Welcome to the world of Chiropractic!

You have just begun an exciting step toward obtaining your certification as an Oklahoma Chiropractic Assistant. Whether you have been around chiropractic for years or chiropractic is all new to you, we are certain that expanding your knowledge and surrounding yourself with the benefits of the chiropractic lifestyle will be a positive experience. The Oklahoma Board of Chiropractic Examiners is thrilled to have you as part of the Oklahoma chiropractic team.

About The Oklahoma Board of Chiropractic Examiners

The Oklahoma Board of Chiropractic Examiners is the regulatory board for the practice of chiropractic in this state. The Board, appointed by the Governor, shall be composed of eight chiropractic physicians and one lay member representing the public.

The board is responsible for adopting and enforcing standards governing the professional conduct of chiropractic physicians and chiropractic assistants, consistent with the provisions of the Oklahoma Chiropractic Practice Act, for the purpose of establishing and maintaining a high standard of honesty, dignity, integrity and proficiency. The board’s primary role is to protect the public.

We are your regulatory board. That means that we enforce the laws concerning your education and your certification. In the role of protecting the public, we ensure that a high standard for both chiropractors and chiropractic assistants is upheld in order to deliver excellent, ethical care to the people of our state.

Why CCA?

As part of the board’s mission for protection of the public, the certified chiropractic assistant program was developed. The primary aim of this program is to ensure and prove the clinical competencies of each person in a chiropractor’s office who provides patient care.

Doctors may delegate certain tasks to assistants according to the law in each jurisdiction. At no time does a chiropractic clinical assistant have the authority or autonomy to provide clinical services independent from the supervising chiropractic physician.
Instructions for Program

1. **Apply for certification within 90 days of being hired.**
   a. Download form from board website: www.ok.gov/chiropracticboard
   b. Submit with nonrefundable fee by mail. ($50.00) (see website for current address)

2. Although your doctor is required to ensure that you have this certification before maintaining you as an employee, he is under no obligation to provide or pay for your application, certification course work, testing or continuing education.

3. Download this CA Study guide and begin documenting your in-office training with your supervising chiropractic physician. Your doctor IS required to provide in-office training and maintain documentation of that training (or hire a CCA that has already been certified) in order to allow you to work in a clinical setting within his or her office.

4. Maintain your study guide with signatures documenting proficiency in each area at your work site until receiving your actual certificate. This allows you to work under direct supervision of an Oklahoma licensed Chiropractic Physician for the first 12 months from your time of hire until successful completion of this program.

5. Take a PACE approved - or Oklahoma board approved - 12 hour training course either online or in person. Find some of those available courses at www.ok.gov/chiropracticboard.

6. Take and pass the Oklahoma Certified Chiropractic Assistant exam within 12 months of date of hire. (This also costs $50.00)

7. You may NOT continue to work in a clinical setting in ANY chiropractor’s office if you have not passed the exam within 12 months of your original hire and subsequent application date.

8. After passing the exam and while maintaining your continuing education and certification renewals, you may work in ANY Oklahoma licensed chiropractic office.

9. It is your personal responsibility to complete the above requirements, to maintain your certification in an active status, and to notify the board of your locations within the state.
Flow Chart for OKCCA Procedures

1. Fill out Application and Pay Fee/
   Send to the Board

2. Take Approved Training/Equivalent
   Send proof of Training to the Board

3. Fill out the In-Office Training Manual/Signatures
   Keep on File with your DC

4. Take online CCA Examination
   Send proof of score to Board (passing scores will auto-forward to the Board for record)
   Fax Exam Proctor Attestation to the Board

5. The Board will then compile the above elements to determine CCA eligibility and send you a certificate!
   To maintain status, fill out a renewal form every 2 years and provide proof of 6 hours of approved continuing education
Test Plan

1. FOUNDATIONAL KNOWLEDGE (30%)

Competency Description: The successful examinee has the general entry-level knowledge necessary for working in a chiropractic office. Examples of areas requiring basic knowledge include:

