

Clinic Manual

Harding University Speech Clinic

Revised August 2008

**Clinic Director
Sara J. Shock**

Preface

This manual is designed to make the transition from a student of speech-language pathology to a student clinician in the Harding University Speech Clinic a little easier, and a little less frightening. This handbook of guidelines should serve as an introduction to the procedures utilized in this clinic and answer many of the questions that may develop during the student's practicum experience. There is no way to make this manual thorough enough to answer all questions, but as a supplement to classroom instruction and guidance from clinical supervisors, it should prove a useful guide.

Each institution of learning, as well as, employment settings use different methods, procedures, etc. Any guide should be used as an example in that setting and not as the "correct way." The information in this manual will prove useful in completing future job responsibilities, but there is seldom one correct way of completing a task.

It is the intention of the faculty and clinical supervisors that students have a clinical experience that is both pleasant and productive; however, the well-being of each client is paramount and the clinic's primary responsibility. As we all work together, may we serve the client's needs and continue in service to the glory of our Lord.

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The Speech Clinic

The Communication Sciences and Disorders Department (CSD) operates the Harding University Speech Clinic (HUSC) as part of its training program. There are presently two divisions of the clinic: 1) the on-site clinic located on the Harding University campus, and 2) the off-site practicum program. This latter division includes locations such as Harding Academy, Harding Place, Searcy Head Start Center, the Sunshine School, public school systems in the central Arkansas location, and area hospitals and rehabilitation facilities.

The primary purpose of the HUSC is to provide graduate and undergraduate training for future speech-language pathologists and audiologists. In so doing, the clinic encourages and permits student clinicians to observe and work with communicatively handicapped individuals under the supervision of ASHA certified speech-language pathologists and audiologists.

A second purpose of the clinic is to provide outpatient therapy services. Working cooperatively with Harding University and other health and educational programs, the clinic seeks to fulfill a need for services in the east central Arkansas area. Clients enrolled in the clinic include all age ranges needing clinical services in the areas of articulation, language, fluency, voice and resonance, swallowing, pragmatics, communication modalities, and cognitive rehabilitation. These individuals are referred to the clinic by faculty members, public school teachers, physicians, other speech-language pathologists, and parents themselves. No formal referral for a client is required for a client to be eligible for therapy.

Therapy and evaluations are carried out by qualified faculty members and students in training. As outlined in more specific detail later, the supervisors receive regular written reports of therapy plans and progress. A weekly meeting between the supervisor and the student clinician is often necessary during the course of the semester to insure that the appropriate therapeutic objectives and procedures are carried out. Other reports and requirements are discussed in the following sections.

Clinic Staff

The staff of the HUSC is composed of the CSD faculty serving as supervisors, the clinic secretary and student clinicians- both graduate and undergraduate.

The CSD department chair is responsible for the course curriculum and academic credit.

The clinic director is responsible for clinical scheduling of on-site therapy and evaluations, clinical procedures, awarding grades for CSD 385 & 386, placement procedures and grades of off-site practicum for both graduate and undergraduate students, and documentation of clinical hours obtained during all practicum courses.

The clinical supervisors serve as clinical advisors, oversee the completion of the certification requirements, carry out other pertinent clinical tasks, and participate in the HUSC operation.

The clinic secretary is responsible for daily operation of the HUSC including, scheduling, managing client documents, supervising the use of clinic materials and serving as the clinic receptionist.

Therapy sessions are carried out by student clinicians under the supervision of certified and licensed speech-language pathologists or audiologists. Clinical staff members are as follows:

Rebecca Weaver, Ph.D., CCC-SLP Speech Pathologist and Clinical Supervisor	Jennifer Fisher, M.S., CCC-SLP Speech Pathologist and Clinical Supervisor
Melanie Lowry, M.S., CCC-SLP Speech Pathologist and Clinical Supervisor	Rebecca A. McLain, M.S., CCC-SLP Speech Pathologist and Clinical Supervisor
Daniel C. Tullos, Ph.D., CCC-SLP Speech Pathologist and Clinical Supervisor	Jan Traugher, M.S., CCC-SLP Speech Pathologist and Clinical Supervisor
Sara J. Shock, M.S., CCC-SLP Speech Pathologist and Clinical Supervisor	

Clinic Facilities

Clinic Office: The clinic office is to be used for official clinic business only. Student clinicians will only use the clinic office for checking out tests, materials, and folders. The number of visits and time spent in the clinic office should be minimized.

