
UNIVERSITY POLICY HANDBOOK



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This University Policy Handbook of Dongguk University Los Angeles (hereinafter referred to as “DULA”) is designed to establish guidelines for the policies, procedures, rights, benefits, and working/study environments of all DULA staff, faculty, and students.

Since December 2017, DULA has gone through a series of reviews, audits, and staff meetings to update and internally communicate about the DULA policies which are primarily listed in the student handbook/catalog and faculty/employee handbook. It is safe to say that this is an essential part of the evolving and changing environments of faculty, staff, and students, as well as federal and California state law.

DULA policy is distributed as deemed necessary to its institution publication including Program Catalog, Student Handbook, Faculty Handbook, OMC Handbook, HIPAA and OSHA Policy Manual. The University Policy Handbook is also published for public through the DULA webpage: www.dula.edu/publications

All institutional policies will be reviewed at least annually, and relevant institutional documents updated accordingly. Admissions policy may be updated quarterly, while FERPA and Title IX may be updated annually. The admissions policy will be reviewed quarterly by the program director and the director of admissions. If there are recommendations regarding admissions policy that need to be considered, program director and the director of admissions will submit their recommendations during the academic committee meeting. The changes are presented and discussed during the academic committee meeting.

This handbook presents the policies in effect at the time of publication, although is no guarantee that policies will not change. It will be revised as university policies evolve, and an updated version of the handbook will be created so that everyone may stay aware of changes in university policies.

A memorandum highlighting significant changes to the handbook will be distributed to staff and faculty members with each new edition. DULA openly welcomes all input from you regarding the policies and procedures in this handbook. We encourage your suggestions for changes or additional policies/procedures which are appropriate for the future.

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I. UNIVERSITY POLICY

1. FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA) is a federal law that affords parents the right to have access to their children's education records, seek to have the records amended, and have some control over the disclosure of personally identifiable information from the education records. When a student turns 18 or enters a postsecondary institution at any age, the rights under FERPA transfer from the parents to the student ("eligible student"). The FERPA statute is found at 20 U.S.C. § 1232g and the FERPA regulations are found at 34 CFR Part 99.

FERPA of 1974 governs the release of student education records, as maintained by an educational institution with access to these records. In accordance with the Family Educational Rights and Privacy Act (FERPA), DULA protects the privacy of student records, including address, phone number, grades and attendance dates. Student records are permanently kept in locked fireproof file cabinets and a backup copy of student records is kept on an off-site server. Students have the right to review their academic file by submitting a request to the Registrar.

The University does not release school records or any other information about a student to any third party without the consent of the student, except as allowed by law. FERPA defines directory information as information contained in the education records of a student that—if disclosed—would not generally be considered harmful or an invasion of privacy. Typically, directory information includes information such as name, address, telephone listing, date and place of birth, participation in officially recognized activities and sports, and dates of attendance. A school may disclose directory information to third parties without consent if it has given public notice of: (a) the types of information which it has designated as directory information, (b) the parent's or eligible student's right to restrict the disclosure of such information, and (c) the period of time within which a parent or eligible student must notify the school in writing that he or she does not want any or all of said directory information. The means of notification include publication in various sources (such as a newsletter, a local newspaper, or the student handbook), or as part of the general notification of rights under FERPA. The school does not have to notify a parent or eligible student individually. (34 CFR § 99.37.)

Following the federal and state laws and university policies, DULA has designated the list of personally identifiable information as directory information similar to its term in FERPA. DULA may release and publish the list of personally identifiable information as directory information without the student's prior consent. DULA has defined directory information as the following:*

- Name, including former name*
- Local and permanent address*
- Telephone number*
- Email addresses*
- Major and minor fields of study*
- Dates of attendance*
- Enrollment status (e.g.

graduate, full-time, or part-time)* Degrees, certificates, and awards received* Most recent previous school attended.

Students may view an unofficial copy of their transcript and/or request an official copy through the University's student web portal. The University permanently maintains records of academic progress. The Family Education Rights and Privacy Act (FERPA) of 1974, as amended (the "Act"), is a federal law. DULA will maintain the confidentiality of educational records in accordance with the provisions of the Act and will accord all the rights under the Act to eligible students who are or have been in attendance at DULA.

Student records are maintained at the school site for five years from the last date of attendance. Transcripts are maintained permanently.

All DULA staff and faculty who access or use student data are required to take FERPA training. All DULA staff and faculty are required to renew their FERPA training every two years. FERPA training information is available directly from the institutional website. Staff and faculty are required to complete the FERPA survey training prior to beginning their work at DULA. The result of the FERPA training from staff and faculty are available from the staff assigned to conduct FERPA training.

The Act affords students certain rights with respect to their educational records.

- Right of Inspection: To inspect and review their records.
- The right to request and amend their records to ensure that they are not inaccurate, misleading, or otherwise in violation of their privacy or other rights.
- The right to disclose only with student consent of personally identifiable information contained in their records, except to the extent that the Act authorizes disclosure without consent.
- The right to file with the US Department of Education a complaint regarding the school to comply with the requirements of the Act. The address to file a complaint is:

Family Policy Compliance Office
US Department of Education
400 Maryland Avenue SW
Washington, DC 20202

FERPA Tutorial

The FERPA tutorial is designed to inform staff of their responsibility to respect the confidentiality of student and department records, protect student privacy, and act in a professional manner when interacting with the public in person and over the telephone.

1. FERPA Definition

The Family Educational Rights and Privacy Act (FERPA) of 1974 helps protect the privacy of student education records. The Act provides for the right to inspect and review

education records, amend those records, and limit disclosure of information from the records. The intent of this legislation is to protect the rights of students and to ensure the privacy and accuracy of education records. The Act applies to all institutions that are recipients of federal aid administered by the Secretary of Education.

2. Student's Rights

FERPA gives students the right to: * Inspect and review their education records within 45 days of requesting them from the university; students should submit written requests to the registrar and identify the record(s) they wish to inspect. * Request an amendment to education records that the student believes are inaccurate or misleading. * Consent to disclosure of personally identifiable information contained in the student's education records, except when FERPA authorizes disclosure without consent. * File a complaint with the U.S. Department of Education concerning alleged failures by the college to comply with the requirements of FERPA.

3. Amending Records

Students may ask the university to amend a record that they believe is inaccurate or misleading. They should write to the registrar, clearly identifying the part of the record they want changed and specifying why it is inaccurate or misleading. If the university decides not to amend the record as requested by the student, the university will notify the student of the decision and advise them of his or her right to a meeting with the president and dean regarding the request for amendment. Additional information regarding the hearing will be provided to the student when notified.