- Human anatomy – e.g., being able to identify large muscle groups and their actions as well as common bones.
- Human physiology – e.g., knowing the basic function of the major organs such as the heart and lungs, kidneys, liver, pancreas, brain, gall bladder and that ovaries are classified as reproductive organs.
- Basic nervous system such as knowing the difference between sympathetic nervous system and parasympathetic.
- Clinical terminology – e.g., knowing movements of the body such as flexion and extension, rotation, lateral bending, pronation, supination, eversion, inversion and how they apply to each joint.
- Positions of the body (e.g. supine and prone)
- Anatomical directions (anterior vs. posterior, medial and lateral, superior and inferior, caudad and cephalad, adduction and abduction, planes and axes of the body movements: sagital, frontal, transverse.)
- Treatments & conditions – that is recognizing common diagnostic and treatment terminology, e.g., subluxation, sprain, strain, tendinitis, lumbalgia, etc. Know what has happened in each.

2. PATIENT SAFETY AND PROCEDURES (40%)

Competency Description: The successful examinee has the entry-level knowledge and ability to complete tasks related to patient treatment and recognizes and appropriately responds to situations that may compromise patient safety. Examples of these knowledge and ability areas, functions, or duties may include:

- Recognizing and preventing office hazards – e.g., turning off therapy equipment after use and assuring it is turned off prior to beginning treatment
- Therapeutic modalities and procedures – e.g., safe therapy set up and use, how to apply ice and heat, use and safety of physiotherapeutic modalities
- X-ray safety – e.g., ask females about pregnancy, patient shielding, employee safety with lead shielding and dosimetry badges... *No x-ray positioning or x-ray physics will be on the exam.* However, if you take x-rays in your office, your doctor will need to provide specific training that includes both safety and positioning.
- Responding to health and office emergencies – e.g., knowing general adverse reactions to common treatments, CPR, and types of safety equipment
- Recognize indications and contraindications for common modalities – e.g., knowing indications such as tight muscles and swelling and contraindications such as pregnancy and cancer or loss of sensation to touch or hot and cold.
- Vital statistics (height, weight, blood pressure, etc.) – e.g., knowing basic terminology and general procedures for obtaining vitals
3. DOCUMENTATION (15%)

Competency Description: The successful examinee has the entry-level knowledge and ability to complete tasks related to the proper creation, handling and storage of patient data, including activities associated with the billing of patient services. Examples of these tasks may include:

- Use of appropriate forms – e.g., intake and informed consent forms
- HIPAA compliance – e.g., understanding that there must be no discussion of patients outside of office
- Red flags of fraud – e.g., understanding that taking money or billing for therapies not performed is unethical and illegal
- Use of billing codes – e.g., knowing those commonly used on CMS 1500. Know the difference between ICD codes and CPT codes.
- Use of procedure codes – e.g., knowing those used to identify common chiropractic procedures: Evaluation and Management (E&M) codes and their numbers, Chiropractic manipulation codes and their numbers, etc.
- Record keeping – e.g., knowing the basic SOAP format and common medical and chiropractic abbreviations

4. ETHICS & BOUNDARIES (15%)

Competency Description: The successful examinee exhibits entry-level ethical decision-making ability and recognition of appropriate interpersonal boundaries. Examples may include:

- Sexual boundaries/harassment
- Patient-staff relations
- Doctor-staff relations
- Finances and billings
- Confidentiality issues
- Confrontational patients
- Who do you file sexual boundary complaints to?

This section contains very basic scenarios pertaining to appropriate behavior and ethical judgment.
Rule for Certified Chiropractic Assistants in Oklahoma

CHAPTER 30. CERTIFIED CHIROPRACTIC ASSISTANTS

SUBCHAPTER 1. GENERAL PROVISIONS

140:30-1-1. Purpose

The purpose of this Chapter is to:

(1) Establish a certification system and standards for the education and training of certified chiropractic assistants; and

(2) Establish various requirements and prohibitions related to the certification of chiropractic assistants found by the Board to be in the best interest of health, safety and welfare of the public.