Materials Room: Supplies and materials for use during therapy and evaluations are available in the toy closet and therapy room #9.

Student Workroom: The student workroom is an all purpose room for student clinicians to prepare for therapy. Only clinic staff is allowed in the student workroom. No visitors are allowed due to confidential client material accessibility.

Therapy Rooms: Therapy rooms are assigned by the clinic director, requested by a clinical supervisor, or chosen by the student clinician to best meet the needs of the client. The student clinician is responsible for vacating a therapy room on time so that the next clinician can have time to prepare for the next session. All furniture should be kept in the therapy room. If removed to accommodate space for a client, the student clinician should return it to its proper place immediately following the session. Furniture should be cleaned with disinfectant after each therapy session. Supplies are available in each therapy room.

Clinic Materials

Office Equipment: Students are only permitted to use the clinic phone, fax, or copier for official clinic business. No exceptions.

Therapy Worksheets: Copies of materials for therapy will be made by the clinic student worker. Any request for copies should be clearly marked and left in the designated location well in advance of the therapy session it is needed for. Copies and materials will be returned to the student clinician. It is the students responsibility to see that the materials are returned to the proper place.

Video and Audio Equipment: Video cameras, digital recorders, and tape recorders are available for student clinician use at the clinic. The equipment is located in the materials room and the office, and must be checked out through the clinic office.

Evaluation Materials: Assessment measures and testing equipment must be checked out through the clinic office. These materials must NEVER leave the clinic facility, with the exception of use at an off-site location. Permission from the clinic director is necessary in each case. This check out procedure applies to test manuals also. Materials must be returned immediately following use and may NEVER be stored in a clinician mailbox or personal belongings for later use.

Therapy Materials: All items used in therapy must be checked out through the clinic office. These materials must NEVER leave the clinic facility, with the exception of use at an off-site location. Permission from the clinic director is necessary in each case. Materials may be checked out for use at the earliest on the previous date after 4:30. Materials must be returned immediately following use and may NEVER be stored in a clinician mailbox or personal belongings for later use.

All materials and equipment must be returned in good condition and in proper working order. This includes returning all components and pieces of materials, as well as, having cleaned and disinfected all parts using the policy stated in this manual. All materials and equipment must also be returned to the proper location and checked back in through the clinic office. Student clinicians will be held responsible for negligent use and any damage or loss of clinic property.

Clock Hour Requirements

ASHA Standard IV-C: The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact (2005).

ASHA Standard IV-D: At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (2005).

The 2005 Standards of the American Speech-Language-Hearing Association (ASHA) require a total of 400 clinical clock hours for certification (upon completion of the graduate degree). Of that number 375 hours must be direct client contact, with the remaining 25 hours spent in clinical observation. The current Standards require observation before direct clinical contact, however the number of observation hours required before a student encounters an initial client is no longer specified. Previously Harding (and all graduate programs) required all 25 hours of observation before any client contact. Although this is no longer the case, many graduate schools continue to require this during the transition to the new Standards. With this in mind, the Harding University CSD program recommends that each student obtain 25 observation hours prior to enrollment in CSD 385 or CSD 619 for graduate students. All 25 hours are now required as a part of the undergraduate academic curriculum (CSD 215, 230, 250, 325, and 326). If the 25 hours currently required by some graduate programs have not been completed, students will be expected to sign a release indicating that they were informed about the current Standards and graduate school expectations. This form will be distributed as students begin the clinical experience in CSD 385.

Undergraduate students must be enrolled in CSD 385, 386, or 421 in order to provide clinical therapy services. The CSD program provides an off campus supervised clinical experience semester for CSD undergraduate majors. Graduate students must be enrolled in CSD 619, 629, 639, 649, or 659 in order to provide clinical therapy services. Semesters will vary in on-site and off-site placement. Placement will be determined based on need, extenuating circumstances, specific requests, etc. Many students will need to commute up to an hour. It is the student's responsibility to notify the clinic director of any needs in writing well before assignments are made. Once assignments are made, it will not be possible to change placement locations.

