the correlation between serologic, hematologic, urinalysis, chemistry and microbiologic results.

IMMUNOPATHOLOGY II (2 CREDITS)

Lectures cover the function and dysfunction of the immune mechanism and the laboratory tests used to measure its integrity. A survey of infectious diseases for which serologic testing is of diagnostic importance is also covered. Laboratory work will give the student hands-on experience with instrumentation and manual methods to assist with the understanding of troubleshooting, quality control and result interpretation.

Upon completion of the lectures, exams and laboratory exercises, the student will be able to apply the knowledge of the immune system, its components, function, dysfunction and evaluation, summarize various serodiagnostic tests, including the theory and clinical importance of their results and discover the correlation between serologic, hematologic, urinalysis, chemistry and microbiologic results.

SECTION OF CLINICAL IMMUNOHEMATOLOGY

BLOOD BANK I (3 CREDITS)

Lectures cover the ABO and Rh blood group systems as well as other common blood group systems including their inheritance, antigen and antibody characteristics, and clinical significance, the identification, resolution, and cause of ABO type discrepancies, and serologic procedures performed prior to blood transfusion. Laboratory work will give the student hands-on experience with instrumentation and manual methods to assist with the understanding of troubleshooting, quality control, and result interpretation.

Upon completion of the lectures, exams, and laboratory exercises, the student will explain the principle of tests performed in the blood bank and their importance to the physician and the patient. They will be able to recognize antigen and antibody characteristics of various blood group systems and explain how these might affect patient care. The student will also identify ABO type discrepancy and resolve them patient.

BLOOD BANK II (3 CREDITS)

Lectures cover the collection and processing of donor units, donor screening, component preparation, transfusion therapy, and adverse effects of blood transfusion. Additionally, Hemolytic Disease of the Fetus and Newborn, various types of autoimmune hemolytic anemia, the HLA blood group system, hematopoietic stem cell transplantation, and some molecular testing methods are investigated. Laboratory work will give the student hands-on experience with instrumentation and manual methods to assist with the understanding of troubleshooting, quality control, and result interpretation.

Upon completion of the lectures, exams, and laboratory exercises, the student will explain the causes and sources of error in the tests performed. They will be able to identify and describe adverse effects of blood transfusion using a variety of test methods. The student will explain the process of donor screening and component preparation and its importance in providing safe blood products for patients. The student will explain the significance of hemolytic disease of the fetus and newborn and autoimmune hemolytic anemia and perform testing to help identify them. The student will also describe the significance of hematopoietic stem cell transplantation and HLA and molecular testing.

SECTION OF CLINICAL CHEMISTRY

CHEMISTRY I (4 CREDITS)

Lectures, reading assignments and hands-on practice are used to present basic laboratory principles of medical laboratory science techniques including quality control, laboratory statistics, pipetting, glassware and function verification/preventative maintenance (FVPM). Safety including basic knowledge of various chemical and biological hazards, proper methods of handling and disposing of them, body fluid precautions and laboratory safety is also covered. The correct use of appropriate safety equipment and techniques is stressed during daily laboratory assignments.

The homeostasis of the human body with respect to acid-base balance, blood gases, water balance and electrolytes are examined as are the testing methodologies and requirements for specimen handling. The enzymatic processes of the patient and their pathological malfunctions are discussed and the testing explained. The substrates on which the enzymes act and the use of enzymes as reagents are additionally explained.

A survey of laboratory methods used to measure various classes of chemicals, their interpretation and clinical application is also covered. Laboratory work will give the student hands-on experience with instrumentation and manual methods to assist with the understanding of troubleshooting, quality control and result interpretation.

Upon completion of the lectures, exams and laboratory exercises, the student will be able to describe the biochemistry, physiology and measurement of various classes of chemicals and explain how to interpret and correlate the laboratory test results. The student will be able to apply quality control principles, reagent preparation, and to correlate the principles of laboratory calculations.

CHEMISTRY II (4 CREDITS)

Lectures, reading assignments and hands-on practice are used to guide the student through a survey of the proteins of the human body. The non-protein nitrogens, lipids and vitamins are explained and the historical and more recent testing are described and practiced in the student lab with an aim to diagnose both chronic and acute conditions. Exogenous substances both prescribed and illicit will affect the body in numerous ways and how the body acts on the substances is defined. The specifics of the processes are examined and the testing discussed with an emphasis placed especially on the purposes both for taking therapeutic drugs and testing for various analytes. The regulation of complex systems of the body are carried out by the endocrine system. Several of the most important endocrine axes are diagrammed pathological increases and decreases in hormones or their precursors are explained and diagnosed both in case studies and in the student lab.

A survey of laboratory methods used to measure various classes of chemicals, their interpretation and clinical application is also covered. Laboratory work will give the student hands-on experience with instrumentation to assist with the understanding of troubleshooting, quality control and result interpretation.

Upon completion of the lectures, exams and laboratory exercises, the student will be able to describe the biochemistry, physiology and measurement of various classes of chemicals and explain how to interpret and correlate the laboratory test results. The student will be able to apply quality control principles, reagent preparation, and to correlate the principles of laboratory calculations.

SECTION OF LABORATORY OPERATIONS

LABORATORY OPERATIONS I (2 CREDITS)

Lectures and demonstration are used to present basic laboratory principles of venipuncture. The student will learn to effectively obtain blood specimens using the multi-sample evacuated tube system. Knowledge and understanding of medical terminology and jargon is a necessary part of effective communication skills. Self-instructional textbook assignments, a written exam and day-to-day exposure during lab activities enable the student to develop these skills.

Lectures and reading assignments cover the ethics and principles of clinical research, governmental regulations and their associated organizations, and basics of data analysis. Students will complete a written research project, using testing data to illustrate the methods used when validating a test in the clinical laboratory.

Upon completion of the lectures, exams, laboratory exercises and projects, the student will be able to apply the process learned to future test validation and research projects. In addition, the student will describe the most effective way for obtaining blood specimens from a patient.

LABORATORY OPERATIONS II (2 CREDITS)

Lectures and reading assignments throughout the year cover the basics of management, leadership and educational principles. In order to demonstrate the practical application of these principles as they apply to laboratory management and education, the student is required to complete a capstone project.

Upon completion of the lectures, exams and projects, the student will differentiate the principles of management and define operational processes as they pertain to the laboratory.

LABORATORY OPERATIONS III (1 CREDIT)

The last weeks of the program are devoted to a review of the year's work, integrating the knowledge from all coursework through case studies and successful completion of the program's comprehensive examinations.

Upon completion of the exams and other assignments, the student will successfully apply the knowledge gained during the program for the comprehensive exams and extrapolate that knowledge to the ASCP BOC exam.

SECTION OF MOLECULAR DIAGNOSTICS

MOLECULAR DIAGNOSTICS (4 CREDITS)

Lectures and reading assignments cover principles of molecular biology and genetics, nucleic acid isolation and quality assessment, a broad range of molecular techniques common to molecular diagnostics services, cytogenetic studies and fluorescent in-situ hybridization. Laboratory exercises cover micro-pipetting, PCR master mix preparation, high resolution melt curve genotyping analysis, karyotyping and FISH scoring.

Upon completion of lectures, exams and laboratory exercises, the student will be able to correlate genomic aberrations at different resolutions with neoplastic or hereditary diseases. In addition, the student will explain the pre-analytic, analytic and post-analytic components as well as compare and contrast the advantages and limitations of selected techniques in the cytogenomics and molecular biology field.

TEXTBOOKS

Students are responsible for purchasing their own textbooks. A list of required texts is provided to each student prior to the start of the program.

The following table lists the required textbooks for the 2024-2025 school year:

Required Textbooks				
Discipline	Title	Author	ISBN	Publisher
Blood Bank	<i>Modern Blood Banking & Transfusion Practices, 7th Ed.</i>	Harmening	978-0803668881	F.A. Davis
Chemistry	<i>Clinical Chemistry: Principles, Techniques and Correlations, 9th Ed.</i>	Bishop	978-1284238860	Jones & Bartlett Learning
Hematology	<i>Hematology, Clinical Principles and Applications, 6th Ed.</i>	Rodak	978-0323530453	Elsevier
Hematology	<i>Urinalysis and Body Fluids, 7th Ed.</i>	Strasinger & DiLorenzo	978-0803675827	F.A. Davis
Immunology	<i>Immunology and Serology in Laboratory Medicine, 7th Ed.</i>	Turgeon	978-0323711937	Mosby
Laboratory Operations	<i>Quick & Easy Medical Terminology, 9th Ed.</i>	Leonard	978-0323595995	Elsevier
Laboratory Operations	<i>Laboratory Management, Principles and Processes, 4th Ed.</i>	Harmening	978-0943903187	D. H. Publishing
Microbiology	<i>Textbook of Diagnostic Microbiology, 7th Ed.</i>	Mahon	978-0323829977	Saunders
CMD	<i>Molecular Diagnostics: Fundamentals, Methods, and Clinical Applications, 3rd Edition</i>	Buckingham	978-0803668294	F.A. Davis

GRADUATION REQUIREMENTS

Acceptable performance in all courses must be achieved in order to complete the program. A student must complete the entire program to be eligible to sit for any certification examination. This includes satisfactory academic and laboratory performance along with satisfactory completion of the comprehensive final examinations. Criteria for acceptable performance are determined by the student's performance throughout the entire school year. The criteria are outlined in the Student Academic Standards section of this handbook.

Successful completion of the program entitles the graduate to a Certificate of Completion from the Cleveland Clinic School of Medical Laboratory Science. It may also be credited toward a baccalaureate degree through affiliated colleges. The Certificate of Completion will not be contingent upon a candidate having passed a Medical Laboratory Science certification examination.

There is no option in this program for advanced placement to bypass any coursework. Because the Cleveland Clinic is not a degree granting institution, the credits earned in this program cannot transfer to any other institution. All coursework and learning experiences must be completed during the program. For this reason, students cannot earn credit for experiential learning, even if they were previously a Medical Laboratory Technician (MLT) or have experience working in a clinical testing laboratory.

CERTIFICATION EXAMS

Graduates are eligible to sit for certification examinations given by the American Society of Clinical Pathologists (ASCP) Board of Certification (BOC).

The ASCP BOC certification examination is given throughout the year. The BOC is the oldest and largest certification agency for laboratory professionals having certified more than 600,000 individuals since its establishment in 1928. It has become the gold standard for certification of medical laboratory personnel. Detailed information regarding application, eligibility and testing sites can be found on the ASCP website at www.ascp.org.

PROGRAM OUTCOMES

Year	Graduation Rate	Job Placement	BOC First-Time Pass Rate	Attrition Rate
2022	100%	100%	100%	0%
2023	100%	100%	87.50%	0%
2024	100%	100%	92.30%	0%

TUITION PAYMENTS AND REFUNDS

Tuition for the 2024-2025 clinical year is \$7500. 4 + 1 students are responsible for their own tuition payments. 3 + 1 student tuition is paid from the tuition the student pays to the degree-granting institution, except when the affiliation agreement states otherwise. In that instance, the student is responsible for the out-of-pocket tuition cost. It is the 3+1 student's responsibility to confirm how their tuition is to be paid.

Upon acceptance to the program, a non-refundable deposit of \$250 is required from all students. This payment is applied to the total tuition cost. The program uses this payment to cover the cost of the ASCP BOC exam at the end of the clinical year for all the students that are expected to successfully complete the program.

Payment being made directly to the CCSMLS can be made in a lump sum or multiple installments. If paying in installments, one half of the tuition is due the first week of training and the balance is due no later than January 31st during the clinical year. Payment is to be made online in the same manner as the application fee. Checks and/or cash are not an acceptable form of payment.

Tuition is non-refundable after the first week of the program. Students that do not pay tuition within the agreed upon timeframe will no longer be eligible to participate in the program until such time as the tuition is paid. Any decisions regarding tuition payments and due dates are at the sole discretion of the Program Director.

OTHER EXPENSES

- Textbooks – approximately \$700
- Supplies – notebooks, shoes, etc.
- Medical insurance
- Vaccinations or lab tests proving immunity

IMPORTANT TELEPHONE NUMBERS

Medical Emergencies (at CC Main Campus):

Code Blue (individual not breathing, pulseless, or unresponsive)	111
Medical Emergency Team (MET) [all other requests for medical help]	122
Security Emergency	42222

PROGRAM CONTACT NUMBERS:

Barbara Zingale, Program Director	216.310.0671
Sonja Bruketa, Immunology	216.905.4388
Ryan Collison, Chemistry	216.905.3821
Rita Khongphattahana, MDx	216.308.0801
Hilary Klenjoski, Blood Bank	216.554.3398
Kate Landfried, Microbiology	216.905.6125
Amy Miller, Hematology	216.904.8674
Pinal Patel, Hematology	216.905.3314
Erick Tobin, Microbiology	216.219.2775

CHANGE IN CONTACT INFORMATION

Any change to information provided at the onset of the program (e.g. address, phone number, email address) should be communicated to the Program Director as soon as possible. It is the student's responsibility to ensure all information is up to date.

SCHOOL CALENDAR

The school year begins the second week of July each year. The length of the program can vary due to the number of students in the class and the amount of students that can be in the clinical labs at any given time. The total timespan for the program will be communicated on the first day of classes.

Total Length: approximately 50 weeks

Instruction: approximately 47 weeks

Breaks: 3 weeks

- Fall: Thanksgiving week
- Winter: Christmas week
- Spring: One week in spring (as dictated by the rotation schedule)

Holidays: 4 days

- Labor Day (and the Friday before)
- New Year's Day
- Memorial Day

STUDENT EMPLOYMENT AND SERVICE

STUDENT PART TIME EMPLOYMENT

Students may be employed during the school year as long as the following conditions are met:

Student employment must be outside the regular Program hours. It is strongly recommended that a student work less than 20 hours per week while in the Program.

- Work hours or responsibilities must not interfere with academic hours or activities.
- The student must maintain acceptable performance in all areas (academic, technical, professional) as defined in acceptable performance policies.
- Students may not expect to begin work before 4:00pm or to work after 7:30am on weekdays during the academic program.

Students must be able to remain flexible in their program start times and end times as required by any unique situations during the program rotations.

If these conditions are not met, the student may be asked to resign from their work position or resign from the program.

STUDENT SERVICE WORK

All laboratory testing performed by students will be supervised by competent laboratory employees.

Students will not assume the responsibility, nor take the place of, employees in the clinical laboratory. It is recommended, however, that after demonstrating competency in laboratory procedures, student be permitted to perform selected laboratory procedures under careful supervision to develop speed, confidence and ability to organize and work efficiently under pressure. At NO time will students be allowed to result any laboratory testing.

STUDENT POST-GRADUATION JOB PLACEMENT

The Program Director and a representative from Cleveland Clinic Talent Acquisition will determine a mutually agreed timeframe in which to work with the students and Cleveland Clinic laboratory managers to apply, interview and select candidates for hire. This will generally occur in March or April during the clinical year.

ATTENDANCE

Students are expected to be in attendance Monday through Friday, 7:30 am to 4:00 pm

- **Exceptions:** Some laboratory areas may require a start time of 7:00 am.