140:30-1-2. Definitions

The following words and terms when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:


"Board" means the Board of Chiropractic Examiners.

"Certified Chiropractic Assistant" (CCA) means an unlicensed member of a chiropractic physician's team of healthcare workers who may assist a chiropractic physician in the performance of examination and therapeutic procedures and techniques necessary to deliver healthcare services to patients within the scope of chiropractic.

"Certified Chiropractic Assistant Applicant" means a person who is undergoing training to become a certified chiropractic assistant.

"Certified Chiropractic Assistant examination" means the testing procedures administered by the sponsor's course presenter and approved by the Board to determine if a chiropractic assistant has obtained knowledge on all of the following current statutes, rules, the ability to perform objective examination procedures, physiological therapeutics and rehabilitation, and the ability to augment historical and clinical patient information, thereby qualifying for certification.

"Executive Director" means the Executive Director of the Board.
"Nonclinical" means of a business nature including, but not limited to, practice management, insurance information, and computer information. It shall also mean the discussion of philosophy as it relates to the performance of chiropractic. 55

"Supervisory chiropractic physician" means the chiropractic physician who employs or supervises the certified chiropractic assistant.

SUBCHAPTER 3. CERTIFIED CHIROPRACTIC ASSISTANT

140:30-3-1. Oversight Authority

The Board shall have practice oversight authority over certified chiropractic assistants. No chiropractic assistant shall represent to the public that he/she is a certified chiropractic assistant unless said chiropractic assistant is certified by the Board.

140:30-3-2. Application for certification

(a) Chiropractic assistants seeking certified chiropractic assistant status shall complete and submit an application on a form provided by the Board. The application shall contain the signature of the applicant's supervisory chiropractic physician and be accompanied by a nonrefundable application fee.

(b) The application to the Board shall be submitted within ninety (90) days of the date the applicant is hired by the supervisory chiropractic physician. The applicant must complete the certification process and pass the certification examination as set forth in these rules within twelve (12) months of the date of hire. If the applicant has not passed the examination by this point the applicant may continue to work only in a non-clinical position. They may no longer function as a chiropractic assistant even under the direct supervision of a chiropractic physician.

(c) If an applicant is approved by the Executive Director, the applicant shall be notified by the Executive Director of such approval and will thereafter be eligible to take the certified chiropractic assistant examination.

(d) If an applicant is disapproved, the applicant shall be notified by the Executive Director of such disapproval by the return of the application along with the reason(s) for disapproval being fully stated in writing.

(e) A fraudulent or false statement as to any material fact which is contained in any application for the certification, or failure to provide any requested information, shall constitute sufficient cause for the disapproval of the application.

(f) The certified chiropractic assistant shall display his/her certificate in an area for public view.
140:30-3-3. Certified chiropractic assistant examination

(a) If an application to become a certified chiropractic assistant is approved by the Executive Director pursuant to 140:30-3-2, they must have taken a twelve (12) hour training course approved by the Board before taking the certified chiropractic assistant exam. The applicant will have two (2) opportunities to pass the exam. If the exam is failed twice, the applicant will be required to take another twelve (12) hour course before he or she can retake the exam.

(b) A nonrefundable examination fee will be charged each time an applicant takes the certified chiropractic assistant examination.

(c) In order to pass the certified chiropractic examination, the applicant must receive a score of seventy-five percent (75%) or higher.

(d) After certification, that certification will remain with the assistant even if the assistant leaves the employment of the supervisory chiropractic physician who employed the assistant at the time of certification.

(e) Certification status will remain with the assistant even if the assistant leaves the employment of the supervisory chiropractic physician who employed the assistant at the time of certification.