Confidentiality

Clinicians need to be aware of the client's right to confidentiality, as stated in the ASHA Code of Ethics, Principle I. Monitor both written and verbal communication to ensure those rights. The following guidelines will help ensure client confidentiality:

- Never discuss clients by name except with clinical supervisors, clinic staff, or as necessary during clinical meetings. Use the term "my client" or "#13" for all other occasions.
- Never discuss clients in a public area such as the clinic lobby. This includes speaking with parents. If a conference is needed, use a more private location (empty therapy room, supervisor's office, etc.) and do not discuss progress in front of other parents/clients.
- Never leave reports, lesson plans, or other written information containing client information unattended or uncovered. The clinic rules regarding checking out and returning client folders should be strictly followed.
- Never take a client folder home and do not remove information from a client folder.
- Never discuss your client with other professionals or agency staff unless your client had approved the communication in writing.

At the beginning of each semester of clinical practicum, students will be asked to sign a form stating that they have read the ASHA Code of Ethics and fully understand repercussions for not following them.

Dress Requirements

In addition to the Harding University handbook dress code for men and women, the following are required for CSD student clinicians:

Permitted:

- Solid color or printed medical scrubs with closed-toe shoes and student clinician ID. Athletic type shoes that are similar to those worn in the medical setting are acceptable. Pants must be worn at the waistline- not below. If scrubs are too loose fitting, wear a t-shirt underneath to avoid inappropriate skin exposure.
- Regular dress pants and appropriate shirts. HUSC scrub tops/jackets are provided and may be worn over these
- Open-toe shoes may be worn with regular clothes

Not Permitted:

- Jeans or denim pants of any kind
- Dresses/skirts/outfits that are too short or immodest when sitting down and/or interacting with the client in session activities.
- Flip Flops
- Printed or screened T-shirts
- Scrubs with characters (cartoon, mascots, school logos)

At the beginning of each semester of clinical practicum, students will be asked to sign a form stating that they have read the Harding University Dress Code with additional HUSC requirements, and they agree to follow those guidelines for dress while participating in clinic.

Attendance

Absence from therapy sessions will not be tolerated. The student clinician will attend all therapy sessions. Only extreme circumstances will prevent the clinician from conducting a regularly scheduled session.

It is understood that occasionally a clinician will be too ill to provide therapy to the client. In this case, the following procedure has been established to provide the least inconvenience to the client. Contact your supervisor for assistance in finding a substitute clinician or cancelling the session. If the clinician cannot contact the supervisor, then the clinician should contact the clinic director for assistance. The clinician may specify an alternate clinician only if approved by the supervisor.

No student clinician may cancel therapy without the prior consent from the supervisor. The client should be notified of the cancellation as far in advance as possible.

If it is necessary to cancel a client appointment, the clinician is obligated to make up the missed session with approval from the client and supervisor.

The HUSC is to be run as any professional health care agency. Therefore appointments will be kept unless it is impossible to do so. Clinicians should be aware that if a client is cancelled for any reason that does not constitute an emergency, they will face the gravest consequences.

For undergraduate students, it is understood that exceptions may be made for other academic events. On these occasions provisions for alternate therapy arrangements should be approved by your supervisor and completed well in advance.

Communication

Communication is key to the successful running of any operation. Three avenues of communication are offered to student clinicians. It is imperative that **all three be checked each day.**

- Notice Boards: When the supervisor or clinic director wishes to contact all or several clinicians, it is typical to place a note on the notice board located in the workroom. This is also where client cancellations will be posted.

- Clinician Mailboxes: Storage boxes have been provided for each clinician in the clinic. These can be used to store clinician's individual materials. It should NEVER contain therapy materials that belong to the clinic. Feedback regarding clinical performance will be placed by supervisors in mailboxes, as well.
- Email: Students should check email each day for information from the clinic director or supervisor. This is the preferred method of communication for most supervisors.