EXPECTATIONS

MLS students are training to become professionals. It is, therefore, reasonable to expect each student be in attendance full time each week and develop attitudes and habits characteristic of professionals. Maintaining a stable and reliable work force is critical to the effective and efficient delivery of health care services. Excessive tardiness and absenteeism negatively affect patient care and employee morale and are considered unacceptable.

A student's general attitude, attendance record, and promptness are heavily considered when judging dependability and willingness to accept responsibility. It is anticipated that a student will want to seek employment at the Cleveland Clinic when training is completed and the impression they make on the staff and employees in various departmental rotations will be taken into consideration when hiring decisions are made. In any case, attendance is an important consideration wherever one may seek employment.

It is the responsibility of the MLS student to:

- Attend ALL scheduled lecture and laboratory sessions, arriving on time and demonstrating respect for the speaker/instructor and an interest in the material being presented. All learning activities are mandatory, unless the LES decides otherwise.
- Use any spare time during the scheduled eight-hour day working on assigned projects or studying, without the expectation of regular time out of the laboratory for this activity.
- Be in attendance AND available between the scheduled hours of 7:30 am and 4:00 pm each day
- Be patient and flexible, remembering patients first. An instructor may be immersed in patient work and unavailable to work with students at the exact time noted on the class schedule. Students are encouraged to assist with the task at hand, if possible.
- Make a reasonable attempt to report as scheduled despite inclement weather conditions.
- Swipe in and out at the time clock closest to where the student is scheduled each day.
- Be available at all times during the day. Breaks are not to be used for activities that should be done on personal time such as going to the gym.

All hours of attendance are recorded electronically using the Kronos timekeeping system. It is the responsibility of the student to record arrival and departure times in Kronos with their identification badge daily. Failure to do so must be immediately reported to the Program Director. The time recorded in Kronos is the official attendance record.

Absences are classified as Excused, Unexcused, or Tardy/Leave Early. Students must send an **EMAIL** to the Program Director and the LES at least one hour prior to the designated start time to report an absence. Habitual or excessive absences will result in progressive disciplinary action. **Text messages are not acceptable notification.** If a text message is received, the time will be counted as unexcused.

ATTENDANCE POLICY

Students must swipe in between 6:30am and 7:30am each day. At the end of the day, students must swipe out between 3:45pm and 4:00pm. If the student swipes outside of these times or forgets to swipe, they will be penalized with points for tardy, leave early or missed swipes.

Breaks/Lunch:

- Breaks may occur several times throughout the day, when permitted by the LES. However, they are not always guaranteed.
- Lunch is usually from 12-1 every day.

Personal Time off (PTO):

- 16 hours of PTO will be allowed each semester for illness, emergent or personal situations during the DIDACTIC portion of the semester only.
- Exceeding 16 hours of the allotted PTO requires that time to be made up before the end of the semester. Excess PTO that cannot be made up will accrue one point per hour.
- If taking more than 16 hours of PTO in a row due to illness, the student must bring in a doctor's note. This may excuse the PTO usage.
- NO PTO will be granted during clinicals.
- Any clinical time missed must be made up before the end of the semester. Excess missed clinical time will accrue one point per hour. Missed clinical time missed in the 2nd semester may result in delayed or rescinded ASCP BOC exam eligibility.

Earned PTO (EPTO):

- Students can earn up to 8 hours of additional PTO each semester to be used for additional time off during didactic portion or to offset excess PTO usage.
- Time can be earned for donating blood (2hr), volunteering at the Greater Cleveland Food Bank, participating in the Lab Week virtual 5K or other voluntary activities that need to be approved prior to the activity.
- Students must bring in documentation from the event coordinator to prove that the hours were earned completing the activity.
- Earned hours can offset excess PTO usage during didactic portion or missed clinical hours.
- No more than 8 hours of EPTO can be used each semester.

Excused Absences:

- Illness
 - Taking time off for an illness WILL count against the PTO allotment.

- If the student will be out for more than 2 days (using greater than 16 hours PTO) due to illness, a doctor's note will be required to be submitted upon the student's return. This may excuse the PTO usage, depending on each student's situation.
- If a student comes in when sick (fever, cough, etc.) and is sent home, they will use PTO for the remainder of the day. Cleveland Clinic and the MLS program strongly suggest that employees and/or students do not come into their facilities while sick to prevent the spread of illness to patients or other caregivers.
- Early dismissal/day off approved by Program Director or LES – will NOT count against the PTO allotment.
- HR appointments
 - Time off for Cleveland Clinic-related pre-employment appointments and orientation are NOT counted towards the student's PTO allotment but must be approved by the Program Director in advance.
 - Time off for non-Cleveland Clinic employment issues or job interviews is counted against the PTO allotment.
- Attendance at a professional (MLS) meeting will not count against the PTO allotment. Student must obtain prior approval and bring in evidence of attending the entire meeting or it will be counted against the PTO allotment. The exception to this documentation rule is attendance at the ASCLS Meeting and Academic Bowl competition with the rest of the class.
- Bereavement leave
 - Student may take up to three days for the death of an immediate family member as defined below.
 - Spouse, child/stepchild, mother/stepmother, father/stepfather, mother-in-law, father-in-law, sister, brother, grandmother, grandfather
 - Student is responsible for completing any work missed during their absence.
 - This time will not be counted against the student's PTO allotment.
- Jury duty
 - This time will not be counted against the student's PTO allotment.
 - Student is responsible for completing any work missed during their absence.
 - Student must bring in evidence of jury duty attendance or it will be counted against the PTO allotment.
- Military duty
 - This time will not be counted against the student's PTO allotment.
 - Student is responsible for completing any work missed during their absence.
 - Student must bring in evidence of participation in military duties during regular program hours or it will be counted against the PTO allotment.
- Weather emergencies
 - If Cleveland Clinic declares a weather emergency, students will not be charged with a tardy if they are late. If students do not come in at all, the time will be considered unexcused. The Program Director may deviate from this rule on a case-by-case basis.

Unexcused Absences:

- Any absence not listed above
- Failure to comply with the one-hour call in/email requirement

Each occurrence of unexcused absence will result in progressive disciplinary action leading up to program dismissal.

Tardy/Leave Early/Improper swipes:

- Tardy – begins at 7:31am. If a student arrives more than 30 minutes late, they will be penalized with a tardy AND will have to use their PTO for the balance of missed time.
- Leave Early -- leaving more than 15 minutes prior to the scheduled end time, without permission from the Program Director.
- Improper swipes – Students swiping in earlier than 6:30am, forget to punch in/out.
- Forgotten badges – will count as a single infraction for the day. Students must notify the Program Director in the morning of their arrival time and again upon departure so that their times can be manually entered into Kronos.

Penalty for attendance infractions:

- Beginning with the third point accrued for a failure to swipe in/out, forgotten badge, unexcused tardy, leave early, each subsequent occurrence will result in accruing one attendance point.
- Excess PTO that isn't made up by the end of the semester will accrue one attendance point per hour.
- Clinical hours that aren't made up by the end of the semester will accrue one attendance point per hour.
- Forgotten ID badges will be counted as a single missed swipe for recordkeeping purposes.

See the Student Behavioral Guidelines section of this handbook for more details about the corrective actions that will be taken for the accumulation of attendance points.

Any deviation from the rules stated above is solely at the discretion of the Program Director.

LEAVE OF ABSENCE

The purpose of this policy is to provide guidelines on the request for a leave of absence and the return of a student from a leave of absence.

Requests for leave of absence:

- Eligible students must be in good academic standing (see Student Academic Performance Standards) to request a leave of absence.
- Any requests for a leave of absence must include a projected return date prior to beginning the leave.
- All requests must be in writing and submitted to the Program Director as soon as the start of the leave is reasonably known.

Requirements during a leave of absence:

- Students are responsible for the completion of all work during their absence and all courses and/or rotations must be completed to the satisfaction of the LES(s) and the Program Director.
- Criteria for completion will be provided to the student in writing.

Return from leave of absence:

- Students who request a temporary leave may return during the current clinical year OR may request to be considered for placement in the program at a later date.
- Students that choose placement into the program at a later date will be given first preference for an open position in the next academic year.
 - Students that accept the open position in the next clinical year are automatically placed in the class, without application fees, interviews or other requirements expected of a standard applicant.
 - Students that do not accept the open position in the next clinical year will be allowed to re-apply to the program at a later date but are not guaranteed placement in the program.

SPARE TIME

Students should not expect to be scheduled additional study time during the clinical experience part of each semester. If the laboratory work is slow or the instructor is busy and unable to work with the student, the student is expected to use this time for studying. There are several areas where this may be done:

- A designated area in the laboratory as identified by the LES
- One of the RT-PLM conference rooms or libraries if not in use
- Huddle rooms or student cubicles
- Other locations on Main Campus.

The LES must be aware of the student's study location at all times so they can be located when needed.

Spare time is not to be used for sleeping, watching videos, viewing non-laboratory related websites, going to the on-site gym or any other non-laboratory related activities. Students that are caught doing non-laboratory related activities during working hours will be given one verbal warning to discontinue that activity. Subsequent findings of inappropriate behavior will result in progressive disciplinary action.

WEEKLY EXAMS

Exams begin promptly at 9:00am on Fridays. The exam schedule is made available to the students at the beginning of the clinical year. The exams will be given in L1-377 unless otherwise indicated.

1-1/2 hours is given to complete the exam. A student arriving late for an exam will be permitted to take the exam as long as the allotted time for that exam does not extend beyond 10:30am. If there is not enough time for completion by 10:30am, an alternate time fitting into the Program Director's schedule may be arranged.

If the student is absent (excused or unexcused) when an exam is given, it is the student's responsibility to coordinate a make-up date for the exam with the Program Director. That exam must be taken within 5 working days of the original exam. Exceptions may be made only at the Program Director's discretion.

If a student misses the exam without an excuse, a reduction of 10% will automatically be assessed. Each subsequent missed exam will result in an additional 10% penalty.

Nothing is allowed in the exam room except for a pen/pencil. Calculators and scratch paper will be provided. Students are not allowed to bring in books, notebooks, binders, bookbags, cell phones, tablets, headphones, calculators, food or drinks. This is to mimic the environment at the testing center for the ASCP BOC exam.

Students are expected to report to assigned study areas or attend lecture when they have completed the exam.

SCHOOL LIBRARY

Reference materials are located in the Administrative Offices. The LES also maintain an additional set of reference materials for their specific section of the program.

- School textbooks and study materials are not taken into laboratory work areas to prevent contamination.
- They may be used in libraries or conference rooms but are not to be left in these areas.
- Reference books may be borrowed overnight or for the weekend.
- Program materials and texts used for weekly exams are to be returned on the day of the exam or on the final day of the corresponding rotation.
- Books should not be written in or marked in any way as they are used by all students.

Students are also able to create an account to use the Floyd D. Loop Alumni Library located on Main Campus. This will provide access to research papers, articles, books, textbooks and other reference materials that may be needed throughout the clinical year.

STUDENT SUPERVISION

Students are supervised in a manner to ensure that student to faculty ratios do not exceed acceptable and safe limits.

POLICY

When students are scheduled in the student lab portion of the clinical rotation, there will not be a greater than 8:1 student to teacher ratio. This is due to space limitations and optimal teaching experience.

When students are scheduled in the clinical labs for that portion of the clinical rotation, there will not be a greater than 2:1 student to teacher ratio. This is to ensure optimal patient care, lessen impact on the clinical laboratories and enhance the student experience.

If there is a time when the above ratios may be exceeded in the clinical lab, the LES will step in and take over the clinical lab educational experience and/or call for additional faculty members to assist in the student lab.

STUDENT ACADEMIC PERFORMANCE STANDARDS

Good academic standing must be achieved in order to complete the program and be permitted to sit for national certification examinations. Criteria for acceptable performance are determined by the student's performance throughout the entire school year.

ACADEMIC COUNSELING

Academic counseling is available to any student upon request. The Program Director is available to confidentially discuss academic progress, learning challenges, grades, or any other academic concerns. Contact the Program Director to make an appointment.

It is the responsibility of the student to:

- Track their academic progress.
- Maintain awareness of their disciplinary status and to meet with the Program Director to ensure understanding of the policy.
- Request additional help or tutoring from the Program Director or the LES, if needed.

ACADEMIC STANDARDS

Definitions:

Course: An individual subject that is taught for a length of time for which a student receives a final grade upon completion.

Section: A group of courses that fall under a specific discipline of laboratory medicine, for example, the Section of Immunopathology contains Immunology I and Immunology II.

Academic Watch: An academic warning step that a student receives when their grade in a section falls below a certain threshold.

Academic Probation: An academic probationary step that a student receives when their final grade in a section falls below a certain threshold.

Policy:

- If a student scores below a 70% on any exam (written or practical), the exam is considered unsatisfactory.

- Students are required to complete all exams in every course. No extra credit will be given to increase the overall exam grade.
- A student is placed on Academic Watch when the overall (lab and lecture) score in a section (i.e. Chemistry or Hematology) drops below 80%. This grade will be calculated by averaging the weighted grades from each course in the section. The Academic Watch step is removed at the end of the section, as long as the student is in good academic standing i.e. final scores (lab and lecture) in the section are an average $\geq 80\%$. (End of section as defined by didactic end dates)
- A student is placed on Academic Probation when the overall score at the end of a section (End of section as defined by didactic end dates) is below 75%. This grade will be calculated by averaging the weighted final grades from each course in the section. The Academic Probation step is removed if the student returns to good academic standing, i.e. attains a final score of $\geq 80\%$, for the next section.
- A student with a final section grade of $\geq 75\%$ - $< 80\%$ will remain in Academic Watch until they achieve acceptable final grades ($> 80\%$) in the next section.
- If the student scores $\leq 75\%$ in two consecutive or concurrent sections (as defined by didactic end dates), the student will be dismissed from the program. This grade will be calculated by averaging the final grades from each section. This grade calculation step will only occur when a student is in jeopardy of Academic Watch, Academic Probation or program dismissal. Program dismissal guidelines can be found in the student handbook in the “Dismissal from the Program” section
- Students will be notified in writing at the midpoint of the section if they have been put on Academic Watch or Academic Probation. Students are required to sign the notice in acknowledgement. When the student has been removed from Academic Watch or Academic Probation, they will be again notified in writing and acknowledge with a signature. This documentation is kept in their permanent student file.
- It is the responsibility of the Lab Education Specialist to determine the academic standing of each student and communicate this to the Program Director after the exam scores are finalized every other week by the end of the first business day after the exam.

Grading Scale for Academic Examinations and Laboratory Performance			
% Score	Letter Grade	Points	Interpretation
93 – 100	A	4.00	Excellent
90 – 92	A-	3.70	Excellent
87 – 89	B+	3.30	Above Average
83 – 86	B	3.00	Above Average
80 – 82	B-	2.70	Above Average
77 – 79	C+	2.30	Average
73 – 76	C	2.00	Average
70 – 72	C-	1.70	Average
67 – 69	D+	1.30	Below Average
63 – 66	D	1.00	Below Average
60 – 62	D-	0.70	Below Average
0 – 59	F	0.00	Failure

STUDENT BEHAVIORAL GUIDELINES

Students are expected to adhere to all policies of both the Cleveland Clinic and Robert J. Tomsich Pathology and Laboratory Medicine.

STUDENT CONDUCT

Ethical conduct, especially honesty, is essential in the profession of Medical Laboratory Science. Any incident of personal misconduct could result in dismissal from the program.