(f) If an applicant has a minimum of two thousand (2000) hours of full time employment as a chiropractic assistant employed by a licensed Oklahoma chiropractic physician, that applicant will be exempt from obtaining the twelve (12) hours of training prior to taking the examination the first time as required in paragraph (a) of this section. If the applicant is unable to pass the examination after two (2) attempts, the applicant must, at that time, successfully complete twelve (12) hours of training obtained at an educational program approved by the Board before taking the certified chiropractic assistant examination a third time.

140:30-3-4. Continuing education

Each certified chiropractic assistant shall complete six (6) hours of continuing education every two (2) years beginning the year following certification by the Board. Continuing education may be obtained by attending training offered by an accredited chiropractic college, or other educational program which has been approved by the Board.

140:30-3-5. Certification renewal
(a) Chiropractic assistant certifications shall be renewed within two years of January 1, 2013, following their original application issuance.

(b) Chiropractic assistant certifications which are issued after January 1, 2013 shall be renewed by the next January 1st two (2) years following certification.

(c) All certified chiropractic assistants must complete and submit a renewal form and a renewal fee along with verification of completion of approved continuing education by January 1 of the required recertification year.

(1) Failure to renew by January 1 will result in a penalty of twenty-five dollars ($25.00).

(2) Failure to renew by March 1 will result in forfeiture of certification and the employee must reapply and complete all the requirements for initial certification.

140:30-3-6. Responsibility of supervisory chiropractic physician

(a) The supervisory chiropractic physician shall only delegate services to a certified chiropractic assistant, a certified chiropractic assistant applicant, and other employees which services are within the scope of practice of the chiropractic physician. Such delegation may only be made in a manner consistent with the Chiropractic Practice Act or Rules.

(b) The supervisory chiropractic physician is responsible for all acts or omissions of a certified chiropractic assistant, certified chiropractic assistant applicant, or other employees to whom duties are delegated.

(c) The supervisory chiropractic physician shall ensure at all times that a certified chiropractic assistant, a certified chiropractic assistant applicant and other employees have the necessary skills and training required to competently perform all delegated services.

140:30-3-7. Prohibited acts

(a) Certified chiropractic assistants and certified chiropractic assistant applicants shall not:

(1) Perform independent examinations

(2) Diagnose conditions

(3) Determine or change a regimen of patient care/plan case management

(4) Perform chiropractic manipulation or adjustments

(5) Perform Acupuncture
(6) Unlawfully disclose patient information

(7) Violate any portion of the Chiropractic Practice Act or Rules 57

(b) The Board may refuse to grant a certificate to any certified chiropractic assistant applicant, may suspend or revoke a certificate, or may impose upon a certified chiropractic assistant or a certified chiropractic assistant applicant, a penalty not to exceed one thousand dollars ($1,000.00) per occurrence upon finding a violation of any prohibited act as stated in 140:30-3-7.

(c) The supervising chiropractic physician is required to notify the Board, in writing of any dismissal of a certified chiropractic assistant or certified chiropractic applicant for a prohibited act within thirty (30) days of the dismissal.

(d) The supervising chiropractic physician is required to immediately notify the Board, in writing if the supervising chiropractic physician learns that a certified chiropractic assistant and certified chiropractic assistant applicant has:

(1) Committed fraud or misrepresentation in applying for or maintaining certification

(2) Plead guilty, nolo contendere or was convicted of:

(A) a felony

(B) a misdemeanor involving moral turpitude, or

(C) a violation of federal or state controlled dangerous substance laws;
This portion of the guide is intended to be utilized to help your doctor with his or her specific in-office training. Please know that each office has different equipment and procedures for patient care and that you should follow your doctor’s instructions for the use of that equipment. However, the test will require that you know about every possible therapeutic modality – not just those performed in your office - its contraindications and its therapeutic efficacy. Again, even if that therapy is not routinely used in the office in which you presently work, you will be tested over it.