Client Files and Numbers

Each client is assigned a file and a client number. Only the clinic director or the clinic secretary is authorized to assign client numbers. Student clinicians wishing to remove a client file from the office must sign the record of access form. All files must be promptly returned to the clinic office by 4:30 p.m. on the same day and signed in by the student clinician. Folders must NEVER be removed from the clinic. There are three classifications of files: diagnostic, active and inactive.

- Diagnostic Files: Information about new clients receiving an evaluation prior to enrolling in weekly services will be placed in a diagnostic folder until the assessment is completed.
- Active Files: Those clients who are currently receiving therapy services are considered active.
- Inactive Files: Clients who have been seen previously in the clinic for an evaluation or therapy, but are no longer enrolled are considered inactive.

Diagnostic numbers (numbers beginning with DX) will be assigned to any incoming clients. A permanent client number (numbers beginning with TX) will be assigned when the client enrolls in therapy.

File Contents

Therapy and diagnostic files should contain the following information and be arranged in the following order from back to front.

Diagnostic Files:

evaluation assignment form
 previous services information
 admission form
 information request and release
 allergy release
 case history
 protocols and assessment materials
 diagnostic report
 diagnostic results form
 evaluation checklist

Therapy Files:

*all information in diagnostic file
 therapy assignment form
 contract of therapy
 emergency contact form
 custody release form
 email consent form
 attendance form
 correspondence form
 file content form
 information from subsequent semesters

Clinic Policies

- **Client Attendance:** A client with excessive unexcused absences may be dropped from therapy. The decision to terminate therapy will be made by the clinical supervisor and clinic director. If a client misses a session without contacting the clinic, the client should be contacted by the student clinician or supervisor. After three such instances, the client should be reviewed for dismissal.
- **Client Punctuality:** Student clinicians are required to wait for half of the designated session time before considering an appointment cancelled. For evaluation appointments, students are required to wait for 30 minutes before considering an appointment cancelled. In addition, the client should be informed that therapy cannot extend past the designated time due to subsequent therapy sessions in therapy rooms.
- **Inclement Weather:** If the Searcy School District is closed due to inclement weather, the HUSC will also be closed.

Each of these policies should be presented to the client or client's parent upon the first session of therapy. They should be included in the contract of therapy or letter from the clinic director and accompanied with a clinic calendar providing information regarding relevant dates for the semester.

Clinical Supervisors

All supervisors in the HUSC are ASHA certified and licensed speech-language pathologists or audiologists. Likewise, all off-site clinical supervisors have current certification and licensure. Supervisors must be able to consult as appropriate for the client's disorder with a student providing clinical services as part of the clinical education. It must include direct observation, guidance, and feedback of the student's performance.

The clinical supervisor will inform the student clinician concerning specific requirements pertaining to conferences, lesson plans, reports, and specific evaluation procedures. The student clinician's first point of contact regarding a client is the assigned clinical supervisor.

All changes in scheduling are made by the supervisor and are cleared through the clinic director.

The decision to allow any individual to observe therapy will be made by the clinical supervisor. The observer needs to be informed of the therapy objectives and procedures for the session.

A minimum of 50% of each graduate student's and 100% of each undergraduate student's time in every diagnostic evaluation must be observed by a clinical supervisor. In addition to observation, it is recommended that other means of evaluating performances (conferences, written evaluations, rating instruments, etc.) be utilized.

A minimum of 25% of each graduate student's and 50% of each undergraduate student's time in every treatment session must be observed by a clinical supervisor. In addition to observation, it is recommended that other means of evaluating performances (conferences, written evaluations, rating instruments, etc.) be utilized.

Clinician Evaluations- Clinical and Diagnostic

At midterm and at the end of the semester, each graduate and undergraduate student clinician will be evaluated by the clinical supervisor. (Evaluation forms are found in Appendix EE.)

Following each diagnostic assignment, graduate clinicians will be evaluated by the corresponding clinical supervisor. (Diagnostic evaluation forms are found in Appendix EE.)