Examples of prohibited conduct are listed below. This list is not exhaustive and it should not be inferred that unlisted activities are permissible.

- Cheating or plagiarism in any form on any quiz, examination, or written assignment
- Falsification of information
- Violation of the Cleveland Clinic policy on substance abuse
- Accumulation of attendance points leading to steps of corrective action
- Violation of HIPAA requirements as related to the confidentiality of Protected Health Information (PHI)
- Legal infraction that would prevent a student from obtaining employment at a Cleveland Clinic facility
- Violation of the Cleveland Clinic policy on weapon control
- Insubordination
- Inappropriate use of spare time during working hours
- Inappropriate conduct during working hours
- Dress code infractions
- Use of cell phones in the laboratory. This includes smartphones, smart watches, tablets or other electronic devices.
- Repeated unprofessional or unsafe behavior during academic hours on the Cleveland Clinic properties

ACADEMIC INTEGRITY

Students are expected to adhere to the standards of academic integrity. Academic dishonesty is against the program as well as the Institute and Clinic standards. Academic dishonesty standards include, but are not limited to, the following:

Plagiarism: defined as submitting the language, ideas, thoughts or work of another as one's own; or assisting in the act of plagiarism by allowing one's work to be used in this fashion.

Cheating: defined as obtaining or providing unauthorized information during an examination through verbal, visual or unauthorized use of books, notes, text and other materials; obtaining or providing information concerning all or part of an examination prior to that examination; taking an examination for another student, or arranging for another person to take an exam in one's place; altering or changing test answers exam completion, or falsifying academic records.

Discipline for violations of course academic standards may include any of the following: Reduction in the overall score by 2 letter grades, requiring the assignment to be repeated for a one letter grade reduction, or removal from the program entirely. Disciplinary actions are at the discretion of the Program Director.

DISMISSAL FROM THE PROGRAM

ACADEMIC DISMISSAL

All students are expected to remain in good academic standing throughout the clinical year. The disciplinary procedure for academic dismissal is as follows: Placement on Academic Watch (Step Two) or Academic Probation (Step Three) is considered to be the warnings that could lead to program dismissal. If a student scores $\leq 75\%$ in two consecutive or concurrent sections, the student will be dismissed from the program (Step Four).

BEHAVIORAL DISMISSAL

Students are also expected to adhere to all policies of the Cleveland Clinic, RT-PLMI and the CCSMLS. The first instance of policy infraction with regard to inappropriate behavior will result in a Verbal Warning and documentation of the incident. The student will be scheduled to meet with the Program Director to discuss the policy breach. All subsequent infractions will require a meeting with the Program Director to review the infraction and sign the disciplinary forms.

If any additional policy breach occurs, the student will be placed in disciplinary action as follows:

First infraction	Step 1	=	Verbal warning w/documentation
Second infraction	Step 2	=	Written corrective action
Third infraction	Step 3	=	Final written warning and/or suspension
Fourth infraction	Step 4	=	Resignation/Dismissal

Once a student reaches Step 4 of the disciplinary action process, the student will be given the option of resignation or dismissal from the Program.

The dismissed student is responsible for returning any borrowed reference materials belonging to the School. The student must surrender their temporary ID badge and prior to departure on the last day. There will be no reimbursement for any expenses incurred as a result of being in the Program.

STUDENT APPEAL PROCESS FOR CLEVELAND CLINIC IN-HOUSE TRAINING PROGRAM

PURPOSE

The purpose of this Student Grievance Standard Operating Procedure (SOP) is to provide a thorough, timely, and objective assessment and resolution of student concerns in a fair, reasonable and nondiscriminatory manner.

DEFINITIONS

Cleveland Clinic health system: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Affiliate-based Health Professions Education Program: A health professions education program that provides students who are actively enrolled in an external academic program with the opportunity to complete a clinical rotation at Cleveland Clinic that is required to fulfill academic requirements. Health professions programs do not generally include programs in nursing or medicine.

Grievance: A claim by a student that Cleveland Clinic and/or one or more of its employees has violated a specific Cleveland Clinic policy or procedure.

Internal Health Professions Education Program: Health professions education program for students pursuing a career in the health professions in which both didactic and hands-on training are taught by current Cleveland Clinic educators. Programs culminate in a certificate of completion from Cleveland Clinic and, for programs partnering with an external academic institution, a degree awarded by the partner institution. Health professions programs do not generally include programs in nursing or medicine.

Program Leader: The Cleveland Clinic employee responsible for the relevant program. For internal health professions education programs, the Program Leader is the Program Director. For affiliate-based health professions programs, the Program Director is the discipline-specific Education Coordinator.

Student: A person enrolled in a Cleveland Clinic internal health professions education program or an affiliate-based health professions education program. Volunteers who do not receive academic credit for their service and are not students.

ELIGIBILITY

This procedure is available to any student enrolled in an internal health professions education program or an affiliate-based health professions education program. A grievance may be reviewed under this procedure if it is based on facts that have not previously been reviewed by the student's school, college, or university or through another Cleveland Clinic process.

If a grievance relates to conduct by Cleveland Clinic employees and the employees of a student's school, college, or university, the Medical Director of the Center for Health Professions Education, shall consult with the student's school, college, or university to determine which institution shall review the grievance or to jointly review the grievance.

A student who believes that they have been subject to discrimination or harassment may also contact the Office of Educational Equity.

PROCEDURE

A student may resolve a grievance through an informal grievance resolution process or a formal grievance review.

INFORMAL GRIEVANCE RESOLUTION

If a student feels comfortable doing so, they are advised to discuss their grievance informally with the person who is the subject of the grievance. If the parties resolve the grievance, it is deemed closed. If the grievance is not resolved at this level, the student may request an informal review by their Program Leader.

It is expected that most grievances will be discussed and resolved in a timely fashion informally between the student and the Program Leader. The Program Leader shall keep a record of the resolution.

If the response from the Program Leader is unacceptable to the student, or if the Program Leader is the subject of the grievance, the student may initiate the formal grievance review.

FORMAL GRIEVANCE REVIEW

A student may initiate a formal grievance review by submitting their grievance to the Center for Health Professions Education by email (CHPEOnboarding@ccf.org). The grievance should include the student's name and program, the name(s) of the Cleveland Clinic employee(s) involved, the specific policy or procedure that may have been violated, and a brief description of the facts giving rise to the grievance. A formal grievance review must be initiated within fifteen (15) business days of the date on which the action giving rise to the grievance is known, whether or not an informal grievance resolution was attempted. This deadline and those set forth below may be extended by the Medical Director of the Center for Health Professions Education when the Medical Director determines there is good reason to do so.

Step 1. Upon receipt of a grievance, the Center for Health Professions Education shall notify the Program Leader, unless the Program Leader is a source of the grievance. If the Program Leader is a source of the grievance, the Center for Health Professions Education shall notify the Medical Director of the Center for Health Professions Education who shall designate an individual to fulfill the Program Leader's role in Step 1 of the formal grievance review.

The Program Leader shall contact the student who submitted the grievance within 5 business days of receipt of the grievance, and schedule a meeting with the student as soon as possible, but no later than 10 business days of receipt.

After meeting with the student, the Program Leader shall meet with the employee(s) who is/are the subject of the grievance and may gather additional information if necessary. The Program Leader shall render a decision with respect to the grievance as soon as possible, but no later than 10 business days after meeting with the student. The decision shall include any findings, a determination whether the relevant policy or procedure has been violated, and, if so, any consequences for the violation. The Program Leader shall provide the decision in writing to the student, the employee(s) involved and the Center for Health Professions Education.

If the student does not agree with the Program Leader's resolution, they may appeal the decision to the Health Professions' Education Council's Student Appeals Committee (the "SAC") by contacting the Center for Health Professions Education within 3 working days of receipt of the Program Leader's decision.

Step 2. Upon receipt of an appeal to Step 2, the Center for Health Professions Education shall forward the appeal, the grievance, the Program Leader's decision and any additional information gathered by the Program Leader to the SAC. The SAC chairperson and two committee members will review the record of the grievance and reach a final decision. The SAC may uphold the Program Leader's decision, alter the decision or require the Program Leader to conduct additional investigation. The SAC shall render its decision within ten (10) business days of receipt of the appeal. The SAC's decision is final.

The Office of Educational Equity and Legal Departments are available, in a consultative capacity, to the Program Leader, SAC and Medical Director of the Center for Health Professions Education or to the Chair of the Education Institute as it relates to the student's grievance.

REGULATORY REQUIREMENT/REFERENCES

Association for Clinical Pastoral Education (ACPE), Commission on Accreditation of Allied Health Education Programs (CAAHEP), Council on Accreditation of Nurse Anesthesia Educational Program (COA), Joint Review Committee on Education in Radiologic Technology (JRCERT), Ohio State Board of Career Colleges and Schools (OSBCCS), National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), Wound Ostomy and Continence Nurses Society (WOCN)

OVERSIGHT AND RESPONSIBILITY

The Medical Director of the Center for Health Professions Education is responsible to review, revise, update, and operationalize this procedure.

WITHDRAWAL FROM THE PROGRAM

A student may withdraw from the CCSMLS at any time. A written letter of intent indicating the anticipated date of withdrawal must be submitted to the Program Director. The reason for the withdrawal is not required. Once the letter of intent is received by the School, the Program Director will set up a meeting with the student to discuss the withdrawal.

The withdrawing student is responsible for returning any borrowed reference materials belonging to the School. The student must surrender their temporary ID badge prior to departure on the last day. There will be no reimbursement for any expenses incurred as a result of being in the Program. There will be no refund of tuition after the first week of the program.

The student will be asked to complete a final program evaluation prior to departure.

Students withdrawing from the program prior to January 31st of the clinical year will be considered withdrawn. Students withdrawing from the program after January 31st will be counted as incomplete and will be included in the published outcomes measures according to NAACLS Standards.

Students that do not pay tuition within the agreed upon timeframe will no longer be eligible to participate in the program until such time as the tuition is paid. Any decisions regarding tuition payments and due dates are at the sole discretion of the Program Director.

PROGRAM EVALUATION

An annual review of the School of Medical Laboratory Science will be conducted to determine if the program is meeting its objectives. Two of the primary objectives of the school are to educate and train students to perform analytical test procedures accurately and proficiently and to utilize critical thinking to assess laboratory data within the clinical context of the patient. Additional objectives address leadership and management, teaching ability, ethics, and laboratory development. Measures of program effectiveness may include graduation rates, employment rates, scores on the ASCP Certification Examination, scores on the Comprehensive Examination, and surveys of graduates and employers. Data derived from these measures will be used to assess program effectiveness.

Each measure will be used to assess one or more program objectives. The data will be compiled by the Program Director and reviewed by the Advisory Board twice each year. When data from previous years are available, trending analysis will be conducted. Upon advice of the Board, changes may be made to program content to better meet stated objectives. The impact of any

changes made to the program will be evaluated annually using the measures defined within the plan.

STUDENT RECORDS AND RETENTION

RETENTION

- All student files are retained in a secure location.
- Current students' files are maintained in the Program Director's office.
- Past student files are kept indefinitely in a secure storage location within a locked file cabinet.

DISCLOSURE

- Current students have the right to review their file at any time.
- The student must submit requests for transcripts or other disclosures in writing to the Program Director.
- Disclosures will only be made to the parties authorized by the student.
- A record of the written request for disclosure is retained in the student's file.

RETENTION SCHEDULE

Schedule of record retention is maintained in the MLS Manual of Operations.

FERPA (BUCKLEY AMENDMENT)

The Family Education Rights and Privacy Act of 1974 (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. The CCSMLS strictly follows these guidelines.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.

- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - School officials with legitimate educational interest;
 - Other schools to which a student is transferring;
 - Specified officials for audit or evaluation purposes;
 - Appropriate parties in connection with financial aid to a student;
 - Organizations conducting certain studies for or on behalf of the school;
 - Accrediting organizations;
 - To comply with a judicial order or lawfully issued subpoena;
 - Appropriate officials in cases of health and safety emergencies; and
 - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the Federal Relay Service.

Or you may contact them at the following address:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-8520

Students requesting release of or access to their records must complete and submit the FERPA Release Authorization form that is available from the Program Director.

STUDENT HEALTH AND WELLNESS SERVICES

The health and wellness of students are key factors in ensuring a successful pathway to becoming future healthcare professionals while at Cleveland Clinic. As such, students may access many of the same services available to employees.

CARING FOR CAREGIVERS

The Caring for Caregivers program offers assistance and support for students in need of connecting with someone regarding mental health and personal safety concerns. Students

enrolled in Cleveland Clinic internal health professions programs are eligible for 6 Employee Assistant Program (EAP) sessions.

Services available through Caring for Caregivers include (but are not limited to):

- Suicide Prevention or Self-harm
- Sexual Assault – Partner Violence
- Substance Abuse
- Anxiety Counselling
- Stress Relief Services

To learn more about these resources and discounted costs for students, contact the Caring for Caregivers office at 216-445-6970 or 1-800-989-8820 or visit portals.ccf.org/caregivers.

CLEVELAND CLINIC ATWORK

Students may access health and wellness services through [Cleveland Clinic AtWork](#) (CCAW). Those who need to complete the required student onboarding tasks such as health screenings, immunizations, and substance abuse screenings can access services at a discounted rate.

Health and wellness resources available to students include, but are not limited to:

- Health screening examination
- Antibody titers
- Immunizations
- Substance abuse screening
- Fit testing
- STI screening

Cleveland Clinic AtWork services can be accessed at the following locations:

Medina - CCAW
970 E. Washington St., Suite 203
Medina, OH 44256
(330) 721-4955

Garfield Heights - CCAW
5595 Transportation Blvd., Suite 220
Garfield Heights, OH 44125
(216) 587-5431

STUDENT INJURIES AND EXPOSURES

The emergency department will provide emergency care in the event of a program-related incident. This excludes any and all dependents. The student is responsible for all health care costs not covered by their health insurance, e.g. copays, deductibles, etc.). Students are required to report the on-the-job injury to the Program Director within 48 hours of its occurrence.

If a student incurs an accidental injury while at the clinical site other than a needle stick or blood/body fluid splash, they may visit the emergency department, be sent home, or report to their own private physician for care. The student is responsible for any cost incurred for treatment.

Any work related injury is not covered by the Cleveland Clinic and the student should follow the procedure outlined below. An incident report is required to initiate a visit to the Center for Corporate Health. The student will supply the CCSMLS a copy of their incident report detailing their injury.

A student must notify the academic program officials of the bloodborne pathogen exposure and comply with their policies and procedures. Occupational Health and Infectious Disease work in collaboration to identify potential or known bloodborne pathogen exposures and will participate in the following process where applicable. Students experiencing a work-related needle stick or blood/body fluid splash should report to the 24/7 Bloodborne Pathogen Exposure (BBPE) Hotline at (216) 445-0742. No Safety Event Reporting (SERS) report is required.

For questions regarding student health services and required health screenings and immunizations, contact the Director of Student/Learning Health:

Tony Tizzano, MD
Director of Student/Learner Health
Assistant Clinical Professor of Surgery | CCLCM - CWRU
Mobile: 330-464-2111
tizzana@ccf.org

CLEVELAND CLINIC EMPLOYEE / STUDENT POLICIES

The policies below are applicable to both Cleveland Clinic employees and students. When the term employee is used, the term student can be substituted interchangeably.