The Oklahoma Law requires that your supervisory physician sign off on your proficiency in each of the areas in which you will provide patient care before being released to provide that care without direct one-on-one supervision. This manual is the place in which that documentation should be maintained. The signed copy of this manual must be maintained in the office in which you are working until such time that you pass the certification exam. At that time, your certificate from the board will take the place of this manual as documentation of your proficiency. This manual remains the property of the chiropractic assistant who began the training even if that chiropractic assistant leaves the supervisory physician’s office. Training may continue in another site without certification penalty from the board.

General Guidelines

- All good hygiene procedures should be followed (examples that your doctor may wish to require: use of deodorant, shampoo, tooth brushing, and avoidance of heavy perfumes, neat well pressed uniforms etc).
- Avoid providing clinical advice unless you are passing on the patient-specific advice of your supervising physician.
- Do not attempt to diagnose patients
- Do not make clinical decisions concerning therapy or instructions for patients.
- Once certified, your certificate should be placed in a public position in the clinic in which you are working.
- Your doctor’s credentials and up to date license should also be placed in a public position in the office. His or her name along with either chiropractic or DC should be on the outside of the office as well. You can help to ensure that this remains up to date and in position.
- You have only 12 months from your date of hire (or January 1, 2013 whichever is most recent) in which to pass the Oklahoma Certified Chiropractic Assistant Exam or you will be unable to continue working in a clinical position. Ensure that you begin taking the exam early enough to allow for a retake if necessary. You must pass with a 75% or better score.
You are required to obtain 6 hours of continuing education and to renew your certification every two years from your date of original certification.

**Therapeutic Procedures Commonly Used in a Chiropractic Office**

The following therapeutic procedures are those commonly used at this time in a chiropractic office. The list is not meant to be all inclusive. Any additional procedures that your doctor uses and requires your assistance with should be inserted into this training manual and your proficiency documented. This list does however, include all the therapeutic procedures that Oklahoma will test upon.

Utilize any therapeutic procedures manual or text book or online information to study how each procedure produces a clinical result, what clinical outcome is expected from its use, when and where it should be used, and the contraindications for its use. Write the answers you find in the spaces below and use those answers to help you to both study for the exam and to help you do your job more thoroughly. Use the instruction manuals that came with your equipment to know how to run the device in your office. Because the specifics between each brand of equipment are different, this will not be tested over – it is more for the purpose of developing policies and procedures for providing care in your office using the guidelines your doctor would like to see followed. This portion of the test will be VERY specific. It will include settings used for acute vs. chronic conditions and the order in which set up on a patient is performed. It will also require that you know the difference between therapeutic modality types and when one would be used over the other or when they might be used interchangeably. It will also require that you know which type of pads are used with each type of muscle stimulation, what a patient will feel when it is done correctly and how to test a patient’s sensitivity to touch and to hot and cold in order to determine contraindication for care. You MUST know when NOT to do a modality.

Do not forget to have your supervising physician sign off on your proficiency after you have been trained to his or her satisfaction. This will allow you to perform that procedure in your office between your time of hire and successful completion of the Oklahoma exam. If any of the following treatments are not used in the office in which you are currently working, the doctor may simply write NA for his signature. HOWEVER, you will remain responsible for the information on the TEST.
Electric Muscle Stimulation - Interferential, High Volt, Tens, Mens or microcurrent, Russian Stim and Pre-Modulated (Each is different – you must know them all.)