4. Disclosure without Consent

Disclosure without consent is allowed for school officials with legitimate educational interests. A school official is a person employed by the university in an administrative, supervisory, or academic staff position, a person or company with whom the university has contracted (such as an attorney or auditor), a member of an official committee (such as a disciplinary or grievance committee), or a person assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if he or she needs to review an education record in order to fulfill his or her professional responsibility.

5. Parents' Rights under FERPA

Once a student enrolls at a postsecondary institution like DULA or turns 18, all FERPA rights transfer from the parent to the student. Parents must have written student consent in order to access education records of their children. FERPA does allow certain exceptions, including allowing institutions to share information when the student is claimed as a dependent on the parent's tax return. Also, in cases of a health and safety emergency, information can be shared with parents. FERPA also allows schools to share with parents if students under the age of 21 are found to have violated the school's alcohol or drug policies.

6. Directory Information

Directory information may be released by DULA without violation of FERPA. This is information contained in the education record of a student which is not considered harmful or invasive. DULA has defined directory information as the following: * Name,

including former name* Local and permanent address* Telephone number* Email addresses* Major and minor fields of study* Dates of attendance* Enrollment status (e.g. graduate, full-time, or part-time)* Degrees, certificates, and awards received* Most recent previous school attended.

7. Release of Transcripts

Students must authorize the release of their transcript by written request with signature or by completing and signing a transcript request form (available in the registrar). The receipt of a written request with signature may be faxed.

8. Who May Access Student Information?

The following people may access Student Information: * The student and any outside party who has the student's written permission. * School officials (as defined by the university) who have "legitimate educational interests." * Parents of a dependent student, as defined by the Internal Revenue Code. * A person responding to a lawfully issued subpoena or court order, as long as the university makes a reasonable attempt to notify the student first. Normally, the university will comply with a subpoena two week from the day the subpoena was received.

9. Disclosure NOT Requiring Consent

The following forms of disclosures DO NOT require consent:* to officials of another school where the student seeks to enroll.* In connection with financial aid for which the student has applied.* to accrediting organizations in order to carry out their accrediting function.* to parents of a dependent student, as defined by the IRS Code.* To comply with a judicial order or lawfully issued subpoena.* In connection with a health or safety emergency.

10. Technology and FERPA

It is the responsibility of each school official to understand their legal responsibilities under FERPA. The same principles of confidentiality that apply to paper records also apply to electronic data.

2. TITLE IX

Sexual Misconduct & Civil Rights (Title IX)

Dongguk University Los Angeles community welcomes and affirms the rights of its students, faculty, and staff to live, work, and study in an environment free of discrimination, harassment, and sexual misconduct. Consistent with the expectations of the Education Amendments of 1972's Title IX (or simply "Title IX"), the university prohibits discrimination based on sex in its education programs and activities. As a recipient of federal financial assistance, Dongguk University Los Angeles is required to adhere to Title IX requirements.

Title IX protects faculty, staff, and students against unlawful acts of sexual misconduct, including sexual violence, sexual harassment, sexual exploitation, intimate partner violence, dating violence, bullying (including cyberbullying), and stalking. Taken together, these acts are termed sexual misconduct. The university prohibits retaliation against advocacy for a right protected under Title IX.

Title IX Coordinator

Dongguk University Los Angeles' Title IX coordinator, the student services coordinator, is available to all students, faculty, staff, guests, and visitors to provide resources and answer questions regarding the process of reporting a possible violation of the institution's policy. Any incident involving sexual misconduct, harassment, or discrimination may be reported to the Title IX Coordinator. In the role as coordinator, the student services coordinator accepts the responsibility of upholding Dongguk University Los Angeles Title IX policy and is a confidential resource to those who wish to discuss an incident but may not be ready to file a formal report.

Notice of Non-Discrimination

The university does not discriminate based on race, color, ethnicity, national origin, age, sex, sexual orientation, gender identity or expression, physical or mental disability, religion, or any other protected class.

The university does not discriminate based on sex in its educational, extracurricular, athletic, or other programs, including in the context of employment. Sexual misconduct - that is, sexual harassment as defined in this policy - is a form of sex discrimination that unjustly deprives a person of equal treatment. It is prohibited by Title IX of the Education Amendments of 1972, a federal law that states:

No person in the United States shall, based on sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance.

Sexual harassment is also prohibited under Title VII of the Civil Rights Act of 1964.

This policy prohibits sexual misconduct against all Dongguk University Los Angeles community members of any gender or sexual orientation, as well as gender-based harassment that does not involve conduct of a sexual nature.

University Statement on Privacy

In any Title IX review of an allegation of sexual misconduct, every effort will be made to protect the privacy and interests of the individuals involved while remaining consistent with the need for a thorough review of the allegation. Such a review is essential to protecting the safety of the complainant, the respondent, and the broader campus community, allowing us to maintain an environment free from sexual discrimination.

At all times, the privacy of involved parties will be respected and safeguarded. Information related to a report of misconduct will be shared only with those university employees who must know to assist in the investigation and/or resolution of the complaint. All university employees who are involved in the Title IX review process, including conduct board hearing members, have received specific training in the safeguarding of private information. Students or employees wishing to obtain confidential assistance through on-campus or off-campus resources without making a report to the university may do so by speaking with professionals who are obligated by law to maintain confidentiality.

If a report of misconduct discloses an immediate threat to the campus community, the university may issue a timely notice of this conduct to the community in order to protect the health or safety of the broader campus community. This notice will not contain any biographical or other identifying information. Immediately threatening circumstances include, but are not limited to, recently reported incidents of sexual misconduct that involve the use of force or a weapon, or other circumstances that represent a serious and ongoing threat to university students, faculty, administrators, staff, or visitors.

All resolution proceedings are conducted in compliance with the requirements of FERPA, the Clery Act, Title IX, and university policy. No information shall be released from such proceedings except as is required or permitted by law or university policy.

Prohibited Conduct and Definitions

The university prohibits sexual misconduct. Sexual misconduct is a broad term that includes, but is not limited to:

1. Sexual Harassment
2. Sexual Violence
3. Sexual Exploitation
4. Stalking

5. Cyber-stalking
6. Bullying
7. Cyberbullying
8. Aiding or facilitating the commission of a violation
9. Retaliation

Consistent with the values of an educational and employment environment free from harassment based on sex, the university also prohibits gender-based harassment, which may include acts of verbal, nonverbal, or physical aggression, as well as intimidation or hostility, based on sex or sex-stereotyping, even if those acts do not involve conduct of a sexual nature.

Definition of Sexual Harassment

Sexual harassment is any unwelcome sexual advance, request for sexual favors, or other unwelcome verbal or physical conduct of a sexual nature in any of the following contexts:

Submission to or rejection of such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment, evaluation of academic work, or participation in social or extracurricular activities.

Submission to or rejection of such conduct by an individual is used as the basis for decisions affecting the individual.

Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance by creating an intimidating, hostile, humiliating, demeaning, or sexually offensive working, academic, or social environment. This effect will be evaluated based on the perspective of a reasonable person in the position of the complainant.

A single or isolated incident of sexual harassment may create a hostile environment if the incident is sufficiently severe. The more severe the conduct, the less need there is to show a repetitive series of incidents creating a hostile environment—particularly if the harassment is physical.

Forms of Prohibited Sexual Harassment

Sexual harassment is prohibited. In some cases, sexual harassment is obvious and may involve an overt action, threat, or reprisal. In other instances, sexual harassment is subtle and indirect, with a coercive aspect that is unstated.

Sexual harassment can take many forms:

1. It can occur between equals (e.g. student to student, staff to staff, faculty member to faculty member, visitor/contracted employee to staff) or between persons of unequal power status (e.g. supervisor to subordinate, faculty member to student, coach to student-athlete, student leader to first-year student). Although sexual harassment in the

context of an exploitation of power is often caused the individual with greater power, a person who appears to have less power in a relationship can also commit sexual harassment (e.g. student harassing faculty member).

2. It can be committed by an individual or as a result of the collective actions of an organization or group.
3. It can be committed against an individual, an organization, or a group.
4. It can be committed by an acquaintance, a stranger, or someone with whom the complainant has a personal, intimate, or sexual relationship.
5. It can occur toward or from an individual of any sex, gender identity, gender expression, or sexual orientation.
6. It does NOT have to include intent to harm, be directed at a specific target, or involve repeated incidents.

Examples of behavior that might be considered misconduct include, but are not limited to:

Unwanted or inappropriate sexual innuendos, sexual attention, propositions, or suggestive comments and gestures; humor and jokes about sex or gender-specific traits; sexual slurs or derogatory language directed at another person's sexuality or gender; insults and threats based on sex or gender; and any other oral, written, or electronic communication of a sexual nature that an individual communicates is unwanted and unwelcome.

The display or distribution of sexually explicit drawings, pictures, or written materials, including graffiti; sexually charged name-calling; sexual rumors or ratings of sexual activity/performance; the circulation, display, or creation of e-mails or Web sites of a sexual nature.

Non-academic display or circulation of written materials or pictures degrading to an individual or gender group (it is expected that instructors will offer an appropriate warning regarding the introduction of explicit and triggering materials used in the classroom).

Inappropriate or unwelcome physical contact or suggestive body language, such as touching, patting, pinching, hugging, kissing, or brushing against an individual's body; Undue and unwanted attention, such as repeated inappropriate flirting, inappropriate or repetitive compliments about clothing or physical attributes, staring, or making sexually oriented gestures.

Physical coercion or pressure of an individual to engage in sexual activity, or punishment for a refusal to respond or comply with sexual advances; change of academic or employment responsibilities (increase in difficulty or decrease of responsibility) based on sex, gender identity/expression, or sexual orientation.

Use of a position of power or authority to: (1) threaten or punish, either directly or by implication, for reporting harassment, as well as for refusing to tolerate harassment or submit to sexual activity; or (2) promise rewards in return for sexual favors.

Sexual Assault

Abusive, disruptive, or harassing behavior, verbal or physical, which endangers another's mental or physical health, including but not limited to threats, acts of violence, or assault based on gender and/or in the context of intimate partner violence.

Demeaning Verbal or Other Expressive Behavior of a Sexual or Gendered Nature in an Instructional Setting

Acts of verbal, nonverbal, or physical aggression, intimidation, or hostility based on sex or sex-stereotyping; harassment for exhibiting what is perceived as a stereotypical characteristic for one's sex, or for failing to conform to stereotypical notions of masculinity and femininity—regardless of the actual or perceived sexual orientation or gender identity of the harasser or target.

Forms of Prohibited Sexual Misconduct

The following descriptions represent sexual behaviors that violate Dongguk University Los Angeles' community standards and any person's rights, dignity, and integrity.

Sexual Violence: Physical sexual acts perpetrated against a person's will, as well as situations where they are incapable of giving consent. This includes rape, sexual assault, battery, and sexual coercion. Sexual violence may involve individuals either known or unknown to one another, including those who have an intimate and/or sexual relationship. Examples include, but are not limited to:

Having or attempting to have sexual intercourse with another individual without consent. Sexual intercourse includes vaginal or anal penetration—however slight—with a body part or object, or oral copulation by mouth-to-genital contact.

Having or attempting to have sexual contact with another individual without consent. Sexual contact includes kissing, touching the intimate parts of another, causing the other to touch one's intimate parts, or disrobing of another without permission. Intimate parts may include the breasts, genitals, buttocks, mouth, or any other part of the body that is touched in a sexual manner.

Sexual Exploitation: An act or acts committed through non-consensual abuse or exploitation of another person's sexuality for the purpose of sexual gratification, financial gain, personal benefit/advantage, or any other non-legitimate purpose. Any act or acts of sexual exploitation are prohibited, even if the behavior does not constitute one of the other sexual misconduct offenses. Sexual exploitation may involve individuals who are either known or unknown to one another, including those who have an intimate or sexual relationship. Examples include, but are not limited to:

1. Observing another individual's nudity or sexual activity or allowing another to observe consensual sexual activity without the knowledge and consent of all parties involved.
2. Non-consensual streaming of images, photography, video, or audio recording of sexual activity or nudity, or distribution of such without the knowledge and consent of all parties involved.

Prostituting Another Individual

Knowingly exposing another individual to a sexually transmitted disease or virus without his or her knowledge. Inducing incapacitation for the purpose of making another person vulnerable to non-consensual sexual activity.

Stalking: A course of conduct involving more than one instance of unwanted attention, harassment, physical/verbal contact, or any other course of conduct likely to alarm or place an individual in fear of injury or harm (including physical, emotional, or psychological harm). This includes cyber-stalking: a particular form of stalking in which electronic media such as the Internet, social networks, blogs, cell phones, texts, or other similar forms of contact are used to pursue, harass, or make unwelcome contact with another person. Stalking and cyber-stalking may involve individuals who are either known or unknown to one another, including those who have an intimate or sexual relationship.

Bullying and Cyber Bullying: Use of superior strength, knowledge, or influence to intimidate or force an individual against their will. This includes cyberbullying: a particular form of bullying in which electronic media such as the Internet, social networks, blogs, cell phones, texts, or other similar forms of contact are used.

Aiding or Facilitating: Aiding, facilitating, promoting, or encouraging the commission of a violation under this policy. Aiding or facilitating may also include failing to take action to prevent an imminent act when it is reasonably prudent and safe to do so. Taking action may include direct intervention, calling local law enforcement, or seeking assistance from a person in authority.