CONFIDENTIAL INFORMATION

During the course of your training, you may have access to confidential information concerning CCF budgets, strategic business plans, patients, or employees. This information may be in the form of verbal, written, and/or computerized data.

The protection of this confidential information is critical. As such, the unauthorized acquisition, release, and/or discussion of any information related to CCF business, patient medical information, current and past employees, job applicants and computerized data is considered a major infraction, subject to disciplinary action up to and including being dismissed from the program.

As a reminder of your responsibility, the statement below is the one you electronically signed during your onboarding.

It is understood that during the course of my participation in the Training Program at Clinical Site, I may obtain confidential information about or from Clinical Site (“Confidential Information”), as well as Protected Health Information (“PHI”) as defined below. Confidential Information includes, but is not limited to, financial or proprietary data about Clinical Site, information about Clinical Sites’ business and employees, patient information, methods of operating, development plans, programs, documentation, techniques, trade secrets, systems, know-how, policy statements, access to proprietary software applications and databases, and other confidential data. The information may be in the form of verbal, visual, written, or computerized data. I agree to maintain in strict confidence all Confidential Information and will not disclose Confidential Information (including, but not limited to, PHI) to anyone, including my family and friends, under any circumstances, unless I am required by law, or I have Clinical Site’s prior written consent. I will not make copies of Confidential Information. Prior to discussion of or writing about any Clinical Site patient in an academic context relative to my program of study, all individually identifiable information will be removed or the PHI will be de-identified in compliance with the requirements of the Federal Health Insurance Portability and Accountability Act of 1996, as amended time to time, (“HIPAA”).

I agree to maintain patient confidentiality in both written and verbal communication with other students, instructors, any other individuals, in clinical rounds or class discussion, as well as in any published materials. I understand that patient confidentiality is of such great importance that PHI is NEVER to be shared with anyone even if it is years after I participate in the Training Program.

Under HIPAA, PHI is defined as individually identifiable health information, which is health information created, received or used by Clinical Site relating to (a) the past, present or future physical or mental health or condition of a patient, (b) the provision of health care to a patient; or

(c) past, present or future payment for the provision of healthcare to a patient. PHI contains identifiers that identify a patient or for which there is a reasonable basis to believe the information can be used to identify a patient. Examples of individual identifiers include, but are not limited to, patient name, complete addresses, social security number, date of birth, medical record number and dates of treatment. PHI may include any or all of these individual identifiers coupled with a patient's health information, examples of which are a social security number and diagnosis, date of birth and past medical history, or dates of treatment and symptoms present at the time of treatment. PHI may be accessed only by those individuals who, within the scope of their employment or training responsibilities have a legitimate need for such information for purposes of patient care, research, education or administrative uses. I agree that any breach of the Agreement may cause Clinical Site substantial and irreparable damages and, therefore, in the event of any such breach, CCF shall have the right to seek specific performance and other injunctive and equitable relief without the need to post bond.

The acquisition, release, discussion or other use of Confidential Information for purposes other than to conduct normal authorized business activities during my training at Clinical Site is strictly prohibited. Violation of confidentiality is a very sensitive matter and will be considered grounds for removal from the Training Program, any related employment offer and/or consideration for future employment opportunities.

I understand and agree to my obligations as stated in this signed waiver and statement and that this document shall remain in effect for the duration of my student clinical rotations (or faculty duties) at the Clinical Sites, and that the waiver and obligations of confidentiality and non-disclosure shall remain in effect indefinitely.

SEXUAL MISCONDUCT IN EDUCATION

PURPOSE

This policy expresses Cleveland Clinic's commitment to equal opportunity in its educational programs and activities and establishes a procedure for addressing reports of sex discrimination, sexual harassment, sexual violence and retaliation in those programs and activities. This policy reflects Cleveland Clinic's compliance with Title IX of the Education Amendments of 1972, as amended, and all other relevant laws and regulations.

POLICY STATEMENT

In accordance with Title IX of the Education Amendments of 1972, as amended, the Violence Against Women Reauthorization Act of 2013 (VAWA) and other applicable statutes and regulations, Cleveland Clinic prohibits all forms of discrimination on the basis of sex, gender, sexual orientation, gender expression and gender identity in its educational programs and activities. Prohibited conduct under this policy includes sex discrimination, sexual harassment, sexual violence and retaliation, as those terms are defined herein.

DEFINITIONS

Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, Cleveland Clinic Florida, Cleveland Clinic Hospital (Weston), Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Educational Program or Activity: Any program or activity offered at Cleveland Clinic or by Cleveland Clinic employees in the scope of their duties that is educational in nature beyond on-the-job training, general interest, or routine continuing education programs. Factors in determining whether a program or activity is educational include whether it is structured through a particular course of study; whether participants earn academic credit toward a degree or certificate, or qualify to sit for professional exams; or whether a program provides instructors, exams or other evaluation process. Educational programs and activities include, without limitation, degree- or certificate-granting programs offered by Cleveland Clinic and affiliated colleges and universities; clinical rotations for degree- or certificate granting programs; medical and other residency programs; research and medical fellowships; internships; and educational programs offered to middle school, high school, college and university students.

Responsible Employee: An employee who has the authority to address reports of prohibited conduct as defined in this policy. Program directors, administrators, supervisors, program and project managers, coordinators, clinical instructors, clinical educators, fieldwork instructors, fieldwork educators, principal investigators, mentors, preceptors and faculty members are

responsible employees, unless they are considered a confidential resource. Confidential resources are professional counselors, pastoral counselors and health care providers, serving in their capacity as counselors and health care providers and any employee designated as a confidential resource by their institute or department.

Sex Discrimination: Behavior or action that denies or limits a person's ability to benefit from, or fully participate in, education programs or activities or employment opportunities because of a person's sex, including gender, gender identity, gender expression or sexual orientation. Examples of the type of discrimination that are covered under Title IX include, but are not limited to, sexual harassment, sexual violence, failure to provide equal opportunity in educational and co-curricular programs, discrimination based on pregnancy, and employment discrimination based on sex in educational and co-curricular programs.

Some types of sex discrimination are also considered sexual violence.

Sexual Harassment: Conduct on the basis of sex, including gender, gender identity, gender expression or sexual orientation, when:

1. Submission to such conduct is made either explicitly or implicitly a condition of an individual's participation in Cleveland Clinic's educational programs or activities by an employee of Cleveland Clinic;
2. Submission to or rejection of such conduct is used as the basis for educational evaluation, grades, or advancement by an employee of Cleveland Clinic; or
3. Such conduct is unwelcome and would be determined by a reasonable person to be so severe, pervasive and objectively offensive that it effectively denies a person equal access to the Cleveland Clinic's educational programs or activities; or
4. Such conduct constitutes sexual violence as defined herein.

Sexual harassment may include, but is not limited to: unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess or sexual deficiencies; leering; whistling; touching; insulting or obscene comments or gestures; displays of sexually suggestive objects or pictures, offensive images on computers or in email messages; and other physical, verbal or visual conduct of a sexual nature.

Sexual Violence: Under this policy, sexual violence includes sexual assault, relationship violence, and stalking.

Sexual assault is sexual contact or sexual intercourse without consent, through threat or use of force, or when an individual is incapacitated. Sexual contact is intentional contact, directly, over clothing or with an object, however slight, with the breasts, buttocks, groin or genitals of another, touching another with any of these body parts, or compelling another to touch his or her own body parts or the body parts of another in a sexual manner. Sexual intercourse is sexual penetration, however slight, with any body part or object, by an individual upon another.

Relationship Violence is physical, sexual, or psychological violence or abuse, including acts of intimidation and coercion, by a current or former partner in an intimate relationship upon the

other partner. Relationship violence may be referred to as domestic violence when it involves current or former spouses, individuals who are or were cohabitating or individuals who share a child in common. Relationship violence may be referred to as dating violence when it involves another form of intimate relationship. The existence of an intimate relationship will be evaluated considering the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.

Stalking is a course of conduct or repeated acts directed at a specific person that would cause a reasonable person to fear for their safety or the safety of others, or to suffer substantial emotional distress. Stalking may include repeatedly following, harassing, threatening, or intimidating another by telephone, mail, electronic communication, social media, or by any other action, device or method.

Retaliation: Any adverse action or attempt to seek retribution against an individual because of the individual's report, participation in an investigation or resolution of an allegation of Prohibited Conduct as defined in this policy, or exercise of any other right under this policy.

Consent: Consent is informed, freely given and clearly communicated willingness to engage in sexual activity. Both words and actions can express consent, but they must create mutually understood permission to engage in the sexual activity. Consent to one form of sexual activity does not, by itself, constitute consent to another form of sexual activity. Silence, without more, is not consent. Consent may be withdrawn at any time through clear words or actions. Once consent is withdrawn, the sexual activity must cease immediately. Consent is absent when force is used, when an individual is incapacitated, in cases of incest or when a person is too young under applicable law to consent to the sexual activity.

Force includes physical violence, abuse of power, threats, intimidation, and/or coercion.

Incapacity occurs when an individual is impaired temporarily or permanently by a mental and/or physical deficiency, disability, illness, or by the use of drugs or alcohol to the extent that the person lacks sufficient understanding or the ability to make or act on considered decisions to engage in sexual activity. A person violates this policy when they know or should know, based on what a reasonable sober person would have known, that the individual seemingly giving consent is incapacitated.

POLICY IMPLEMENTATION

SCOPE

This policy applies to all individuals participating in Cleveland Clinic educational programs and activities, including, without limitation, employees, Professional Staff, medical and other residents, researchers, fellows, interns, students enrolled in Cleveland Clinic and affiliate programs, and third parties (such as patients, vendors and visitors).

This policy applies to conduct on Cleveland Clinic property and to locations, events, or circumstances where Cleveland Clinic exercises substantial control over the person alleged to have engaged in the conduct and the context in which it occurred.

Cleveland Clinic recognizes that certain participants in its educational programs and activities are affiliated with schools, colleges and universities that also have sexual misconduct policies. When another institution's policy may be implicated by conduct prohibited under this policy, Cleveland Clinic will cooperate with that institution to ensure fairness to all parties.

TITLE IX COORDINATOR

Cleveland Clinic has a designated Title IX Coordinator with the responsibility to oversee Cleveland Clinic's response to reports of sex discrimination, sexual harassment, sexual violence and retaliation and to identify and address any related patterns or systemic problems.

Cleveland Clinic's Title IX Coordinator may be reached at TitleIX@ccf.org.

Questions or concerns regarding Title IX, sex discrimination, sexual harassment, sexual violence or retaliation in Cleveland Clinic's educational programs and activities may be directed to the Title IX Coordinator.

Cleveland Clinic's Title IX Coordinator has authority to:

- a. Accept all reports of sex discrimination, sexual harassment, sexual violence and retaliation in Cleveland Clinic educational programs and activities;
- b. Ensure that Cleveland Clinic's response to all such reports is appropriate to stop the conduct, prevent its recurrence, and address its effects;
- c. Provide for a prompt, adequate and impartial investigation into reports when required;
- d. Coordinate Cleveland Clinic's Title IX education and training for all participants in its educational programs and activities;
- e. Keep accurate, confidential records of all reports for seven years; and
- f. Monitor institutional compliance in matters related to Title IX.

RELEVANT CONSIDERATIONS

Relationships involving authority or power: Relationships between two individuals in which one has responsibility over the other's professional or academic development, performance, or future are ethical violations. Consent can sometimes be difficult to discern in these types of relationships, may be deemed not possible, and may be construed as coercive. Such relationships also may have the potential to result in claims of sexual harassment.

Intention vs. Impact: Prohibited conduct, as defined in this policy, can occur even if the individual engaging in such conduct did not intend to engage in such conduct. All parties within Cleveland Clinic's educational community are expected to understand the conduct that constitutes a violation of this policy. Alleged violations will be evaluated using a reasonable person's understanding of this policy.

Academic Freedom: The intent of this policy is not to restrict academic freedom in Cleveland Clinic’s educational endeavors. Educational topics with sexual content may be appropriate, but their presentation must not interfere with the rights of others not to be sexually harassed. Anyone with concerns that educational material is being used to sexually discriminate or harass should report those concerns.

REPORTING

REPORTING OPTIONS

Any person may report sex discrimination, sexual harassment, sexual violence or retaliation in Cleveland Clinic’s educational programs or activities.

All participants in, or applicants to, Cleveland Clinic’s educational programs and activities who believe that they have been subjected to sex discrimination, sexual harassment, sexual violence, or retaliation are strongly encouraged to make a report. Prompt reporting allows Cleveland Clinic to provide resources to the participant and facilitates an appropriate response. Reports may be made at any time, but delayed reports may limit the availability of evidence and witnesses, and make it difficult for Cleveland Clinic to respond in an effective and fair matter. Reports may be made to Cleveland Clinic’s Title IX Coordinator, to a confidential resource, through Cleveland Clinic’s anonymous reporting hotline, to law enforcement, or to a state or federal agency with jurisdiction over the relevant educational program or activity, including the U.S. Department of Education Office of Civil Rights

DUTY TO REPORT

All Responsible Employees who become aware of information that leads them to reasonably believe that a participant in an educational program or activity has been subject to prohibited conduct under this policy must promptly make a report to the Title IX Coordinator. All other Cleveland Clinic employees, except confidential resources, are strongly encouraged to make such a report.

Employees of schools, colleges and universities whose students participate in Cleveland Clinic educational programs and activities are encouraged, and in some cases required by agreement, to report to Cleveland Clinic’s Title IX Coordinator any information that leads them to reasonably believe that a participant in a Cleveland Clinic educational program or activity has been subject to prohibited conduct under this policy.

CONFIDENTIALITY

Cleveland Clinic will maintain confidentiality of reports to the extent reasonably possible consistent with its responsibility to provide a safe educational and work environment, to provide a prompt, equitable and fair response, investigation and resolution of the report and to comply with applicable laws related to reporting. An individual’s requests for confidentiality will be considered in determining an appropriate response.

ADDRESSING REPORTS OF PROHIBITED CONDUCT

Cleveland Clinic will develop procedures to address reports of prohibited conduct under this policy. The procedures shall address supportive measures to be taken to protect all parties to a report, processes for informal resolution and formal investigation of reports and the rights of parties in a resolution process.

REGULATORY REQUIREMENT/REFERENCES

[Title IX of the Education Amendments of 1972 \(as amended by the 1988 Civil Rights Restoration Act\)](#)

[Violence Against Women Reauthorization Act of 2013](#)

[34 CFR, Part 106](#)

[34 CFR, §668.46](#)

OVERSIGHT AND RESPONSIBILITY

The Chief Academic Office is responsible for the oversight and dissemination of this policy. The Title IX Coordinator is responsible for implementing the policy.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and related procedures.

NON-SMOKING POLICY (SMOKE-FREE CAMPUS)

PURPOSE

To promote the safety, health and wellness of our organization, enhance the quality of life for each other and those we serve, support state laws and local ordinances and meet The Joint Commission (TJC) standards.