Each student clinician receives a total score from each supervisor. This score reflects all aspects of clinical performance. Total scores are weighted according to the amount of time the student clinician spent on each clinical assignment. The clinic director will assign the final grade, relying heavily on suggestions from the clinical supervisors.

Penalties for Student Clinicians

A student clinician's lack of compliance with any of the policies discussed in the clinic manual will result in lowering of the letter grade for each violation. These violations include absence from therapy, breach of confidentiality, and inadequate performance. Consistent patterns of inadequate performance (tardy lesson plans, inappropriate dress, lack of preparation, late to therapy, etc.) will be monitored by the clinical supervisor. The supervisor will then conference with the clinician and clinic director. If behaviors continue, measures will be taken up to removal of the clinician from therapy and receiving an "F" for clinical practicum for the semester.

Sequence of Events in Therapy

1. Receive clinical assignment from clinic director
2. Review client file and prepare forms for therapy
3. Meet with supervisor to discuss therapy
4. Initiate therapy
5. Write initial therapy report
6. Graduate students write semester therapy plan to accompany initial therapy report
7. Graduate clinicians conduct final therapy conference
8. Write final therapy report
9. Supervisor's evaluation of clinical performance
10. Record clinical clock hours; meet with supervisor for signatures
11. Close out files
12. Submit necessary documentation to clinic director

Therapy Assignments: Clinicians will receive a therapy assignment form (Appendix M) including information regarding date and time of therapy and assigned supervisor.

Client/Clinic Forms: Gather and prepare forms needed to initiate treatment. Please refer to the "File Content" section for a complete list of these forms. (Therapy forms located in Appendices).

Initial Supervisory Conference: Contact assigned supervisor for a conference time. Graduate clinicians should be prepared to research therapy techniques and have a proposal ready to present to the supervisor. (Undergraduates should complete and submit checklist received in class.)

Lesson Plans and Summaries: Undergraduates use format and due dates presented in clinic class. Graduate students use format and due dates designated by clinical supervisors. (Templates for these are located in Appendix V.)

Initial Therapy Reports: Graduates discuss deadlines for initial therapy reports with supervisors. Undergraduates will be provided with detailed instruction in class and will meet with supervisors to discuss semester goals and objectives. (Undergraduates should complete and submit checklist received in class.)

Semester Therapy Plan: Required for graduate students only. These must include evidence based research. Consult your supervisor for specific requirements.

Final Therapy Conference: Required for graduate students only. To be scheduled for final day of therapy. Clinician led with supervisor present to review progress over the semester and make recommendations for future services.

Final Therapy Report: Should include a review of progress over the semester, as well as, recommendations for future services. (Undergraduates should complete and submit checklist received in class.)

Final Supervisory Conference: Meet with clinical supervisor to review performance for the semester. Documentation of clinical clock hours should be completed and ready for supervisor's signature. (Undergraduates should complete and submit checklist received in class.)

Steps in a Speech-Language Evaluation

1. Receive diagnostic assignment from the clinic director
2. Information forms and case history sent prior to appointment
3. Conference with assigned diagnostic supervisor
4. Interview of client or parent
5. Administration of diagnostics test battery
6. Recommendation conference with client or parent
7. Written report completed and mailed to client or parent
8. Client referred for therapy or placed in inactive file

Evaluation Assignments: Clinicians will receive an evaluation assignment form (Appendix C) including initial information regarding the client, client contact information, scheduled date and time, and assigned supervisor. Clinicians will be assigned in pairs.

Diagnostic Files: These files with assigned number will be ready to pick up in the clinic office. Please refer to the "File Content" section for a complete list of these forms. (Designated forms are located in Appendices.)

Diagnostic Checklist: This form (Appendix D) will allow the clinicians and supervisor to track the progress of the evaluation. It is to remain in the diagnostic file at all times.

Supervisory Conference: Contact the assigned supervisor for a conference time and expectations for the conference. Student clinicians should be prepared to research and have a proposal ready to present to the diagnostic supervisor.

Written Reports: The final draft of any diagnostic report should be mailed from the clinic no later than 10 days after the evaluation is completed. The time line within those 10 days regarding initial drafts and corrections is up to the diagnostic supervisor. (Outlines of diagnostic reports located in Appendix W.)