How it works:

What it does:

When it should be used:

Where it can be performed:

Contraindications for use:

Acute and Chronic Settings:

How do you explain this procedure to your patients:

Steps for using specific in- office equipment:

Proficiency demonstrated by ______________________________ on __________________

Employee name date

________________________________________________________

Supervising Physician Signature
Ultrasound (Also know how to use Ultrasound/Muscle Stim Combos)

How it works:

What it does:

When it should be used:

Where it can be performed:

Contraindications for use:

Settings for acute and chronic:

How do you explain this procedure to your patients:

Steps for using specific in- office equipment:

Proficiency demonstrated by _______________________________ on _________________

Employee name                                   date

________________________________________________________

Supervising Physician Signature
Traction

How it works:

What it does:

When it should be used:

Where it can be performed:

Contraindications for use:

Settings for both cervical and lumbar spine:

How do you explain this procedure to your patients:

Steps for using specific in- office equipment

Proficiency demonstrated by _______________________________ on ____________________

Employee name date

________________________________________________________

Supervising Physician Signature
Cold Laser

How it works:

What it does:

When it should be used:

Where it can be performed:

Contraindications for use:

Settings for acute and chronic:

How do you explain this procedure to your patients:

Steps for using specific in-office equipment:

Proficiency demonstrated by ________________________________ on __________________

Employee name date

______________________________

Supervising Physician Signature
Diathermy

How it works:

What it does:

When it should be used:

Where it can be performed:

Contraindications for use:

How do you explain this procedure to your patients:

Steps for using specific in- office equipment:

Proficiency demonstrated by ________________________________ on __________________

Employee name date

__________________________________________________

Supervising Physician Signature
Infrared

How it works:

What it does:

When it should be used:

Where it can be performed:

Contraindications for use:

How do you explain this procedure to your patients:

Steps for using specific in-office equipment:

Proficiency demonstrated by ________________________________ on __________________

Employee name date

_________________________________________________________________________

Supervising Physician Signature
Ice

How it works:

What it does:

When it should be used:

Where it can be performed:

Contraindications for use:

How do you explain this procedure to your patients:

Steps for using specific in-office equipment:

Proficiency demonstrated by ___________________________ on _________________

Employee name  date

________________________________________________________

Supervising Physician Signature
Hydrocollator Packs or other Heat distribution

How it works:

What it does:

When it should be used:

Where it can be performed:

Contraindications for use:

How do you explain this procedure to your patients:

Steps for using specific in-office equipment:

Proficiency demonstrated by ________________________________ on ____________________

Employee name date

________________________________________________________

Supervising Physician Signature
Taking Vital Statistics and Patient Measurements

Measuring Range of Motion

Goniometer

Digital inclinometry

Basic movements: Flexion, extension, lateral bending, rotation, supination, pronation, adduction, abduction, internal rotation, external rotation, inversion, eversion etc.

Position and placement to use inclinometry for cervical and lumbar spine

Dynamometer

Height/Weight

Calculating BMI

What is considered overweight? Obese? Morbidly obese

Use of bilateral scales to demonstrate asymmetry in the spine.

Blood Pressure

What is considered within normal range?

What is diastolic? Systolic?

What body function are you measuring?

When 3 numbers are written, what do they represent and what is each one respectively? (Systolic/Diastolic/Pulse)

Pulse

Where can you palpate for a pulse

What body function are you measuring?

What is considered normal?

Use of a Snelling Eye Chart
Documentation

Basic History Taking

Chief complaint
Date of onset
Incident of injury/illness
Description of subjective complaint
Intensity
Duration
Frequency
Acute vs. chronic
Exacerbation
Review of systems

SOAP Notes

Subjective
Objective
Assessment
Plan

PART Notes

Pain/Tenderness
Assymetry/Misalignment
Range of Motion Abnormality
Tissue and Tone Changes

Physical Performance Assessment

Documenting ability or inability to: sit, stand, lie, roll over, walk, reach, bend, balance, push, pull, lift, climb, etc.

Documenting Degrees of impairment
Documenting Percentages of Improvement
Documenting a Treatment Plan
Documenting clinical goals
Basic CPT Coding

Evaluation and Management Coding

New patient codes versus established patients

Components used to determine appropriate level of service: i.e. severity of complaint, time, complexity of medical decision making etc.