POLICY STATEMENT

Cleveland Clinic is committed to providing a safe and healthful environment for all employees, visitors and patients. Therefore, using any smoke-producing products (including but not limited to cigarettes, e-cigarettes, cigars, pipes and vaporizers (aka “vapes”)), or the usage of any tobacco products is prohibited on all Cleveland Clinic owned and leased properties and private property adjacent to the facilities.

No tobacco products will be sold on Cleveland Clinic properties.

DEFINITIONS

Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for

Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, Martin North Hospital, Martin South Hospital, Tradition Hospital, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Licensed Independent Practitioner (LIP): A licensed provider acting within their scope.

POLICY IMPLEMENTATION

EMPLOYEES

Employees who violate this policy will be subject to corrective action in accordance with the Corrective Action policy. In addition, any employee who is observed using a vaporizer/vape during their scheduled shift could be subject to mandatory drug testing under the Substance Abuse Policy.

To assist employees, Cleveland Clinic offers smoking cessation resources.

PATIENTS

Patients found in violation of this policy, will be kindly informed about our Non-Smoking policy. Repeated violations may result in confiscation of tobacco products in order to protect the safety of others from fire risk.

Nicotine replacement options may be available, as determined by a physician/licensed independent practitioner (LIP). In addition, smoking cessation information is made available.

CONTRACTORS

This Non-Smoking policy applies to all construction areas and contracted work activities. Nonemployees performing work on Cleveland Clinic properties are expected to follow this policy.

Instances of non-compliance should be reported to the contract manager or designated employee representative.

Repeated non-compliance is grounds for removal from the property.

VISITORS

Visitors will be discouraged from using any smoke-producing products (including but not limited to cigarettes, e-cigarettes, cigars, pipes and vaporizers (aka “vapes”) and tobacco products on Cleveland Clinic properties.

Visitors who are in violation of our Non-Smoking policy will be kindly informed about our policy.

Repeated violations may result in confiscation of tobacco products in order to protect the safety of others from fire risk, or removal from the property.

REGULATORY REQUIREMENT/REFERENCES

Corrective Action Policy
Substance Abuse Policy
Joint Commission Standard EC.02.01.03
State Laws and Local Ordinances

OVERSIGHT AND RESPONSIBILITY

Human Resource Management is responsible to review, revise, update and operationalize this policy to maintain compliance with regulatory and other requirements. It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

A focused enforcement may be delegated to specific departments or individuals on a facility-by-facility basis.

SUBSTANCE ABUSE POLICY

PURPOSE

This policy is to define prohibited behavior with regard to alcohol and drugs in the workplace and to provide information on managing substance abuse issues in the workplace.

POLICY STATEMENT

Cleveland Clinic is committed to maintaining a safe, healthful and efficient working environment for its employees, patients and visitors. Consistent with the spirit and intent of this commitment, Cleveland Clinic prohibits the misuse of alcohol and drugs as discussed in this policy.

DEFINITIONS

Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, Martin North Hospital, Martin South Hospital, Tradition Hospital, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Cleveland Clinic Premises: Includes all Cleveland Clinic buildings, other buildings where Cleveland Clinic employees work, parking garages, parking lots or other open areas owned or

under control of Cleveland Clinic, in any Cleveland Clinic vehicle, or at any other location while on Cleveland Clinic business.

Diversion: The unauthorized removal of a controlled substance from a patient and/or patient care setting.

Illegal Drugs and Controlled Substance: Includes any substance which in any manner alters normal perception, thought functions, behavior or mood, including, but not limited to marijuana (regardless of whether it is prescribed medical marijuana or in a product like CBD oil derived from cannabis), cocaine, narcotics, tranquilizers, amphetamines and barbiturates.

Impairment: The effect of the use of alcohol or any psychoactive or mood-altering substance on mental, emotional and/or physical functioning. Symptoms may include, but are not limited to, drowsiness and/or sleepiness, odor of alcohol on breath, slurred/incoherent speech, unusually aggressive or bizarre behavior, unexplained change in mood, lack of manual dexterity, lack of coordination in walking, and unexplained work related accident or injury. Prohibited impairment includes any detectable amount of an illegal drug, controlled substance and/or alcohol in an employee's system and may be asymptomatic yet result in a positive test.

Improper Self-Medication: Includes, but is not limited to, using drugs prescribed to someone else, using drugs at other than the prescribed dose, or using over-the-counter medication in a manner inconsistent with the manufacturer's instructions.

POLICY IMPLEMENTATION

PROHIBITED CONDUCT

Cleveland Clinic prohibits:

- A. The unlawful or unauthorized use, manufacture, possession, sale, or transfer of illegal drugs and/or controlled substances on Cleveland Clinic premises.
- B. Reporting to work or working while impaired or under the influence of any illegal drug, any controlled substance, and/or alcohol.
- C. Consumption of alcohol on Cleveland Clinic premises, including while conducting Cleveland Clinic business remotely (except at functions approved or sponsored by Cleveland Clinic).
- D. Improper self-medication using over-the-counter or prescribed drugs.

For the avoidance of doubt, nothing in this policy prohibits an employee from possessing and/or consuming a controlled substance (except marijuana) if the employee has a valid prescription for the controlled substance and consumes it in the prescribed dose and manner, unless doing so renders the employee unable to perform their job safely and effectively.

VOLUNTARILY SEEKING ASSISTANCE

Cleveland Clinic recognizes that substance abuse/dependency is a progressive, chronic, disease that has adverse effects on an employee's quality of life and job performance. However, substance abuse/dependency is treatable and early recognition and treatment is advisable. Employees who suspect they may have a problem with substances are encouraged to voluntarily seek assistance.

It is an employee's responsibility to voluntarily seek assistance before the employee is asked to submit to any drug or alcohol test or is discovered to have otherwise violated this policy. Cleveland Clinic maintains Caring for Caregivers (Employee Assistance Program (EAP), Licensed Professionals Health Program (LPHP), and Physician Health Committee (PHC)) in order to provide confidential assistance in receiving appropriate treatment. An employee's decision to seek/receive treatment through any Cleveland Clinic service or other provider will not be used as a basis for corrective action. However, such treatment will not be viewed as a substitute or a defense for appropriate corrective action, if corrective action is otherwise applicable.

PROGRAMS OF EDUCATION, PREVENTION, TREATMENT AND SUPPORT

Cleveland Clinic provides programs of education, prevention, treatment and support to encourage a drug-free workplace/lifestyle.

POST-OFFER PRE-PLACEMENT SUBSTANCE TESTING

Post-offer pre-placement testing is required of all prospective newly hired, rehired or reinstated individuals as part of a routine protocol. Positive results will preclude an applicant from being hired.

POST-ACCIDENT/RETURN TO DUTY TESTING

Upon the manager's consultation with Human Resources/Office of Professional Staff Affairs/Graduate Medical Education and Caring for Caregivers (EAP, LPHP, or PHC, as applicable), any employee may be subject to post-accident/return to duty drug and/or alcohol testing following any accident or other safety event during the employee's scheduled shift that the employee caused or contributed to and that results in personal injury, property damage, or other harm to the employee and/or anyone else. An employee who is required to undergo postaccident/return to duty testing will not be permitted to resume working while the test results are pending.

VAPORIZERS ("VAPES")

The use of vaporizers (aka "vapes") is prohibited under the Non-Smoking Policy. Any employee who is observed using a vaporizer/vape during their scheduled shift could be subject to mandatory drug testing.

RANDOM TESTING

Employees will be subject to random, unannounced drug testing throughout the year. When notified that they have been selected for random screening, employees must report to the designated testing site within the timeframe designated by Occupational Health regardless of their work location (e.g., onsite, hybrid, or remote) unless on preapproved Paid Time Off or an approved leave of absence. The detection of a controlled substance (except marijuana) for which an employee has a valid prescription will not, standing alone, result in a positive drug test. Additionally, random alcohol testing will be conducted where required by Department of Transportation regulations.

REASONABLE SUSPICION OF IMPAIRMENT/FOR-CAUSE REFERRAL

REASONABLE SUSPICION TESTING

Any employee may be subject to “for Cause” urine and/or breath testing when reasonable suspicion exists that the employee appears to be working in an impaired condition and/or under the influence of drugs and/or alcohol. A reasonable suspicion referral for testing will be made on the basis of documented objective facts and circumstances that are consistent with the effects of substance abuse or alcohol misuse.

For the purpose of this policy, the term “reasonable suspicion” shall be defined as aberrant or unusual behavior of an individual employee:

- a) who is observed on duty, or reporting to duty, by either the employee’s immediate supervisor, higher ranking employee, or other managerial personnel, who are required to document their observations as soon as practicable under the circumstances; and
- b) who exhibits the type of behavior that shows symptoms of intoxication or impairment caused by drugs and/or alcohol; and
- c) whose conduct cannot reasonably be explained by other causes.

If, after observing the employee, the manager continues to have reasonable suspicion that the employee is using, consuming and/or under the influence of alcohol and/or drugs while on duty, the employee will be notified of the need for immediate testing and evaluation.

Link to [Substance Abuse - Reasonable Suspicion or For Cause Testing Procedure](#)

REASONABLE SUSPICION OF DIVERSION/POSSESSION

If a supervisor and/or Diversion Response Team suspects diversion of a controlled substance, the supervisor shall:

- A. Contact Human Resources/Office of Professional Staff Affairs/Graduate Medical Education, Caring for Caregivers (EAP, LPHP, or PHC as applicable) and/or the Nursing Institute for guidance.
- B. Contact the Pharmacy Department for assistance in compiling investigatory reports.

- C. Conduct a thorough investigation checking doctor's orders, documentation of medications dispensed, and other appropriate records/resources.
- D. Consult with Caring for Caregivers (EAP, the LPHP or PHC, as applicable) to review evidence and to coordinate intervention if indicated.

If a supervisor has reasonable suspicion that an employee is in improper possession of alcohol, illegal drugs and/or a controlled substance, the supervisor may request that Cleveland Clinic Police Department and/or security to perform appropriate searches of the employee and Cleveland Clinic premises.

Link to [Substance Abuse - Reasonable Suspicion or For Cause Testing Procedure](#)

REPORTING DRUG-RELATED CONVICTIONS

Employees are required to report to their supervisor any criminal convictions of drug related violations arising from the employees' conduct while on Cleveland Clinic premises and/or conducting Cleveland Clinic business. Employees convicted of a felony offense or offenses while employed by Cleveland Clinic must notify Human Resources of the conviction within three (3) days after the court enters its Judgment.

REFUSAL TO COMPLY

Any employee refusing to comply with a lawful search, alcohol or drug test, or otherwise failing to cooperate with an investigation conducted in accordance with this policy will be subject to removal from Cleveland Clinic premises and subject to corrective action up to and including termination (see Corrective Action Policy).

SAFE TRANSPORTATION

A supervisor will arrange for safe transportation for the employee to their home whenever reasonable suspicion testing has been initiated. Options may include transportation through a designated family member or friend, UberHealth through Occupational Health, or other means such as a cab voucher where applicable. Refusal of safe transportation options may result in corrective action up to and including termination (See Corrective Action Policy). The supervisor should document noncompliance and immediately notify the Cleveland Clinic Police Department and/or security.

VIOLATION OF POLICY

Any employee who is found to be in violation of this policy:

- A. Is subject to corrective action up to and including termination (see Corrective Action policy).
- B. May be afforded the opportunity to participate in the Caring for Caregivers Programs (EAP, the LPHP, or PHC, as applicable). These programs and services provide assessment;

treatment planning, referral and follow-up services (see Employee Assistance Program policy). Licensed health professionals may be referred to the Licensed Health Professionals Program or the Physician Health Committee for ongoing monitoring of the re-entry to work and review, recommendation and oversight of any restrictions on their license (see Licensed Health Professionals Impairment policy).

Treatment expenses not covered by an employee's health plan, including substance screens, are the responsibility of the employee. Non-compliance with treatment requirements may result in corrective action up to and including termination.

CONFIDENTIALITY

Employee information related to this policy (e.g., reasonable suspicion of impairment, medical evaluation results, etc.) shall be held in strict confidence as outlined in the Employee Assistance Program policy and the Licensed Health Professionals Impairment policy. All Staff and Employee Assistance Programs operate under confidentiality rules and releases only limited information to supervisors.

LICENSING BOARDS

Cleveland Clinic maintains a cooperative working relationship with all appropriate licensing/certification boards. Appropriate boards/peer assistance programs will be notified when patient safety and/or minimum professional standards are not met and as otherwise mandated by law.

REGULATORY REQUIREMENT/REFERENCES

Corrective Action Policy
Employee Assistance Program Policy
Licensed Health Professionals Impairment Policy
Non-Smoking Policy
Reasonable Suspicion or For Cause Testing Procedure

OVERSIGHT AND RESPONSIBILITY

Human Resources Management is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

PROFESSIONAL APPEARANCE POLICY

PURPOSE

The purpose of this policy is to provide standards for dress and grooming to ensure the professional appearance, appropriate image, and the necessary safety and infection control requirements of the employee's work environment, specific work location and duties to be performed.

POLICY STATEMENT

Cleveland Clinic recognizes the importance of the professional appearance of its employees in maintaining an atmosphere conducive to the delivery of quality health care services. To promote such an atmosphere, employees are expected to dress in a manner appropriate to the job(s) they perform. Management is responsible for enforcement of this policy and also reserves the right to determine what constitutes appropriate attire, based on the guidelines below, for their particular work environment and location.

DEFINITIONS

Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children's Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, Martin North Hospital, Martin South Hospital, Tradition Hospital, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

POLICY IMPLEMENTATION

GENERAL STANDARDS

The professional atmosphere and brand of Cleveland Clinic is exemplified in many ways including the image employees present to our patients, the public, and each other. The following standards are meant to ensure all necessary safety and infection control requirements are met, and to avoid an appearance that calls attention to the individual employee and distracts employees from their patient care, support service or other responsibilities, or causes patients or visitors to question the competence, confidence, professionalism, caring or quality of our employees or our services. These expectations are applicable in all work environments, including virtual.

- A. Hair style, jewelry, makeup and fingernail lengths should be appropriately chosen to achieve a look of professional credibility. Additionally, colors unnatural to human hair (e.g., purple, green, pink, and blue) should not be permitted. Facial hair must be well groomed and able to meet respiratory fit testing requirements, if required by job title.

- B. Shoes should be appropriate for the work being performed and the location/site. Some departments may permit athletic shoes with uniforms.
- C. In those areas where employees are providing movement or exercise therapy, athletic shoes and sport shirts may be worn. In situations where employees are participating in recreation or athletic activities with patients, departments may permit sweat suits, jogging attire, or walking length shorts.
- D. Employees with direct patient care or food handling responsibilities may not wear artificial nail enhancements of any kind (including but not limited to acrylics, extenders, and embellishments). Nails should be kept short and any polish, if worn, may not be chipped.
- E. Department managers will determine if and when business casual attire is appropriate for their particular work area and location. Jeans and denim material are prohibited except when permitted by management.
- F. Tattoos that convey messages that are inconsistent with Cleveland Clinic values must be covered at all times. At manager's discretion, employees may be required to cover other tattoos. No more than two pair of simple earrings may be worn per ear, small nose stud piercings are permitted with the exception of septum or rings. Ear gauges that are visible should have solid, skin colored plugs in place.
- G. Hats or other headwear should be worn only if they are part of the approved uniform.
- H. Prohibited attire includes, but is not limited to:
 - 1. Attire with political endorsements.
 - 2. Attire that is vulgar, obscene, threatening, intimidating or harassing.
 - 3. Attire that conveys a message contrary to Cleveland Clinic's policies against discrimination or harassment.
 - 4. Attire that provokes a debate over social issues.
- I. Departments may implement policies, further define standards of dress, grooming and appearance relative to jobs within their area and will be responsible for determining if employees are adhering to standards of dress, grooming and appearance.
- J. Contractors and vendors who are routinely on Cleveland Clinic premises should be advised of the expectation to comply with Cleveland Clinic standards of dress, grooming and appearance.
- K. Cleveland Clinic will make reasonable accommodations for dress or grooming directly related to an employee's religion, culture or disability unless such accommodation poses an undue hardship or risk to the safety or health of the individual or others (See Disability Accommodation in Employment Policy, Religious, Cultural and Ethical Accommodation Policy).