Retaliation: Acts or attempts to retaliate or seek retribution against the complainant, respondent, or any other individual / group of individuals involved in the investigation and/or resolution of a sexual misconduct allegation. Retaliation can be committed by any individual or group of individuals, not just a respondent or complainant. Retaliation may include continued abuse, violence, or other forms of harassment, as well as slander and libel.

Statement of Consent, Coercion, Incapacitation, and Alcohol

Consent to engage in sexual activity must be knowing and voluntary. Consent to engage in sexual activity must exist from the beginning to the end of each instance of sexual activity, and for each form of sexual contact. Consent to one form of sexual contact does not constitute consent to all forms of sexual contact. For example, an individual may agree to kiss but choose

not to engage in touching of the intimate parts or sexual intercourse. An individual should obtain consent before moving from one act to another.

Consent consists of an outward demonstration indicating that an individual has freely chosen to engage in sexual activity. Consent is demonstrated through mutually understandable words and/or actions that clearly indicate a willingness to engage freely in sexual activity. Relying on non-verbal communication can lead to misunderstandings; consent cannot be inferred from silence, passivity, lack of resistance, or lack of active response alone. A person who does not physically resist or verbally refuse sexual activity is not necessarily giving consent. In the absence of an outward demonstration, consent does not exist. If at any time it is reasonably apparent that either party is hesitant, confused, or uncertain, both parties must stop and obtain mutual verbal consent before continuing sexual activity.

A current or previous dating or sexual relationship alone is not sufficient to constitute consent. Even in the context of a relationship, there must be mutually understandable communication that clearly indicates willingness to engage in sexual activity each time such activity occurs. Consent may be withdrawn by either party at any time. Withdrawal of consent must also be outwardly demonstrated by words or actions that clearly indicate a desire to end sexual activity. Once withdrawal of consent has been expressed, sexual activity must cease.

In the state of California, consent can never be given by minors under the age of 18.

Consent is not effective if it results from the use or threat of physical force, intimidation, coercion, or any other factor that would eliminate an individual's ability to choose whether or not to have sexual contact. Coercion includes the use of pressure and/or oppressive behavior, such as express/implied threats of harm, or severe and/or pervasive emotional intimidation (which causes a person to engage in unwelcome sexual activity, or places them in fear of immediate or future harm / physical injury). A person's words or conduct are considered coercion if they wrongfully impair the other's freedom and ability to choose whether or not to engage in sexual activity.

An individual who is incapacitated is not able to make rational, reasonable judgments and therefore is incapable of giving consent. Incapacitation is the inability—temporarily or permanently—to give consent because the individual is mentally and/or physically helpless due to drug or alcohol consumption (voluntarily or involuntarily) or the individual is unconscious (asleep or otherwise unaware that the sexual activity is occurring). In addition, an individual is incapacitated if they demonstrate that they are unaware of where they are, how they got there, or why/how they became engaged in a sexual interaction. Where alcohol is involved, incapacitation is a state beyond drunkenness or intoxication. Some indicators of incapacitation may include, but are not limited to, lack of control over physical movements, lack of awareness of circumstances or surroundings, or the inability to communicate for any reason. An individual may experience a blackout state in which they appear to be giving consent, but do not actually have conscious awareness or the ability to consent. It is especially important, therefore, that anyone engaging in sexual activity be aware of the other person's level of intoxication. The

relevant standard that will be applied is whether the respondent knew—or a sober reasonable person in the same position would have known—that the other party was incapacitated and therefore could not consent to the sexual activity.

The university considers sexual contact while under the influence of alcohol to be risky behavior. Alcohol impairs a person's decision-making capacity, awareness of the consequences, and ability to make informed judgments. Being intoxicated or impaired by drugs or alcohol is never an excuse for sexual misconduct and does not excuse one from the responsibility to obtain consent.

Who Can Help?

If you have been affected by sexual misconduct and would like to speak with an individual on campus, there are numerous people ready to help. You may meet with the Title IX coordinator confidentially, with no obligation to file a formal report. All Dongguk University Los Angeles employees, including student workers, have a duty to report incidents the Title IX coordinator. Additionally, off-campus resources are also available to you. All available resources are listed below:

ON CAMPUS

Title IX Coordinator
Student Services Coordinator

440 Shatto Place, 2nd Floor, Los Angeles, CA 90020
213-487-0110 Ext.406
AC@dula.edu

OFF CAMPUS

Emergency 911
LAPD Olympic Division 213-382-9102
St. Vincent Medical Center 213-484-7111
2131 W. 3rd St., Los Angeles, CA 90057 Open 24 hours

Individuals who wish to report an incident of sexual misconduct may do so in a variety of ways. The complex process of filing a formal report can be an overwhelming prospect for those affected by sexual misconduct.

Who to Report To?

There are many resources available to students and employees on campus regarding sexual misconduct. Individuals may file a formal report (using grievance form) documenting an incident

with the Title IX Coordinator and/or Los Angeles Police Department. Students and employees may also file a formal report to any member of the executive committee if they so choose to.

The university is committed to responding to all reports of sexual misconduct in a timely and effective manner. The time frame of when an individual should file a report of sexual misconduct is not limited in any way; however, it is important to note that as time passes, it becomes more difficult to find crucial evidence. In light of this, all investigations of sexual misconduct are to be thorough yet efficient, with a resolution that is reasonable given the situation.

I Made a Report - Now What?

Filing a report is an important first step towards addressing an incident of sexual misconduct. The university acknowledges that it may be difficult to come forward, but there are resources to assist in the process, beginning with the Title IX coordinator. The university completes most investigations within 60 days. The report will be submitted to the executive committee who shall discuss until the majority of the executive committee agrees upon a resolution. Resolutions will vary depending on the seriousness of the complaint. Students or employees may reopen a complaint case by appealing to another executive committee member; if no members acknowledge the student's or employee's request, the case will be considered closed. Once the case is closed, students and other appropriate parties will be notified of the executive committee's decision by Title IX coordinator or any member of the executive committee within thirty (30) days. For more detail information, please refer to the student's and/or employee's grievance policy.

Interim Measures / Remedial Action

Upon receipt of a report, the university may implement initial responsive or protective actions while an inquiry or investigation are underway. Interim measures / remedial actions may include no-contact orders, providing a campus escort, academic or work schedule adjustments, referral to counseling or medical services, and safety planning. The university will maintain the confidentiality of any accommodations or protective measures, provided this does not impair the university's ability to provide said accommodations or protective measures.

Inquiry, Investigation, Resolution

The university will address all reports of possible violations of the Sexual Misconduct and Civil Rights Policy. Upon receipt of a formal complaint, the Title IX coordinator will conduct an initial inquiry to determine any risk of harm to individuals or to the campus community. Steps will be taken to address those risks via interim measures or remedial action.

If the inquiry proceeds to an investigation because of the reporting party's desire or the university deems it necessary to protect the safety of the campus, the Title IX coordinator will contact Los Angeles Police Department.