Chiropractic Manipulation Codes

Determining appropriate coding level and difference between each

Passive Therapy codes

Recognize common chiropractic therapy codes.

Understand the use of timed codes and their appropriate use

Difference between attended therapy and unattended therapy

X-ray Codes

Recognize the codes commonly used for chiropractic x-rays

Active Therapy

Therapeutic Exercise

Neuromuscular Re-Education

Group exercise

Timed vs. untimed codes
X-ray Safety

Shielding

Contra-indications

Protection of care for provider (for example, use of badges and dosimetry)

Measurements

X-ray Positioning

CPR Training

It is advisable that you be CPR certified. The Red Cross offers classes for this [www.redcross.org](http://www.redcross.org). There are also multiple on-line venues for training. Questions on the test may be found that apply to proper CPR procedures.

Verify that you are capable of performing CPR procedures ________________________________

Dr.’s signature and date

Policies for Sexual boundaries

Insert your office policy on sexual boundaries here. General test questions on ethics will be included for this subject.

 Complaints against other employees or patients should be handled privately with the doctor and/or office manager.

 Complaints against the doctor should be filed with the disciplinary committee of the Oklahoma Board of Chiropractic Examiners in writing. This is a very serious matter and should not be taken lightly. You must be willing to testify and should have evidence in order to file a complaint. The Board of Examiners has jurisdiction over licensed chiropractors and certified and/or registered chiropractic assistants.
Optional Training Subjects

Your doctor may also want to include any or all of the following. These are generally specific to each office and are not included in the test however they are frequently part of your job training.

Procedures for answering the phone

First patient visit procedures

Second patient visit procedures or report of findings

New patient packets

Re-Calls

Re-Evaluations

Policies for vacation, sick time, and holidays.

Policies for dress code
HIPPA Compliance

HIPPA is also known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security and Breach Notification Rules. The following notes are not, in any way, to be construed as providing all required areas of information necessary for the chiropractor’s office to achieve total compliance with all of the Health Insurance Portability and Accountability Act (HIPAA Privacy, security and breach notification rules. The U.S. department of Health and Human Services provides all the regulations on their website at www.hhs.gov/ocr/privacy/index.html.

However, the purpose for including a general outline of those requirements here, is to first make you cognizant of the existence of HIPAA and to second provide a place for your employer to insert his or her personal HIPAA compliance policies into your training manual. You may also document that you have received in-office HIPAA training here.

General knowledge of HIPPA privacy rules may also be included in the Certified Chiropractic Assistant exam. The following is a VERY generalized summary of the above act.

1. Patient information is to be held confidential. This goes for everything, from the fact that they were seen in your office to their birthday and social security number to the specifics about their health. This information is not to be shared with anyone outside your office in any way without the express permission of that patient.

2. Confidential information must be stored securely – disposal of that information must also be performed securely whether on paper or in a digital format.

3. You must sign a statement that verifies that you have read and understand this act and that signature must remain in your doctor’s HIPAA compliance manual.

4. Patients must be given a copy of your office’s policy on patient privacy.

5. Failure to comply with HIPAA policies can result in you being fined severely for EACH act by the federal government.

INSERT YOUR OFFICE POLICY FOR HIPAA HERE

I certify that I will comply with the HIPAA compliance policies of our office. I will maintain the privacy of the patients of this office. I understand that I may be privy to certain confidential facts about my patients and I understand that that information is not to be shared in any way with anyone outside this office.

____________________________________________________    _______________________
Employee signature                                  Date
OSHA

The following notes are not, in any way, to be construed as providing all required areas of information necessary for the chiropractor’s office to achieve total compliance with all OSHA regulations. Full guidelines can be found at https://www.osha.gov. The Oklahoma Board of Chiropractic Examiners strongly suggests that you obtain your information from that source and complete the documentation of the OSHA practices that your office uses in a central area which the doctor will keep on file. We simply hope to help provide the outline for what documentation could be maintained for each employee and introduce the concept of creating a standard for individual training and documentation of that training.