UNIFORMED EMPLOYEES

Employees working in an area, department or function with a specific uniform requirement are expected to wear the uniform, while on duty, in accordance with the uniform policy of that particular department or area. Decisions regarding the provision and replacement of uniforms and the associated cost to the employee will be the determination of the department.

- A. Employees who are furnished uniforms or other garments by Cleveland Clinic are held responsible for all garments supplied to them and will be charged accordingly for any such garment that is carelessly destroyed, rendered unwearable, lost, stolen or not returned upon departmental transfer or termination.
- B. Uniforms which are provided by Cleveland Clinic should be worn by employees only during working hours for the specific purpose intended, except in those departments where it is permitted to wear Cleveland Clinic issued uniforms while traveling to and from work.
- C. Employees who are furnished uniforms or other garments by Cleveland Clinic are expected to keep them clean, pressed, and in good repair.
- D. The Textile Care Services Department will maintain the uniforms for those areas, as identified by the Infection Control Committee, with a high degree of exposure to bodily fluids.
- E. Employees who furnish their own uniforms are expected to report to work in a uniform which is clean, pressed and in good repair in accordance with the uniform policy of the department.

NON-UNIFORMED EMPLOYEES

Employees working in areas or departments that do not have a specific uniform requirement should dress in a professional manner that is appropriate to the job being performed and consistent with the business needs of the area and location. This includes appropriate dress code and professional virtual background for employees working in a remote environment. Management is responsible for enforcement and also reserves the right to determine what constitutes appropriate attire.

- A. Examples of appropriate attire are clean, neat, non-wrinkled skirts, suits, dresses, dress pants, blouses, shirts, sweaters, blazers, sports coats and turtlenecks. Dresses or skirts must be of sufficient length. Ties are encouraged to be worn unless they pose a safety hazard.
- B. Examples of inappropriate attire are revealing, low-cut, form fitting, stained, ripped or see-through clothing, T-shirts, (except as part of an approved uniform top), sweat suits, jogging suits, tank tops, shorts, jeans, denim of any color, leggings, casual/leisure Capri style pants, overalls, sandals, flip flops, fishnet or patterned hosiery, and midriff shirts.

MISCELLANEOUS

- A. The employee ID Badge should be worn above the waist and with the photo ID facing outward.

- B. Good personal hygiene is expected of all employees.
- C. Exposure to strong scents and fragrances can be offensive to others and/or may trigger allergic reactions. Therefore, the use of scented perfumes, colognes and other fragrance products should be used with discretion and with sensitivity to others in the workplace.
- D. Failure to adhere to standards of dress, grooming and appearance may result in corrective action. In addition, management may require employees to remove, modify or cover any attire that is inconsistent with a professional work environment and/or these standards.

REGULATORY REQUIREMENT/REFERENCES

Corrective Action Policy
Disability Accommodation in Employment Policy
Identification Badges Policy
Religious, Cultural and Ethical Accommodation Policy

OVERSIGHT AND RESPONSIBILITY

Human Resources Management is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements. It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

IDENTIFICATION BADGES POLICY

PURPOSE

Identification badges (ID) are issued to provide employees and non-employees with a means of identification, to promote safety and security on Cleveland Clinic property, to be used for access controls, parking, timekeeping, payroll deductions, and to assist in emergency ID as necessary. ID badges ensure Cleveland Clinic patients, visitors, and coworkers have the ability to identify employees and non-employees.

POLICY STATEMENT

It is the policy of Cleveland Clinic to provide employees and other individuals who require regular, unescorted, access to the interior of Cleveland Clinic facilities with an ID badge. Such badges must be worn above the waist at all times while on property owned or leased by Cleveland Clinic. In addition, all volunteers, privileged positions, contractors and consultants must wear ID badges. All ID Badge Holders are required to provide their ID badge to management and/or Protective Services, including the Cleveland Clinic Police Department, hospital and hotel security officer,

upon request. Failure to properly display, or present, a valid Cleveland Clinic ID badge can result in the revocation of the badge and/or other appropriate corrective action. Replacement badges may be subject to a fee

DEFINITIONS

Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, Martin North Hospital, Martin South Hospital, Tradition Hospital, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Privileged positions: Non-employed community/Private Practice Physicians, Practitioners and Physician Assistants.

POLICY IMPLEMENTATION

The standard information to be included on the badge is:

- ID Badge Holder’s Photograph*
- First and Last Legal Name
- Licensure as required by job description
- Certifications required by law
- Education as required by job description (Master’s and above; if Nursing, Bachelor of Science in Nursing (BSN) and above due to Magnet Status requirement)
- Institute or Division/Department (in lieu of institute, approval required)

*Cleveland Clinic will make reasonable accommodations for dress or grooming directly related to an employee’s religion, ethnicity, or disability unless such accommodation poses a risk to the safety or health of the individual or others. Head attire can be worn in accordance with an employee’s religion, ethnicity or disability and should present neatly and not obscure the face for purpose of clear identification of the ID Badge Holder.

Any variation from the standard format must be reviewed and approved by Human Resources and Protective Services. Requests to delete last names for security reasons must be reviewed and approved by Human Resources in collaboration with Protective Services Administration.

Assignments to Emergency Departments and Behavioral Health Units qualify as security-related work locations eligible for consideration to remove the last name from a badge.

Non-employee populations including, but not limited to temporary employees, medical students, healthcare students, and visiting and/or other non-employee physicians and other individuals in privileged positions, as well as consultants and contractors must obtain and wear an ID badge

during their Cleveland Clinic assignment. Refer to the [Non-Employee Visitation and Onboarding Standard Operating Procedure](#) for details.

Badge types are as follows:

- White badges - all Cleveland Clinic employees and privileged positions
- Pink badges – Nursing employees authorized to provide direct care to infants (training required)
- Blue badges – non-employee
- Green badges –volunteers non-employee

ACCESS CONTROL

General facility access levels are pre-assigned. Additional access levels must be authorized by the ID Badge Holder’s Supervisor. Badges will deactivated if the badge is not used for door access for ninety (90) days.

An ID badge shall not be used by anyone other than the individual to whom it was issued.

Furthermore, an ID badge will not be issued until an appropriate background check, including government debarment checks and criminal record checks, have been initiated and/or completed on the individual. Such background checks shall be completed by Protective Services consistent with applicable policies and procedures. Other onboarding requirements may also apply prior to an ID badge issuance (see [Criminal Records Background Check Policy](#)). Protective Services shall facilitate the issuance of all ID badges.

In addition to regular, Cleveland Clinic ID badges, a separate process applies to sales representatives who will be within a Cleveland Clinic facility for one day or less, and who have a previously scheduled appointment. That process, Vendormate, is further described within this policy.

REPLACEMENT BADGES

Badge replacement may be subject to a \$30 fee payable via payroll deduction, credit card or cost center (requires supervisor authorization). Report badge issues to the ID Badge Office at badge@ccf.org.

Fee \$30

Photo update (elective)
Lost badge
Damaged (negligence)
Failure to return badge upon termination of employment

No Fee

Photo update (every 4 years per industry standard)
Updated education (requires updated Workday profile and if required to printed on badge –

Master's degree and above; if Nursing, BSN and above)
Updated credentials (requires Workday profile updated and if required to be printed on badge)
Name change (must be uploaded in Workday)
Stolen badge (police report required)

IDENTIFICATION BADGE PROCEDURE

Special accommodations will be made for work locations requiring a badge for ID only, i.e., Magnetic Resonance Imaging (MRI).

ON-BOARDING REQUIREMENTS

Onboarding requirements are determined by job assignment and patient interaction.

Background checks are completed on employees and non-employees who works directly or indirectly for Cleveland Clinic. Please see the [Criminal Records Background Check Policy](#) to review the complete criminal record check procedure.

- Cleveland Clinic employees (white badges, pink badges) must complete pre-employment testing and background check prior to start date. Tuberculosis (TB) testing will be completed on an annual basis thereafter.
- Non-employee must have a background check and TB test prior to their start date. They must also complete assigned online training before badge issuance. These requirements must also be met in order to renew an expiring badge.
 - Construction workers must have a background check and complete Infection
 - Control Risk Assessment (ICRA) class prior to badge issuance and working on a job site. These requirements must also be met in order to renew an expiring badge.
 - Volunteers must have a background check and Tuberculosis (TB) test prior to badge issuance. These requirements must also be met in order to renew an expiring badge.

A Cleveland Clinic ID badge will not be displayed or worn in any forum that would lead a reasonable observer to believe the activity is Cleveland Clinic sponsored and/or approved and that the individual is representing the organization in an official capacity. The badge may be only worn for its issued, specific purpose within the individual's scope of work performed at Cleveland Clinic.

VENDORMATE

Vendormate is an online system managed by Protective Services used to accommodate vendors and sales representatives who will be within a Cleveland Clinic facility for a scheduled period of time. These individuals must have an appointment scheduled prior to printing their badge.

Vendormate prints valid ID badges at kiosks throughout the health system. The badge is only valid for the date it is printed.

Companies must apply through Supply Chain to be a part of the Vendormate program.

VENDORMATE REQUIREMENTS

1. Vendor representative registers and creates a profile in Vendormate.
2. Online training login information is provided to the vendor representative via Vendormate and must be completed before uploads to the system can be made.
3. Vendor must upload photo ID, TB test results (for clinical settings), criminal background attestation, W-9.
4. Vendormate will conduct a criminal background check for all vendors that will visit a Cleveland Clinic facility.

Vendor representative must read and acknowledge all relevant Cleveland Clinic policies and the Supplier Relationship Handbook.

OFF-BOARDING REQUIREMENTS

When terminating engagements for employees and non-employees, hiring managers and/or event coordinators are responsible for returning badges to the ID Badge Department. Penalties for unreturned badges apply. (See fee structure)

RETIREE VALET BENEFIT

Retired Cleveland Clinic employees who have worked at Cleveland Clinic a minimum of 25 years and are no longer actively employed with Cleveland Clinic, are eligible for the Retiree Valet Benefit. This benefit provides free valet services to eligible retirees at Cleveland Clinic locations where valet services are available. The retiree's years of service from his/her seniority date do not need to be continuous and may include cumulative services interrupted by one or more breaks in service.

Eligible retirees will receive a Retiree Badge via U.S. mail. Retirees will need to present their badge to valet services when leaving Cleveland Clinic premises in order to have their valet fees waived.

Professional Staff retirees should follow the Retired Staff program managed by the Office of Professional Staff Affairs.

REGULATORY REQUIREMENT REFERENCES

[Criminal Records Background Check Policy](#)

[Corrective Action Policy](#)

[Non-Employee Visitation and Onboarding Standard Operating Procedure](#)

OVERSIGHT AND RESPONSIBILITY

Human Resources Management in conjunction with the Cleveland Clinic Department of Protective Services, is responsible to review, revise, update and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each Hospital, Institute, Department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

SOCIAL MEDIA USE POLICY

PURPOSE

To provide all Cleveland Clinic employees and to any students, volunteers, contractors, or vendors who are obligated to comply with Cleveland Clinic policies and procedures with rules and standards for participation in social media (also known as social networking).

POLICY STATEMENT

This policy will also apply to any students, volunteers, contractors, or vendors who are obligated to comply with Cleveland Clinic policies and procedures. The intent of this policy is not to restrict the flow of useful and appropriate information, but to safeguard the interests of Cleveland Clinic, its employees, and its patients. This policy is not intended to limit any employee's rights under the National Labor Relations Act (NLRA) and does not apply to communications protected by the NLRA.

Although Cleveland Clinic recognizes the value of social media as a tool for communicating and gathering information, time spent posting on, or viewing social media sites must not interfere with job responsibilities.

DEFINITIONS

Cleveland Clinic United States Locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Content: Employee, business, patient, or financial information, healthcare practices or protocols, or any other information that is transmitted or maintained in any form medium including text, images, video, and audio formats.

Social Media (Social Networking): Social media and social networking include, but are not limited to the following:

- Cleveland Clinic internal intranet sites and blogs;
- Cleveland Clinic publicly facing internet web sites;

- Social networking sites, such as Facebook®, MySpace®, LinkedIn®, Instagram® or Parler®
- Blogs (including corporate or personal blogs and comments to blogs) and other on-line journals and diaries;
- Forums and chat rooms, such as discussion boards, Yahoo! Groups®, or Google® Groups;
- Microblogging, such as Twitter®;
- Online encyclopedias, such as Wikipedia®; and
- Video or image based sites such as Flickr®, YouTube®, TikTok® and similar media.

In addition to posting on websites like those mentioned above, social media and social networking also include permitting or not removing postings by others where an employee can control the content of postings, such as on a personal profile or blog.

POLICY IMPLEMENTATION

When communicating on Cleveland Clinic social media sites, communicating about Cleveland Clinic, or as a representative of Cleveland Clinic on any social media site unaffiliated with Cleveland Clinic, Cleveland Clinic employees are expected to follow the same standards and policies that otherwise apply to them in the workplace as a Cleveland Clinic employee. For example, social media activity is subject to Cleveland Clinic policies that strictly prohibit discrimination, harassment, threats, and intimidation. The standards set forth in Cleveland Clinic’s Health Insurance Portability and Accountability Act (HIPAA) and Confidential Information policies also apply to social media activity, such as comments posted to Facebook, blogs, or discussion forums, as do the standards set forth in Cleveland Clinic’s Telephone and Cellular Phone Use policy. Likewise, Cleveland Clinic does not intend to limit any employee’s rights under the NLRA as such policies do not apply to communications protected by the NLRA.

Employees must not post content about coworkers, supervisors, or the Cleveland Clinic that is knowingly false, vulgar, obscene, threatening, intimidating, harassing, defamatory, or maliciously detrimental to Cleveland Clinic’s legitimate business interests. Relatedly, employees must not post content that violates Cleveland Clinic’s workplace policies against discrimination, harassment, or hostility based on race, color, religion, gender, sexual orientation, gender identity, gender expression, pregnancy, marital status, age, national origin, disability, military status, citizenship, genetic information or any other protected class, status, or characteristic protected by state, federal or local law. Inappropriate postings may include, for example, discriminatory remarks; harassment on the basis of race, sex, disability, religion and other protected characteristics; malicious posts meant to intentionally harm someone’s reputation; posts that could contribute to a hostile work environment or violate the Professional Conduct Policy; and

threats of violence or other similar inappropriate and/or unlawful conduct. Employees should use good judgment and discretion in developing postings.