Sanctions

A range of sanctions are available if the responding party is found responsible for violating the university's Sexual Misconduct and Civil Rights Policy. The sanctions are determined based on the nature, severity of, and circumstances surrounding the violation; an individual's disciplinary history of previous allegations or allegations involving similar conduct; and the need for sanctions/responsive actions to bring an end to and prevent future discrimination, harassment, and/or retaliation.

Clery Reporting

The university is required to document all reports of sexual misconduct and to report statistics of crime on campus consistent with the Jeanne Clery Disclosure of Campus Security Policy and the Campus Crime Statistics Act. No personally identifiable information will be shared for the purpose of maintaining these statistics. Identities and specific fact patterns will remain anonymous.

If a report of sexual misconduct represents an immediate threat to the university community, timely notice must be given to protect the health and safety of the community. In such cases, the same level of confidentiality may not be possible. Immediate threats include, but are not limited to, reported incidents of sexual misconduct involving the use of force or a weapon, or other circumstances that represent a serious and ongoing threat to students, faculty, staff, or visitors.

Title IX Training

The Title IX coordinator is required to devise effective methods of informing staff, faculty, and students, and to conduct training sessions with up-to-date material. The Title IX coordinator must develop an informative brochure on sexual harassment to be disseminated to the staff, faculty, and student populations and to be displayed on many of the campus bulletin boards and online.

At the time of hiring staff and faculty members, the Title IX coordinator must hold a training session. The annual training must be conducted to the staff and faculty members on a designated date.

For all new entering DULA students, the Title IX coordinator must provide a training session during the new student orientation and deliver the brochure to both DATM and MSOM students. The annual web-based training for all students of DULA must be conducted on a designated date.

3. CAMPUS SECURITY ACT DISCLOSURE STATEMENT – Clery Act

The Campus Security Act (Public Law 102-26) 34 C.F.R. Section 668.46 (c)(1) requires postsecondary institutions to disclose the number of instances in which certain specific types of crimes have occurred in any building or on any property owned or controlled by this institution (and used for activities related to the educational purpose of the institution) and/or student organizations recognized by this institution. In compliance with that law, the following reflects this institution's crime statistic for the period between 01/01/2017 and 12/31/2019.

PLEASE NOTE THAT THIS INSTITUTION DOES NOT HAVE ON-CAMPUS HOUSING, AND THAT THERE ARE NO POLICE RECORDS THAT PERTAIN DIRECTLY TO THE PROPERTY USED BY THE INSTITUTION. THEREFORE, THE STATISTICS BELOW REPORT ONLY THOSE INCIDENTS REPORTED TO THE INSTITUTIONAL ADMINISTRATION AND/OR LOCAL POLICE.

Report Distribution Date: October 1, 2020

Occurrences REPORTED within the 2017, 2018 and 2019 Calendar Years

Crimes Reported	2017	2018	2019	Location: C=Campus N=Non-campus P=Public Area	* Hate Crime? (see note)
(i) Criminal homicide:					
(A) Murder and non-negligent manslaughter	0	0	0		0
(B) Negligent manslaughter	0	0	0		0
(ii) Sex Offenses:					
(A) Rape	0	0	0		0
(B) Fondling	0	0	0		0
(C) Incest	0	0	0		0
(D) Statutory Rape	0	0	0		0
(iii) Robbery	0	0	0		0
(iv) Aggravated assault	0	0	0		0
(v) Burglary	0	0	0		0
(vi) Motor Vehicle Theft	0	0	0		0
(vii) Arson	0	0	0		0
Arrest and referrals for disciplinary actions including:					
(A) Arrests for liquor law violations, Drug law violations, and illegal weapons possession:	0	0	0		0
(B) Persons not included in 34 CFR 668.46(c)(1)(ii)(A) who were referred to campus disciplinary action for liquor law violations, drug law violations, and illegal weapons possession	0	0	0		0
Hate crimes: As listed under 34. CFR668.46 (c)(1)(i)					
(A) Larceny-theft	0	0	0		0
(B) Simple Assault	0	0	0		0
(C) Intimidation	0	0	0		0
(D) Destruction, Damage or Vandalism of Property	0	0	0		0

(viii) Liquor law violations	0	0	0		0
New reporting as of 10/01/2019					
Incidents of sexual assault	0	0	0		0
Domestic Violence	0	0	0		0
Dating Violence	0	0	0		0
Stalking	0	0	0		0

NOTE - Crimes reported under any of the categories listed in this section that show evidence of prejudice based on race, religion, sexual orientation, ethnicity or disability as prescribed by the Hate Crimes Statistical Act.

1. This institution does not employ campus security personnel but encourages both its employees and students to immediately report suspected criminal activity or other emergencies to the nearest available institutional official and/or, in the event of an emergency, to directly contact local law enforcement or other emergency response agencies by dialing 911.
 - (i) All students and employees are required to report any crime or emergency to their institutional official promptly.
 - (ii) Preparation for the Annual Disclosure of Crime Statistics report is obtained by the institution's directors, who are to contact the correct police department district to obtain statistics, and then record those statistics in the institution's daily incident log.
 - (iii) If a student or employee wishes to report a crime on a voluntary or confidential basis, John Jeon will be prepared to record and report the crime, but not the name of the informant. The student or employee may, in order to maintain confidentiality, submit the information in writing to John Jeon without signature.
 - (iv) If the student wishes not to maintain confidentiality, they will contact their intern-supervisor or faculty who in turn will contact the nearest DULA Staff Member to report criminal actions—by calling the Olympic Division of the LAPD (213-382-9102)—or emergencies—by calling 911.

2. Only students, employees and other parties having business with this institution should be on institutional property.
 - (i) When the school closes for the night, the school's official or supervisor will inspect each floor to ensure that it is empty, then set the alarms on each floor and lock down the campus.
 - (ii) Other individuals present on institutional property at any time without the express permission of the appropriate institutional official(s) shall be viewed as trespassing and as such may be subject to a fine and/or arrest.
 - (iii) In addition, students and employees present on institutional property during periods of non-operation without the express permission of the appropriate institutional official(s) shall also be viewed as trespassing and may too be subject to a fine and/or arrest.