Referral Paperwork: Designated forms (Appendix J) must be completed and submitted to the clinic director within 10 days of the evaluation's completion.

Offsite Placement

Graduate and undergraduate students participating in a clinical practicum at an off-site location will adhere to the policies and procedures of that particular placement site. Off-site supervisors will introduce the student clinician to the site facility, other personnel, patients or clients, paperwork specific to that type of placement, and any other essential information. The clinic director will coordinate off-site placement and will present a packet of information to those students participating in this portion of the clinical program.

Documentation of Clinical Clock Hours

Observation Form: A summary of each session observed should be recorded and signed by the practicing SLP or supervising clinician. (This form is located in Appendix X.)

Observation Semester Summary Form: To be completed and submitted with individual session observation forms. Observation hours are tallied according to categories. One of these forms should be submitted for each semester. (This form is located in Appendix Y.)

Daily Clock Hours Form: To be completed after each session throughout the course of the semester. The forms must be signed by the clinical supervisor and submitted to the clinic director at the end of each semester. (This form is located in Appendix Z.)

Semester Summary Form: To be completed and submitted with daily clock hours and the record of diagnostics forms. Treatment hours are tallied according to categories. One of these forms should be submitted for each semester. (This form is located in Appendix AA.)

Record of Diagnostic Hours: To be completed after each diagnostic evaluation completed throughout the course of the semester. These forms must be signed by the clinical supervisor and submitted to the clinic director at the end of each semester. (This form is located in Appendix BB.)

Basic Fees

At the current time, the HUSC does not charge for clinical services. The clinic's goal is to reach out to children and adults who would not qualify for other available services or who have a connection with Harding University. A yearly grant from the Arkansas Scottish Rite Masons covers clinic expenses at this time.

Parking

If a parent or client receives a parking ticket, they may give the ticket to the clinic secretary. The parking ticket will be voided and removed from the record.

Infection Control Policy

All blood and bodily substances must be regarded as infectious or hazardous. Universal precautions will be standard for all client contact to prevent contact with potentially infectious substances. Therefore, precautions used to prevent transmission of potentially infectious organisms are to be practiced on all clients. These recommendations are consistent with the recommendations from the Centers of Disease Control, Joint Commission for Accreditation, and Occupational Safety and Health Administration.

Bodily substances include all bodily fluids, excretions, secretions, tissues, sputum, or any other drainage from a patient or colleague, every student and supervisor is required to execute cautionary procedures in preparation for any possible eventuality of bodily substance contact.

The purpose of this plan is to prevent transmission of infectious organisms among clients and clinicians. In accordance with OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodborne pathogens, as well as, other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect the clinicians and clients from that possibility and to reduce exposure of personnel to nonbloodborne pathogens as well.

Environmental infection control and basic housekeeping practices will be implemented to protect clients and clinicians. The following infection control protocols are organized via the two sources of contamination: Environmental and Human.

ENVIRONMENTAL

The clinic will be equipped with antibacterial soap and paper towels located at the sink. Therapy rooms will be equipped with latex gloves, paper towels, tissues, antibacterial hand sanitizer, and disinfectant wipes.

Each student clinician is responsible for:

- A. Cleaning table and chair surfaces with disinfectant following each therapy session
- B. Cleaning all toys and therapy materials with disinfectant following each therapy session
- C. Cleaning audiometric equipment with disinfectant following each use

HUMAN

1. Handwashing: Hands will be thoroughly cleaned before and after each client. When water is not available, a no rinse antibacterial hand disinfectant will be used.
2. The hand washing procedure to be followed is: remove jewelry, start the water, and lather the soap, scrubbing palms, the backs of hands, between fingers, under fingernails, over wrists, and onto the forearms for a minimum of 30 seconds. Rinse the soap off with running water; dry the hands using a paper towel, then turn off the water using the damp towel, not your clean hands.

Wash hands after removing gloves, applying cosmetics, using the toilet, and routine cleaning. Also wash hands before eating and adjusting contacts.