In the interest of guarding the privacy of our patients, employees must not publish any content including photos, names, likenesses, descriptions or any identifiable attributes or information – related to any Cleveland Clinic patient. Unless the applicable requirements in the Policy on Patient Recordings are fulfilled and approved, postings that attempt to describe any specific patient and/or patient care situation, or that contains any patient identifier, or in combination may result in identification of a particular patient directly or indirectly, are inappropriate and strictly prohibited. Violations of Cleveland Clinic policies that occur online or in social media may subject the violator to disciplinary action, up to and including termination.

STANDARDS

AUTHORIZED SOCIAL NETWORKING

1. Employees who, within the scope of their job responsibilities are permitted to and wish to post content to a Cleveland Clinic social media site, must first get approval from their supervisor and Corporate Communications (by emailing Corporate Communications' Public and Media Relations team at pubmedrel@ccf.org).
2. Cleveland Clinic provides its electronic property, including laptops, PCs, phones and other devices to employees solely for the purpose of achieving enterprise objectives. Please refer to Cleveland Clinic's Acceptable Use of Information Assets Policy before using such devices to engage in social media activity.

EMPLOYER MONITORING

1. Employees should have no expectation of privacy with respect to any communication sent or received through Cleveland Clinic's computer system or networks, including Cleveland Clinic public or private Wi-Fi. Also, employees should have no expectation of privacy when using social media during work time, or in regard to anything posted that is accessible by the general public.
2. Social media activity using the Cleveland Clinic's electronic resources is subject to all Cleveland Clinic policies, including the Acceptable Use of Information Assets Policy. Cleveland Clinic will, in its discretion, review and restrict social media activity to the fullest extent permitted by applicable law.

RULES FOR SOCIAL MEDIA AND SOCIAL NETWORKING

1. In the interest of guarding the privacy of our patients, employees must not publish any content – including photos, names, likenesses, descriptions or any identifiable attributes or information – related to any Cleveland Clinic patient on any form of social media or to any third party. Postings that attempt to describe any specific patient and/or patient care situation, or that contain any patient identifier, or in combination with other information may result in identification of a particular patient directly or indirectly, are inappropriate and strictly prohibited.
2. Time spent posting or viewing any social media sites, including Cleveland Clinic social media sites, must not interfere with or affect work responsibilities.
3. For the purpose of respecting all copyright and intellectual property laws, and Cleveland Clinic’s interest in the use of its brand, employees must not use Cleveland Clinic’s name, logo, trademark, or proprietary graphics in a way that suggests that the employee is representing Cleveland Clinic without receiving permission from the Chief Marketing Officer and the Tax Department. If permission is granted, an employee still must not create a social media page with Cleveland Clinic’s logo placed in a way that suggests to readers that Cleveland Clinic is sponsoring or endorsing the page or any of the information contained on it. Employees also must not use Cleveland Clinic’s logo, trademark, or proprietary graphics in any commercial activity. Nor shall employees use the Cleveland Clinic logo, trademark, or propriety graphics while engaging in conduct that violates Cleveland Clinic policy.
4. Employees must not use their enterprise e-mail address to register for any personal social media account or site, or as an identifier needed to participate in any personal social media activity, except to engage in social media activity authorized by Cleveland Clinic and for Cleveland Clinic’s business purposes.
5. Employees should not post photos of other Cleveland Clinic employees on social media sites without the other employee’s permission. This rule does not prohibit posting of photos of co-workers engaging in protected activity under the NLRA.
6. Employees must not post content on any social media site that is related to confidential or proprietary information of Cleveland Clinic, its patients, or vendors, such as health information or trade secrets. Trade secrets may include information regarding the development of systems, processes, procedures or other internal business-related confidential communications. This is not intended to limit any employee’s rights under the NLRA, and does not apply to communications protected by the NLRA.
7. Statements on social media sites could be considered endorsements under Federal Trade Commission Guidelines, Title 16 of the Code of Federal Regulations Part 255. Therefore, if the employee recommends one of Cleveland Clinic’s products or services on any social media site, the employee must be

accurate and disclose the employee/employer relationship. Making false or unsubstantiated statements, or failing to make applicable disclosures, may subject the employee to liability under the law.

8. Employees must not use Cleveland Clinic-sponsored sites to solicit for or promote personal businesses or other organizations, including but not limited to outside business ventures, charities, political campaigns, or religious groups. For example, employees must not use Cleveland Clinic-sponsored sites to promote a personal cosmetics business or a political candidate. Use of Cleveland Clinic-sponsored sites to solicit for or promote Cleveland Clinic-approved activities requires the prior approval of the employee's supervisor and the Executive Director of Corporate Communications.
9. If an employee's social networking (including but not limited to their online profile) includes any information related to Cleveland Clinic, the employee must not represent in any way that the employee is speaking on behalf of Cleveland Clinic, unless the employee is otherwise authorized to do so or such activity is a part of the employee's regular job duties. If any of an employee's online activity creates a risk that a third party may believe that he or she is acting on Cleveland Clinic's behalf, that employee must use an appropriate disclaimer, such as: "The postings on this site are my own and do not necessarily reflect the views of the Cleveland Clinic."
10. Employees must not post content to Cleveland Clinic-sponsored sites endorsing any product or service, lobbying or soliciting contributions for any political candidates or parties, or discussing political campaigns, issues, legislation or law.

REGULATORY REQUIREMENT/REFERENCES

Federal Trade Commission Guidelines, 16 CFR Part 255 ("255"). The Health Insurance Portability and Accountability Act (HIPAA) Acceptable Use of Information Assets Policy

[Corrective Action Policy](#) [Electronic and Voicemail Policy](#)

Information Security Privacy Manual

[Non-Discrimination, Harassment or Retaliation Policy](#) Policy on Patient Recordings (Photo, Video, and Audio) Professional Conduct

[Telephone and Cellular Phone Use Policy](#)

OVERSIGHT AND RESPONSIBILITY

Human Resources Management is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirement.

Program Handbook 2024-25

Department managers and supervisors are responsible for uniform administration of this policy. Employees are responsible for adhering to the provisions of this policy in their use of social media websites.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

TELEPHONE AND CELLULAR PHONE USE POLICY

PURPOSE

To provide standards on the appropriate use of business telephone and voicemail systems as well as personal cellular phones or similar devices.

POLICY STATEMENT

Cleveland Clinic maintains telephone systems for business purposes as a vital link to our patients and community. For this reason, Cleveland Clinic discourages the making or receiving of personal calls or engaging other non-work related activity with a phone during working hours either on hospital owned phones or personal cellular phones. This policy is also intended to provide and maintain a quiet, healing environment, and to protect patient confidentiality. Use of cellular phones in patient care areas will be permitted at the discretion of departmental management.

DEFINITIONS

Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children's Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, Martin North Hospital, Martin South Hospital, Tradition Hospital, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Cellular Phone: For the purposes of this policy, the term "cellular phone" is defined as any handheld electronic device with the ability to receive and/or transmit voice, text or data messages without a cable connection (including but not limited to cellular phones, Smartphones, tablets, digital wireless phones, radio-phones, telephone pagers, PDAs (personal digital assistants) with wireless communications capabilities which may or may not have the capability to take pictures and videos). Cellular phone devices may also be considered any device capable of being networked by a private network provider to obtain information and send information over the internet.

POLICY IMPLEMENTATION

PERSONAL TELEPHONE CALLS

Cleveland Clinic understands that employees may periodically need to make and receive personal calls during working hours. Such calls, whether utilizing Cleveland Clinic telephone equipment or personal cell phones and relating to personal, non-emergency issues during work hours, are disruptive to the normal flow of business and should be strictly limited. When at all possible, personal calls during working hours should be limited to the use of personal cellular phones in authorized non-working areas during employee breaks or meal periods.

VOICEMAIL

Voicemail, like other components of Cleveland Clinic's telephone system, is intended for business use. All messages, whether left of Cleveland Clinic owned desk phones or cellular phones, are company records. While voicemail passwords are intended to limit access to authorized individuals only, employees should not have an expectation of privacy in connection with voicemail messages and should exercise professional discretion and judgment when utilizing the system.

MONITORING TELEPHONE CALLS FOR CUSTOMER SERVICE

Cleveland Clinic reserves the right to monitor the calls of employees to ensure a consistent level of service and verify that information provided to customers is accurate. Employees who work in departments where phone monitoring occurs will be informed of this requirement during their departmental orientation process.

CELLULAR PHONES

While at work, employees are expected to exercise the same discretion in using personal cellular phones as they use with Cleveland Clinic telephones. Excessive personal calls, text messaging, social media activity, or internet activity during the workday, regardless of the device used, can interfere with employee productivity and be distracting to others. Employees should restrict all such activity during work time, and should use personal cellular phones only during scheduled breaks or lunch periods in non-working areas and avoid patient care areas when possible. Cellular phone devices should be on vibrate or silent mode when carried by employees on Cleveland Clinic premises during work time. Cellular phones should not be answered or used for any other non-work related purpose including but not limited to texting, emailing, and social media activity during patient care delivery or where it would interrupt employees' day-to-day work responsibilities, with the exception of conducting business related calls impacting patient care. The personal use of earbuds, headphones, headsets and similar devices or accessories by employees during work time is also prohibited unless authorized in advance by management.

Cleveland Clinic cellular phones are provided to assist employees in the performance of their jobs and intended for business use only. Employees who are issued a Cleveland Clinic cellular phone should use it for all work-related needs and refrain from using a personal device for any business

purpose. Employees are expected to use common sense and exercise good judgment regarding the personal use of Cleveland Clinic mobile devices and accounts. Personal use must not conflict in any way with Cleveland Clinic’s business objectives, or interest, organizational values, standards of business conduct, nor should such use jeopardize Cleveland Clinic’s status as a nonprofit organization. Employees should not have an expectation of privacy or personal ownership in connection with their use of Cleveland Clinic issued cellular phones.

Employees who are issued a Cleveland Clinic cellular phone have the responsibility to be consistent with the following documents:

- Information Security and Privacy Manual
- Acceptable Use of Information Assets Policy
- [Mobile Device User Guidelines](#)

RECORDING AND PHOTOGRAPHING

Given privacy concerns, the use of audio recording and/or electronic imaging function of cell phones (i.e., cell phone cameras and video recorders) or of any other devices with similar capabilities is prohibited on Cleveland Clinic premises except when conducting authorized or approved Cleveland Clinic business and/or with express consent from the subject(s) of any such recording or photograph, and in compliance with the Policy on Patient Recordings (Photo, Video, and Audio) if applicable. This provision should not be considered to prevent employees from engaging in activity protected by the NLRA (i.e. employees engaging in protected concerted activity on non-work time in non-work areas).

CELLULAR PHONE USE WHILE DRIVING

Employees are required to be familiar with and comply with local laws when using a cellular phone while operating a motor vehicle. It is highly recommended that when operating a company-owned vehicle, or a personal vehicle while in the performance of Cleveland Clinic business, employees use hands-free devices when using a cellular phone, electronic communication device or any other electronic equipment. This shall apply to company owned/issued devices or devices owned by the employee, whether used for business or personal reasons.

Employees should use caution when using data services on their cellular phones while driving in the performance of Cleveland Clinic business, and must comply with applicable state and local laws prohibiting communication via text message, e-mail, or instant message while driving.

APPLICATION OF POLICY

- All new employees will be informed of this policy during their new hire orientation. It will be the

responsibility of each department to inform current employees and any vendors/ contractors working in their areas of the policy.

- The Environmental Safety Committee will be responsible for investigating and reviewing all incidents that involve suspected interference with clinical devices due to electromagnetic interference (EMI).

HARASSMENT, FRAUD OR ILLEGAL ACTIVITY

Cleveland Clinic prohibits the use of its telephones, owned cellular phones and voicemail systems for purposes of harassment, fraud or other illegal activities. The use of personal phones is also prohibited for this type of activity.

Violations of this policy may result in corrective action up to and including termination.

REGULATORY REQUIREMENT/REFERENCES

Cleveland Clinic documents:

- Acceptable Use of Information Assets Policy
- Corrective Action Policy
- Electronic and Voicemail Policy
- Information Security and Privacy Manual
- Mobile Device User Guidelines
- Non-Discrimination, Harassment or Retaliation Policy
- Policy on Patient Recordings (Photo, Video, and Audio)
- Fleet Vehicle and Driver Directive

OVERSIGHT AND RESPONSIBILITY

Human Resources Management is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements. Human Resources is responsible for determining, in collaboration with management, if a violation of this policy has occurred.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

STUDENT PARKING

Parking assignments for all Cleveland Clinic student programs will be at an off-site surface parking lot at no charge. Students must have a Cleveland Clinic ID badge to receive a parking assignment. The transportation department provides free shuttle service to and from Main Campus. Students are required to park in their assigned off-campus lots during normal business

hours (5:30am to 5:30pm). If students are required to be on campus for third shift, weekends and holidays, they will have automatic default access to a designated on-campus parking garage. For student programs only, the default garage access hours begin at 5:30pm and end at 10:30am.

WEATHER EMERGENCIES

PURPOSE

To set forth the expectations for student attendance during a declared weather emergency.

POLICY STATEMENT

It is the policy of Cleveland Clinic to remain open during any weather emergencies. Students are expected to make all reasonable efforts to report to clinicals as scheduled, which may include leaving home earlier than usual.

DEFINITIONS

Weather Emergency - The Chief or Operations for the Enterprise, or their designee, will make the determination if a weather emergency should be declared with respect to any particular shift so as to invoke the provisions of this policy. Weather emergencies are typically declared after the weather event and after its impact has been assessed.

POLICY IMPLEMENTATION

Late Arrival: Occurrences of tardiness or late clock in as defined under the Attendance Policy on a declared weather emergency shift will not be counted for purposes of disciplinary action.

Absence: Students who are unable to come in to the lab will have the time counted as unexcused PTO unless excused by the Program Director.

Students Requesting to Leave Early: Students who request permission to leave early during extreme weather conditions may, with the Program Director's approval, be permitted to do so without using personal time or penalty.

Declared Weather emergencies: If a weather emergency has been declared, then students will not be penalized for arriving late. If a student does not come in at all on that day, the time will be considered unexcused. If the Program Director notifies students to stay home, they are expected to be in virtual attendance for any lectures and complete any other activities that the LES assigns.

WEAPONS AND CONTRABAND POLICY

PURPOSE

To provide Cleveland Clinic health system (CCHs) personnel with a standardized process in preventing the introduction of weapons and contraband to CCHs property and mitigate incidents wherein weapons or contraband are present.

POLICY STATEMENT

CCHs personnel will take precautions to prevent introduction of weapons/contraband to its facilities while respecting the inherent rights of the individual as specified by local, state and federal law.

Reducing opportunities for weapons/contraband to enter CCHs facilities and competently resolving situations in which weapons/contraband are found is paramount to assuring a safe healthcare environment for patients, visitors, employees, and non-employees.

DEFINITIONS

Chain of Custody- Is the chronological documentation showing the seizure, custody, control, transfer, analysis and disposition of evidence/contraband.