3. Current policies concerning campus law enforcement are as follows:

- (i) Institution's officials have no powers of arrest other than the Citizens Arrest Law, and, in the event of a crime or emergency, are required to call the correct agency or dial 911 for the police and emergency services. The Citizens Arrest Law will be invoked only as a last resort, and after all other possibilities have been explored.
 - (ii) Employees shall report any criminal action or emergency to their immediate or nearest ranking supervisor, who will then contact the appropriate agency by calling 911. If possible, in the interim, the security guard(s) and/or institutional official shall attempt to non-violently deal with the crime or emergency with the appropriate agency on campus. Individual discretion must be used, and undue risk should not be taken.
 - (iii) The institution currently has no procedures for encouraging or facilitating pastoral or professional counseling (mental health or otherwise); nonetheless the student or employee is encouraged to seek such aid outside of the institution.
4. The institution does not offer regularly scheduled crime awareness or prevention programs other than orientation, where all the institution's policies and regulations are properly disclosed to prospective students.
 - (i) Though this institution does not offer regularly scheduled crime awareness or prevention programs, students are encouraged to exercise proper care in seeing to their personal safety and the safety of others.
 - (ii) The following is a description of policies, rules, and programs designed to inform students and employees about the prevention of crimes on campus:
 - a. Do not leave personal property in classrooms.
 - b. Report any suspicious persons to your institutional official.
 - c. Always try to walk in groups outside the school premises.
 - d. If you are waiting for a ride, wait within sight of other people.
 - e. Employees (staff and faculty) will close and lock all doors, windows, and blinds and turn off lights when leaving a room
5. The Crime Awareness and Campus Security Act is available upon request to students, employees (staff and faculty), and prospective students.
 - (i) The school has no formal program, other than orientation, that disseminates this information. All information is available on request.
 - (ii) Information regarding any crimes committed on the campus or its leased/attached properties (parking lot) will be available and posted in a conspicuous place within two (2) business days after the reporting of the crime and be available for sixty (60) business days during normal business hours—unless the disclosure is prohibited by law, would jeopardize the confidentiality of the victim or an ongoing criminal investigation, would jeopardize the safety of an individual, would cause a suspect to flee or evade detection, or would result in the destruction of evidence. Once the reason for the lack of disclosure is no longer in force, the institution must disclose the information. If there is a request for information that is older than 60 days, that information must be made available within two (2) business days of the request.
6. All incidents shall be recorded in the daily incident log at the institutional official's station. This log includes the date, time, location, incident reported, disposition of incident, and name of the person who took the report. The report must be entered in the log within two (2) business days after it is reported to the school's official, unless that disclosure is prohibited by law or would endanger the confidentiality of the victim.

7. This institution does not permit the sale, possession or consumption of alcoholic beverages on school property, adhering to and enforcing all state underage-drinking laws.
8. The institution does not permit the possession, use, or sale of illegal drugs by its employees and students, adhering to and enforcing all state and federal drug laws. The violation of these policies by students or employees may result in expulsion, termination, and/or arrest. Information concerning drug and alcohol abuse education programs is posted at the campus and is distributed annually to students and staff.
9. It is the policy of this institution to have any sexual assaults (criminal offenses) on campus reported immediately to the institution's official, who will report it to 911 emergency and police units. During the orientation of newly admitted students, the institution emphasizes the prevention of sexual crimes by insisting students to work, study, and walk outside of the premises accompanied by other students or in view of other persons, avoiding being alone at any time. During the daily functioning of the school operations, staff and administrators focus on ensuring that students are not by themselves under any circumstance.
 - (i) The institutional program to prevent sexual crimes consists of maintaining a continuous lookout for each other to protect and prevent any sexual assaults. The entire staff takes part in this program to protect the students and staff themselves.
 - (ii) A person who is victimized will be encouraged to seek counseling at a rape crisis center and to maintain all physical evidence until they can be transported to a hospital or rape crisis center for proper treatment.
 - (iii) A victim of a sexual crime has the option of reporting this crime to the institutional authorities or directly to 911 and seeking professional assistance from the emergency agencies. If requested, the institutional personnel will be prepared to request assistance calling 911.
 - (iv) The institution does not have access to professional counseling, mental health or otherwise, though students and employees are encouraged to seek such professional assistance at the nearest hospital or health care services.
 - (v) The institution will offer the victim of a sexual crime any available options to change the academic schedule to the benefit of the victimized person, as is possible.
 - (vi) The institutional disciplinary actions in reference to an alleged sex offense are as follows:
 - a. The accuser and the accused are entitled to the same opportunities to have others present during a disciplinary proceeding.
 - b. Both the accuser and the accused must be informed of the outcome of any institutional proceeding regarding an alleged sex offense.
 - (vii) This institution has zero tolerance of violation of this policy. Once the offense is confirmed, the institutional disciplinary action against students or employees may result in expulsion from school, termination of employment, and, in accordance with local laws, an arrest of the offender by the authorities.
 - (viii) The institution provides the following website to obtain information concerning the registration of arrested sex offenders: <https://www.meganslaw.ca.gov/>
10. Revised Crime Classification: Burglary vs. Larceny: An incident must meet three conditions to be classified as a burglary.
 - (i) There must be evidence of unlawful entry (trespassing). Both forcible entry and unlawful entry are counted toward this.

- (ii) The unlawful entry must occur within a structure, which is defined as having four walls, a roof, and a door.
 - (iii) The unlawful entry into a structure must show evidence that the entry was made in order to commit a felony or theft. If the intent was not to commit a felony or theft, or if the intent cannot be determined, the proper classification is larceny.
11. Definition of On-Campus Student Housing Facility: For the purposes of the Clery Act regulations, as well as the HEA fire safety and missing student notifications regulations, any student housing facility that is owned or controlled by the institution (including any facility located on property that is owned or controlled by the institution) and is within the reasonably contiguous geographic area that makes up the campus is considered an on-campus student housing facility. This definition clarifies that any building located on-campus, or on land owned or controlled by the institution, that is used for student housing must be counted as an on-campus student housing facility—even if the building itself is owned or controlled by a third party. PLEASE NOTE THAT THIS INSTITUTION DOES NOT HAVE ON CAMPUS HOUSING.
12. Campus Law Enforcement Policies: All institutions must include a statement of policy regarding campus law enforcement in their annual security report. This statement must contain the following elements:
- (i) A description of the law enforcement authority of the campus security personnel.
 - (ii) A description of the working relationship of campus security personnel with state and local law enforcement agencies, including whether the institution has agreements with such agencies (such as written memoranda of understanding [MOU]) on the investigation of alleged criminal offenses.
 - (iii) A statement of policies which encourages accurate and prompt reporting of all crimes to the campus police and the appropriate law enforcement agencies.
13. Students and employees should refer to the person or agency listed at the end of this report when reporting or seeking help with a criminal incident. Please note that any emergency that requires immediate attention should not wait to be reported to the school's officer, but rather the appropriate agency (calling 911) should be contacted immediately.
14. The institution does not maintain any special relationship with state and local police and does not have an agreement with those police agencies (such as written memoranda of understanding) to investigate alleged crimes.
15. This institution encourages students to complete a timely reporting of all crimes to the campus administrators, police, and appropriate law enforcement agencies.
16. This institution encourages students to immediately report an incident where an emergency evacuation will be needed. All students should be familiar with the evacuation procedures posted in several key places around the campus.
17. Anyone with information believed to warrant a timely warning should promptly report the circumstances to John Jeon, campus security manager, at 213-487-0110 (Ext. 110). He will consult, as is appropriate and necessary, with other university officials regarding whether a timely warning should be issued. The decision to issue a timely warning will be made on a case-by-case basis after consideration of the available facts, including factors such as the nature of the crime and the continuing danger or risk to the campus community.