Basic standards for safety both for you as an employee and for the patient may be included in the testing portion of the Chiropractic Assistant exam however detailed OSHA standards are not expected to be memorized by the CA and are, in fact the responsibility of the supervising physician.

As a training manual, this workbook could be used to document when you have been trained by your supervising physician and may include the specific policies that your office may employ which are necessary for the services provided in your clinic. Training in OSHA is required annually and must be updated if new procedures are added. New employees should be trained prior to starting any job which could result in occupational exposure. Remember that the training must be documented and signed by you, the employee.

1. A written statement of your office’s policy and how you are complying with OSHA’s bloodborne pathogen standards can be inserted here:
   Policy:

2. Engineering Controls (Sharps containers, etc.) and waste disposal plan for your office should be inserted here:
   Plan:

3. Work Practice controls: These are how the tasks in your office are performed to minimize the possibility of bloodborne pathogens or other safety concerns. Handwashing, personal protective equipment (such as gloves or masks), laundering requirements, housekeeping, work areas vs. non-work areas, biohazardous labels and signs are all part of this plan.
   Plan:

4. Exposure determination form: what category of employee are you? Category A would be those employees that may be exposed to routine potential exposure to blood or other potentially infectious materials. Category B would be those employees with only occasional possibility of exposure. If there is a job classification that is never at risk of exposure, do not categorize them.
   Category ______________________
5. If you are an employee with the potential of even occasional occupational exposure to blood and/or other potentially infectious materials, document here that you have been offered the Hepatitis B vaccination. If you decline that vaccination, you must also document that.

______________________________________________    ______________________  
  Employee signature                           Date

6. Maintain your employee medical record of hepatitis B vaccine history and exposure incidents and/or occupational illness/accidents. These records must also be kept by your employer for 30 years plus the term of employment.

Record:

7. Documentation that you have been trained in the use of the fire extinguisher and/or in evacuation of the building in case of a fire emergency can be inserted here:

Plan:

__________________________________________   _________________________
  Employee signature                       Date

8. Exit signs: every exit in your clinic must be identified no matter how obvious. The exit sign must be red/white or white/red. The signs must be no smaller than 4” x 10” with letters no smaller than 2 1/8” high and 5/16” wide. Non exit doors or doors that could easily be mistaken as an exit door, must be identified with a sign stating, “NOT AN EXIT” or you may place a sign on the door stating exactly what that particular room is. All doors must be unlocked during business hours so that it permits an immediate exit from the inside.

9. Extension cords and proper grounding: All tools and instruments that are in use in the clinic should not be connected to outlets with extension cords. All frayed cords will be replaced immediately.

10. Hazard Communications:
   a. A list of all chemical products used in your office should be kept and should include:
      - All products you use clinically such as rubbing alcohol, lab products and specific professional products.
      - All products used for disinfection such as Clorox, Lysol, x-ray developer or fixer, etc.
      - Cleaning products like comet or Formula 409
      - Office products such as superglue, liquid paper, toner etc.
   b. Obtain material safety data sheets from the manufactures or distributors of all of the above products.
c. List the chemical ingredients of the above products

d. Specifically label all hazardous materials based on the safety data obtained.
   - Blue for health hazard
   - Red for flammability
   - Yellow for reactivity with water
   - White for carcinogen or possible carcinogen

e. Items that are purchased over the counter must be labeled only if you use them in larger quantities than an average consumer or in different ways than the average consumer. For instance if you use Clorox is used when washing clothes at home. However, you may use it as a disinfectant. Therefore, it must be labeled.

f. OSHA requires that after your employer does all of hazard compliance steps, you must sit down with your employer and go over all of this information to be adequately trained in what it all means. Please document that you have received that training here:

______________________________________________  ___________________
Employee signature  Date