Cleveland Clinic health system- Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Contraband – The Ohio Revised Code 2901.01 defines contraband as:

“Contraband means any property that is illegal for a person to acquire or possess under statute, ordinance or rule, or that a trier of fact lawfully determines to be illegal to possess by any reason of the person’s involvement in an offense.” Any item determined by hospital staff to be hazardous or that may unduly violate the privacy of other patients may be classified as contraband. If any item or substance is suspected of being contraband, it is to be reported to Police/Security authority immediately.

“Contraband includes, but is not limited to, all of the following:

- *Any controlled substance as defined in section 3719.01 of the Revised Code, or any device or paraphernalia.*
- *Any unlawful gambling device or paraphernalia.*
- *Any dangerous ordnance or obscene material.”*

Contraband comment: The broad definition makes it impossible to list all those items which may be considered contraband. Contraband in a hospital environment, especially in a behavioral health care unit, may also include otherwise legal items that could be harmful or dangerous for a

patient, employee, non-employee, or visitor to possess based upon the environment. Cigarettes are considered contraband at CChs.

Dangerous Ordnance – Is any explosive device including, but not limited to, a hand grenade, dynamite, bomb, blasting cap, or incendiary device.

Deadly Weapon – Is any device capable of causing death, and that is either designed or specially adapted for use as a weapon including, but not limited to, a firearm, knife, crossbow, ax/hatchet, etc.

Hand Held Metal Detectors (wand) – A security scanner used to detect the presence of offensive weapons on a person or in his/her personal effects, and to check parcels or letters for metal objects.

Non-Employee- individual who needs access to CChs property who does not receive a pay check with a Cleveland Clinic logo on it. Examples are students, contractors, observers, etc.

Police/Security Authority – For the purposes of this policy, Police/ Security Authority will be defined as the on-site Cleveland Clinic Police Department Police Officer, Security Officer or the Officer provided by the approved security contract vendor. The term will also be used to reference the local police authority having jurisdiction in circumstances wherein on-site police/security personnel are not assigned to a facility.

Screen – Includes the visual observation, wandering, passing through a magnetometer or physical pat-down of a person by police/security or clinical staff

Weapon - Any device that could be carried, possessed or used for the purpose of inflicting physical harm.

POLICY IMPLEMENTATION

CChs strictly prohibits the possession of contraband by patients, visitors, employees and nonemployees.

All persons entering CChs premises are subject to reasonable search of their person, belongings, and rooms to ensure the health and safety of all persons.

Cleveland Clinic Police or the security department will evaluate violation of this policy and will recommend corrective action up to and including termination of employment.

Threatening statements made relating to weapons or contraband will result in termination and/or criminal prosecution.

Police or the security department at the location will respond to all Caregivers who discover or suspect a patient, visitor, vendor contractor or other non-employee in possession of a weapon.

WEAPONS/FIREARMS AND CONTRABAND

- A. Firearms are not permitted on any CCHs premises, at enterprise sponsored functions while conducting organization business off-premises, or in CCHs owned or leased vehicles. For the purpose of this policy, CCHs premises includes all enterprise owned or leased buildings, except where exempted by law.
- B. Firearms are not permitted on any CCHs premises with the exception of law enforcement officers, licensed armored car companies conducting official business on behalf of CCHs or its leased properties (e.g. Brinks, Dunbar, Wells Vargo, etc.), Cleveland Clinic Police Officers, or Cleveland Clinic Inspectors of the Protective Services Department and those individuals employed by CCHs Protective Services authorized to carry by Federal statute.
 - 1. On-duty uniformed police officers, from any state, may carry their firearm in any CCHs premises unless they are a patient due to the likelihood of the officer becoming separated from his belongings and firearm during treatment. Their firearm shall be turned over to a CCPD police officer for storage until the officer is discharged.
 - 2. On-duty plain clothes police officers such as detectives, and state and federal agents, from any state, shall be permitted to carry their firearm in any CCHs premises as long as it can be concealed. If the firearm cannot be concealed, the plain clothes officer or agent can be escorted by a CCPD police officer to and from his business, have his firearm stored until he/she completes their business or store the firearm in their vehicle.
 - 3. Off-duty police officers to include states and federal agents form any state, in plain clothes shall be permitted to carry their firearm in any CCHs premises as long as it can be concealed. If the firearm cannot be concealed, the off-duty plain clothes officer or agent can be escorted by a CCPD police officer to and from his business, have his/her firearm stored until he/she completes their business or return and store the firearm in their vehicle. Off-duty officers and agents who are patients will not be permitted to carry their firearm in any CCHs premises due to the likelihood of the officer or agent becoming separated from their belongings and weapon during treatment. The weapon can be stored by a CCPD police officer until the officer or agent is discharged or returned and stored in the officer or agent's vehicle. Any on or off duty police officer or agent refusing to comply with the firearm restrictions specified in the SOP will not be permitted inside the impacted premises.
 - 4. Security officers are strictly prohibited form handling any firearm in any CCHs premises.
 - 5. The conveyance of other weapons, other than firearms, by on and off duty law enforcement officers into a CCHs premises, shall be at the discretion of a CCPD supervisor.
- C. CCHs employees are not permitted to bring weapons onto CCHs premises. Violation of this policy will result in corrective action, up to and including termination.
- D. Contractors, volunteers, vendors and any other non-employees are prohibited from bringing weapons onto CCHs premises.
- E. Firearms are not permitted in any CCHs location. The Carry Concealed Weapon (CCW) permit does not authorize patients, visitors, employees, or non-employees to carry the weapon in a CCHs facility. Signs are posted at entrances to CCHs facilities advising of this prohibition.

ROOM SEARCHES

In order to protect the safety and welfare of patients, visitors, staff and others from the threat caused by the presence of contraband in a clinical setting, CChs reserves the right to conduct a reasonable search of a patient's room and/or personal property in the following situations:

- A. Reasonable suspicion to believe a patient is concealing weapons/contraband covered by policies.
- B. A patient's personal property will be searched only in circumstances in which the police/security authority, in consultation with the clinical staff, determine that there is reasonable suspicion to believe a patient is in the possession/control of weapons/ contraband and there is risk of harm to the patient, visitors, staff or other persons if the weapon/contraband is not removed.

REGULATORY REQUIREMENT/REFERENCES

Ohio Revised Code sections 2901.01 and 3719.01

EC.02.01.01

Center for Medicare and Medicaid Services Conditions of Participation 482.13 (c)(2)

Corrective Action Policy

Major Policies for the Professional Staff - Policy for the Due Process/Right of Review for a Member of the Professional Staff

OVERSIGHT AND RESPONSIBILITY

Cleveland Clinic Protective Services will review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

WORKPLACE VISITATION

PURPOSE

To provide clear expectations to maintain a safe, professional, secure, confidential, and healing patient care environment and ensure that the learning environment is free from the distraction of personal visitors or personal business activities.

POLICY STATEMENT

Cleveland Clinic is committed to providing a healing patient environment that is secure, free from unnecessary noise and disruption, and ensures a healing patient environment and maintains

patient privacy and confidentiality. For this reason, except when authorized by the Program Director, workplace visitation of students, including but not limited to relatives and friends of students is inappropriate.

DEFINITIONS

Visitors: For purposes of this policy, visitors include personal visitors such as family members and friends of students, employees from other departments, or individuals who do not have official business with a particular department.

POLICY IMPLEMENTATION

WORKPLACE VISITATION

Visitation of students in a shared or common learning area is strongly discouraged. Students are responsible for advising family members and friends not to visit the workplace and for limiting the duration of those personal visits that are unexpected or outside of the student's control. Exceptions to this policy require authorization of the Program Director and are expected to minimize disruption to the learning environment.

CONDUCTING PERSONAL BUSINESS

Students may not conduct personal business in the shared or common learning areas during program hours or use Cleveland Clinic resources for personal business. These restrictions apply to the use of Cleveland Clinic computers, telephones, cellular phones and the use of the organization's address for delivery of personal packages or mail.

POLICY VIOLATIONS

Violations of this policy may be subject to disciplinary action, up to and including program dismissal.

PROCESS AND CONSIDERATIONS FOLLOWING PATIENT ABUSE ALLEGATIONS SOP

PURPOSE

To ensure the organization has robust processes to protect patients, reporters and employees in the event of allegations of abuse, neglect (as a form of abuse) and/or harassment of a patient.

Abuse protections include:

Prevention: A critical part of this system is that there are adequate staff on duty, especially during the evening, nighttime, weekends and holiday shifts, to take care of individual needs of all patients.

Screening: Persons with a record of abuse or neglect should not be hired or retained as employees.

Identification: The hospital creates and maintains a proactive approach to identify events and occurrences that may constitute or contribute to abuse, neglect and/or harassment of a patient.

Training: The hospital, during its orientation program, and through an ongoing training program, provides all employees with information regarding abuse, neglect and/or harassment of a patient, and related reporting requirements, including prevention, intervention, and detection.

Protection: The hospital must protect patients from abuse, neglect and/or harassment during investigation of any such allegations of abuse, neglect and/or harassment.

Investigation: The hospital ensures, in a timely and thorough manner, objective investigation of all allegations of abuse, neglect and/or harassment of a patient.

Reporting/Response: The hospital must assure that any complaints of abuse, neglect and/or harassment of a patient are reported and analyzed, and the appropriate corrective, remedial or disciplinary action occurs, in accordance with applicable local, state, or federal law.

DEFINITIONS

Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, Martin North Hospital, Martin South Hospital, Tradition Hospital, Coastal Care Corporation and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Abuse: is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment of a patient, with resulting physical harm, pain, or mental anguish. Abuse includes sexual misconduct.

Harassment: is defined as any conduct that denigrates or shows hostility or aversion toward an individual or group because of their race, color, religion, gender, sexual orientation, gender identity, gender expression, pregnancy, marital status, age, national origin, ethnicity, ancestry, disability, military (including veteran) status, citizenship, genetic information, or any other characteristic protected by law.

Medical chaperone: is a designated employee (member of our medical care team) who is asked to observe certain sensitive exams and/or procedures and direct patient care. Their primary role is to ensure safety, respect dignity and privacy, and create comfort whenever possible.

Neglect: is considered a form of abuse and is defined as the failure to provide goods and services to a patient that are necessary to avoid physical harm, pain, or mental anguish, or mental illness.

Sexual Misconduct: includes, but is not limited to, inappropriate sexual touching or physical/verbal conduct of an abusive or sexual nature, and/or any conduct of an abusive or sexual nature toward a patient that is without consent or has the effect of threatening or intimidating the person against whom such conduct is directed.

Levels/Types of Abuse: For purposes of this SOP, complaints of abuse, neglect and/or harassment will be evaluated according to the following levels/types:

- Level 1 – Verbal (derogatory, profane or disrespectful remarks, jokes, innuendos or gestures that are sexual in nature)
- Level 2 – Verbal or Physical (verbal threats or intimidation by a member of the caregiver team; any claim of retaliation from a patient making a complaint; touching that may or may not be within the scope of care that is reported as offensive)
- Level 3 – Verbal, Physical or Sexual (threats of immediate or impending physical harm; physical touching (sexual or other) that clearly falls outside the scope of normal care; threats of adverse action by an employee contingent upon sexual favors; physical or sexual assault; exposure or any physical activity of a sexual nature; acts of physical violence toward a patient)

INSTRUCTIONS

GUIDELINES FOR REPORTING OF ABUSE/NEGLECT/HARASSMENT

1. The employee who is first informed of the complaint, from any source including the Compliance Hotline, Ombudsman, or Protective Services, must immediately report the complaint to Clinical Risk. If the complaint is received after hours, the report should go through the Clinical Risk’s Sentinel Event’s pager (pager number 82857).
2. Clinical Risk will then notify the supervisor/manager/nurse operations manager (“NOM”).
3. The supervisor/manager/NOM ensures the safety of the patient and other employees, including contacting Cleveland Clinic Protective Services for any urgent safety concerns. Once confirmed that patients and employees are safe, the supervisor/manager/NOM will report to their direct manager (“Manager”) who will engage the Human Resources Director (“HRD”). If the complaint is received after hours, the supervisor/manager/NOM will be notified by the Clinical Risk manager on call and the supervisor/manager/NOM will engage the HRD.
4. The Manager and HRD will make a determination (target – 30 minutes) as to the severity/risk of the complaint. If the allegation involves a Level 1 complaint, the employee will be reassigned pending an investigation. If the allegation involves a Level 2 or 3 complaint, the employee will be removed from work pending an investigation and Hospital/Department/Institute leadership will be notified.
5. The Manager and HRD will immediately open a case file and submit a Safety Event Reporting System (SERS) report.

6. The Manager and HRD will work in partnership to notify the Ombudsman, the Office of Professional Staff Affairs (“OPSA”), and Hospital/Division/Institute Leadership as appropriate of the impending investigation.

GUIDELINES FOR INVESTIGATION OF COMPLAINTS ALLEGING ABUSE, NEGLECT AND/OR HARASSMENT OF A PATIENT

1. In the event of a Level 1 complaint, the Manager, HRD, Ombudsman, and OPSA (where the complaint involves a member of the professional staff) will conduct an investigation. The target completion time is 72 hours from receipt of the complaint. The final decision as to whether the complaint is substantiated will be made by the Executive Director, Human Resources, or designated Director of Human Resources or the Executive Director of OPSA (as applicable). If substantiated, appropriate remedial action will be taken. The Executive Director of OPSA (as applicable) will be responsible for documenting the results of the investigation and closing the case file and SERS event.
2. In the event of a Level 2 complaint, the HRD and OPSA (where the complaint involves a member of the professional staff) will oversee the investigation and may seek collaboration with Protective Services. Clinical Risk and Ombudsman will conduct the interviews required for the investigation. Legal will be consulted prior to a decision as to whether the complaint is substantiated. The Executive Director, Human Resources, or designated Director of Human Resources or the Executive Director of OPSA (as applicable) will make the final determination as to whether the complaint is substantiated. If substantiated, appropriate remedial action will be taken. The Executive Director, Human Resources, or designated Director of Human Resources or the Executive Director of OPSA (as applicable) will be responsible for documenting the results of the investigation and closing the case file and SERS event.
3. In the event of a Level 3 complaint, the HRD and OPSA (where the complaint involves a member of the professional staff) will oversee the investigation in partnership with the Legal Department. Protective Services and Ombudsman will conduct the interviews required for the investigation. The Executive Director, Human Resources, or designated Director of Human Resources or the Executive Director of OPSA (as applicable) will make the final determination as to whether the complaint is substantiated. If substantiated, the Executive Director, Human Resources, or designated Director of Human Resources or the Executive Director of OPSA (as applicable) will advise leadership of the recommended remedial action. The Executive Director, Human Resources, or designated Director of Human Resources or the Executive Director of OPSA (as applicable) will be responsible for documenting the results of the investigation and closing the case file and SERS event.
4. If the person accused is a non-employed member of a regional hospital’s medical staff, the applicable Hospital President, Hospital Chief Medical Officer and Hospital Chief of Staff will conduct the preliminary review and take appropriate measures in accordance with the processes outlined in the applicable hospital’s medical staff bylaws.

REGULATORY REQUIREMENT REFERENCES

CMS Conditions of Participation – Patient Rights

OVERSIGHT AND RESPONSIBILITY

Each institute and/or department is responsible to review, revise, update and operationalize this Standard operating Procedure to maintain compliance with regulatory or other requirements.

Document was approved by Matt Donnelly prior to submission on 4/7/2023.