The decision will be made in a manner that is timely while withholding the names of victims and aiding in the prevention of similar crimes in the future.

18. When a determination is made that a timely warning should be issued, John Jeon will take appropriate steps to ensure timely notification to the campus community. Timely warnings will be primarily issued through the university's mass notification system, POPULI, which sends a text to your verified cell phone number. Additional options for notification include, but are not limited to, the page notification system, campus-wide e-mails, physical postings on doors and bulletin boards, or the university's website. The warnings will include some or all of the following information: the date, time, and location of the reported crime; a summary of the incident; a description of the suspect and/or vehicle, if available; and any other special instructions or incident-specific safety tips.
19. This institution does not provide on-campus housing. Therefore, the following disclosures do not apply to this institution:
 - Fire safety (668.49)
 - Missing students (668.46(h))
 - Emergency notifications 668.46(g))
 - Hate crimes 668.46(c))
20. Peer-to-peer file sharing: Students authorized to utilize the institutional electronic equipment for purposes of conducting research, practical work, writing essays, doing homework assignments, or in any general use of the equipment for course related work, are strictly unauthorized to copy or distribute any copyrighted material. Any violations will subject the individual violator (staff member, non-staff member, or student) to civil and criminal liabilities.
 - (i) The first violation will be punished by removing authorized use of any institutional equipment; if the violation includes the use of individually owned equipment, the individual will not be allowed to bring in his/her personal equipment into the school premises.
 - (ii) On a second violation, the staff member may be terminated, or the student may be expelled from school. This decision will be made by the school administration. The institution conducts annual evaluations of the procedures in place to prevent any violations of copyrighted materials, observing the need of the students to have access to the institutional network. The institution will keep a log of summarizing violations reported and disciplinary actions taken.
21. Students and employees should refer to the following person or agency when reporting or seeking help with criminal incidents. Please note that any emergency that requires immediate attention should not wait to be reported to the school's officer, but rather the appropriate agency (calling 911) should be contacted immediately.

On Campus

Primary Employee	John Jeon, Campus Security Manager
Alternate Employee	Shawn Kim, Facility
School Name	Dongguk University Los Angeles
Street address	440 Shatto Place
City, State Zip	Los Angeles, CA 90020
Phone No.	213-487-0110 (Ext. 110)

Off Campus

Emergency	911
LAPD Olympic Division	213-382-9102
Hospital	Samaritan Hospital
Street address	1225 Wilshire Blvd.
City, State Zip	Los Angeles, CA 90017
Phone No.	213-977-2121

4. OSHA POLICY AND PROCEDURE

Introduction

Purpose

The purpose of this policy is to define and implement a field safety and health management system (SHMS) and appropriate safety and health programs, as identified in the subsequent chapters. Dongguk University Los Angeles (DULA) is responsible for ensuring that employees have a safe and healthful workplace that complies with the Occupational Safety and Health Act (OSHA) standards. Establishing an effective SHMS appropriate to employees' varied work responsibilities and workplace conditions is also an essential strategy to eliminate/control hazards before they lead to fatalities, injuries, and illnesses.

Scope

These instructions apply to all members of DULA.

References

1. Occupational Safety and Health Act, Public Law 91-596, December 29, 1970; as amended by public law 101-552, November 5, 1990; as amended by public law 105-241, September 29, 1998.
2. Department of Labor, OSHA 29CFR 1910.1030. Occupational exposure to bloodborne pathogens.
3. Department of Labor, OSHA 29CFR 1910. Occupational Exposure to bloodborne pathogens, needlesticks, and other sharps injuries.
4. Centers for Disease Control and Prevention; U.S. public health service guidelines for the management of occupational exposures to HBV, HCV, and HIV; and recommendations for post-exposure prophylaxis.

Cancellations

None.

SAFETY AND HEALTH MANAGEMENT SYSTEM

The basic tenets of an effective SHMS are management commitment and leadership and employee participation, worksite analysis, hazard prevention and control, and safety and health training.

Policy

It is the policy of the Dongguk University Los Angeles (DULA) to provide a safe and healthful work environment for all permanent, temporary, and contract employees. It is also our policy to provide the same safe and healthful environment for our visitors. DULA is not only committed to ensuring a safe and healthful work environment for others but is equally committed to the safety and health of its employees. The development, implementation, and evaluation of this safety and health management system (SHMS) shall be a cooperative effort between labor and management in order to prevent injuries, illnesses, and death from work-related causes and minimize losses of material resources. The information contained in this SHMS shall be used to assist employees and supervisors in carrying out their responsibilities of ensuring a safe and healthful working environment.

This SHMS establishes the framework of a continuing process for providing occupational safety and health guidelines and information to all personnel. DULA's commitment is to ensure continuous improvement by establishing procedures for annual self-evaluation and followup, as well as safety, health, and well-being.

Participation

A. Each employee, student, and faculty covered by these instructions are responsible for:

1. Following all of the safety and health rules and practices of the SHMS, as well as safety and health programs.
2. Monitoring and reporting to their supervisor (or designee) any unsafe conditions for prompt correction.
3. Correcting any hazard that they have the ability to correct and report to the applicable supervisor (or designee).
4. Providing feedback to their applicable supervisor (or designee) regarding the need for additional controls to ensure safety and health standards are met.
5. Avoiding exposure to any recognized uncontrolled hazard.
6. Participating meaningfully in SHMS activities, for example: preparing job hazard analyses (JHA), conducting accident investigations, and serving on safety and health committees.

All employees shall be provided access to: training materials, safety data sheets, results of inspections, evaluations of their own SHMS, results of accident investigations (except for portions deemed confidential for personnel or medical reasons), hazard assessments, and such other materials produced by the SHMS that may be helpful to employees in improving safety and health in their workplace.

B. Incident reporting/investigation procedures

Prompt and accurate reporting and investigation of work-related incidents, which include all work-related injuries, illnesses, near misses, or accidents that could have caused serious injuries is a necessary component of effective accident prevention programs. This information can be used in evaluating and preventing hazards, fulfilling mandatory recordkeeping requirements, and filing for workers' compensation benefits.

All work-related incidents occurring during the performance of the employee's job duties must be reported promptly to the employee's supervisor (or designee).

Hazard prevention and control

Hazard prevention and control procedures must be reviewed and modified as necessary on a regular basis to follow the most current laws and regulations, and to ensure that the fullest level of protection is provided.