3. Gloves: Gloves will be worn when any therapy or evaluation procedure may create exposure to bodily substances. Hearing screenings and immittance screenings will begin with a thorough inspection of the ear and surrounding scalp and face. A determination of the need for gloves will be made. If the client has visible ear drainage, sores, or lesions, gloves will be worn before performing the screening.
4. Waste Management: Potentially contaminated waste material will be disposed of in a manner which reduces the risk to clients and clinicians and the outside environment. All trash containers will contain disposable plastic bags serving as a liner. Waste contaminated with cerumen, drainage, saliva, etc. will be placed in a plastic sealable bag then placed in the regular trash. Diapers, or materials used to clean up vomit or any bodily substance other than blood, will be handled in this way too.

Emergency Policy and Procedures

All supervisors, clinic secretary, and student clinicians will execute and follow designated emergency procedures as follows:

1. Exposure Incident: If an individual is involved in an exposure incident (i.e., someone trips and falls, cuts themselves or vomits), clinic personnel should call Harding University Public Safety (ext. 5000) as needed. Under no circumstances will a student clinician place themselves in a situation where contact with the blood of a client or colleague could occur. The clinic director or a clinic supervisor may provide assistance in emergency situations only while wearing gloves.

2. Fire and Building Evacuations: It is the policy of the Harding University Speech Clinic to outline specific procedures to be followed in cases of fire or medical emergency.

All building evacuations will occur when an alarm sounds (i.e. fire alarm) and/or upon notification by the Campus Security Department or the building coordinator. It will be the responsibility of the Security Department and the Building Coordinators to assist with the building evacuation when the notice is given. The fire department or other emergency services personnel will be responsible for ensuring that the building is cleared of all occupants. If appropriate, it will be the responsibility of the Campus Security Department to ensure that each building is secured until the building has been declared safe to re-enter.

When the building evacuation notice is given during an emergency, leave by the nearest marked exit and alert others to do the same. Faculty and Staff members should assist with evacuation procedures in all classroom buildings and in residence halls where applicable. Do NOT attempt to conduct room-to-room searches in the event of a fire! The fire department has been specially trained and equipped to conduct building searches while minimizing danger to themselves and others.

**DO NOT USE ELEVATOR IN CASES OF FIRE OR EARTHQUAKE!!
USE STAIRWAY!!**

Once outside, proceed to a clear area that is at least 500 feet away from the affected building. Keep streets, fire lanes, hydrant areas and walkways clear for emergency vehicles and personnel. Know the area assembly points for each building, which are for the Reynolds Center as follows:

PROCEED TO THE GRASSY AREA NORTH OF THE BUILDING

Do NOT return to an evacuated building unless told to do so by a Harding official. Buildings must be declared safe to re-enter by appropriate emergency services personnel (i.e. the Searcy Fire Department) and/or by Harding University Officials (i.e. Physical Resource Department, Campus Security Department, or under the direction of the president of Harding University).

After any evacuation report to your designated area assembly point. Once there, designated personnel will begin to account for those present at the assembly area and those missing. All reports of those accounted and unaccounted for will be forwarded to the Incident Command Center and the Emergency Operations Center for tallying.

3. Medical Emergency Procedures: For medical emergencies the following procedure will be used:
 - a. In case of an accident or illness of a child receiving services, the clinician will notify the parent of the situation and the parent/guardian will assume responsibility for the child's welfare.
 - b. In case of a life-threatening emergency of either a child, adult, or other clinic personnel, the clinician will call for help. Another member of the clinic such as the supervisor will call Campus Security Department (ext. 5000) for medical assistance. Immediately thereafter the client's family member will be contacted as well as the clinic director.

****A client who is ill must never be left unattended****

****A list of CPR certified individuals will be posted in the clinic secretary's office****

4. Tornado Emergency Procedures: To provide faculty, staff and students with guidance on the procedures to be followed when notified of a tornado watch and/or a tornado warning originating from the National Weather Service. To minimize personal injury, loss of life and property damage through proactive measures.

In the event of a tornado warning and/or the tornado siren is heard all student's, staff, faculty, and clients will locate into the inner hallway of the clinic and remain in that location until the warning has expired.