Supervisors (or designees) are responsible for ensuring that employees comply with all safety and health rules, policies, and programs, and are required to take appropriate action to prevent injury or illness to employees. Specific actions to be taken will be in accordance with existing personnel practices and regulations.

Safety and health training

The supervisor (or designee) will ensure that all employees are trained initially and given refresher training as appropriate on an annual basis thereafter.

Employee training will include all relevant chapters of the SHMS and specific safety and health programs.

Specialized technical training will be provided for employees who may encounter unique hazards associated with a particular industry or hazard.

Supervisors and employees who are engaged in safety and health activities for the agency will be trained to conduct those duties.

Specific safety and health programs

Safety and health programs for the specific topics identified in the subsequent chapters must be adopted and implemented. These may be supplemented or augmented to enhance employee safety and health. Safety and health on additional topics may also be adopted and implemented to address unique safety and health topics. All safety and health programs shall ensure the highest level of protection for employees, temporary employees, contractors, and the visiting public consistent with existing rules, standards, and guidance.

All changes to the SHMS (or programs other than those that describe site specific roles and responsibilities) must be submitted to the DTSEM for review and approval using the following procedure: DTSEM in conjunction with the joint labor-management committee is to review and respond to the region within 60 days of receipt of changes to policies and procedures.

The SHMS and programs provide baseline guidance to OSHA in order to implement an effective SHMS to prevent employee injuries, illnesses, and fatalities. Within established guidelines, regional administrators may supplement or augment the SHMS and programs to address the unique needs within the national office or their respective regions and ensure the health and safety of their employees. Changes to the SHMS or programs to make them site specific (i.e. identify areas of responsibility) may be made without national office approval. Changes to the SHMS or programs that alter their policies require national office approval.

Office safety and health

Purpose

This program is intended to protect employees from potential health and safety hazards in the office. This policy emphasizes the elimination or reduction of hazards by workplace and job design, taking into account differences among tasks and individuals.

Scope

This chapter applies to all DULA employees, students, and faculties.

Responsibilities

A. Responsible safety officer's responsibilities include:

1. Working with the local safety and health committee to supplement this chapter to meet the needs of the specific office environment.

2. Ensuring office safety and health inspections are conducted quarterly.
3. Training all employees on this chapter.
4. Providing proper storage for office supplies.
5. Ensuring that office equipment is in safe working order.
6. Ensuring that safe procedures for processing incoming mail and deliveries are utilized.

B. Employee responsibilities include:

1. Reporting all safety or health concerns to management.
2. Maintaining an orderly and sanitary office environment.
3. Following all office safety and health policies.

Procedure

Housekeeping.

1. All aisles and passageways in offices must be free and clear of obstructions. Proper layout, spacing, and arrangement of equipment, furniture, and machinery are essential.
2. All tripping hazards must be eliminated. Some common hazards are damaged carpeting, cords in walking areas, and projecting floor electrical outlet boxes.
3. Chairs, files, bookcases, and desks must be maintained in safe operating condition. Filing cabinet drawers must always be kept closed when not in use.
4. Materials stored in supply rooms must be safely stacked and readily accessible. Care must be taken to stack materials so that they will not topple over. Heavy objects will be stored at low levels. Under no circumstances will materials be stacked within 18 inches of ceiling fire sprinkler heads or halon planes of operation.
5. Hazardous materials must be properly handled and disposed of. A waste receptacle of hazardous material must be labeled to warn employees of the potential hazards.

Electrical safety.

1. Electrical cords must be examined on a routine basis for fraying and exposed wiring. Particular attention should be paid to connections behind
2. furniture, as files and bookcases may be pushed tightly against electric outlets, severely bending the cord at the plug. Defective cords will be replaced or repaired as needed.
3. Electrical equipment and wiring must be approved and used in accordance with NEC and local requirements.
4. Non-business-related small appliances, such as space heaters, are not permitted in the office unless approved by management. Re-locatable power taps (power strips) can be used in conjunction with small appliances if listed and labeled for such use.

5. Use of extension cords:
6. Extension cords must only be used as temporary wiring in accordance with OSHA's electrical standards.
7. Extension cords must be kept in good repair, free from defects in their insulation. Defective cords will be removed from service until repaired or replaced.
8. Extension cords must be positioned so that they do not present a tripping or slipping hazards.
9. Extension cords must not be placed through doorways having doors that can be closed and thereby damage the cord.

Indoor air quality (IAQ).

1. Smoking is prohibited within all DULA offices and buildings, except in designated locations. Smoking materials must be extinguished and placed in appropriate containers before leaving smoking areas.
2. The safety officer will investigate all complaints of IAQ. Air sampling will be conducted when appropriate, and the results will be shared with employee(s) and their union representative(s).

Noise.

1. Sound levels must be considered during the procurement and location of any office equipment.
2. Provide proper maintenance of equipment, such as lubrication and tightening of loose parts, to prevent noise.
3. Locate loud equipment in areas where its effects are less detrimental. For example, place shredders away from areas where people must use the phone.
4. Barriers, walls, or dividers can be used to isolate noise sources. Acoustically-treated materials can be used as buffers to deaden noise and appropriate padding can be used to insulate vibrating equipment to reduce noise.
5. Schedule noisy tasks at times when it will have the least effect on other tasks in the office.
6. Hazard communication program.
7. Every employee must be made aware of all hazardous materials they may contact in the office.
8. The hazard communication program must follow the requirements of the hazard communication portion of this manual.

Emergency action plan.

1. DULA has a written emergency action plan covering actions that must be taken to ensure employee safety from fire and other emergencies, such as earthquakes or bomb threats.
2. The written emergency action plan must, at a minimum, including the following information:
3. Emergency escape procedures and emergency escape route assignments.
4. Procedures to account for all employees after emergency evacuation has been completed.
5. The methods of reporting fires and other emergencies.
6. The alarm or emergency notification system used to alert employees of emergencies.
7. Employees will be trained on the emergency action plan when first hired, whenever the plan changes, whenever any person's responsibilities under the plan change, and not less than annually.

Fire extinguishers.

1. Employees are not to use fire extinguishers unless they have been trained in their proper use.
2. The responsible safety officer will ensure that all portable fire extinguishers are visually checked on a monthly basis and inspected annually.

First aid.

1. First aid kits must be available in designated place.
2. The first aid procedures outlined in the first aid and CPR chapter must be followed.

Emergency contingency plan

Purpose

The purpose of this plan is to ensure that each employee is provided a safe working environment. The emergency contingency plan has been developed to provide an organized plan of action to prepare and respond to major natural and human-caused emergencies.

Scope

The program applies to all DULA employees, students, and faculties. This chapter includes the following emergency action plans.

Responsibilities

- A. The responsible safety officer will ensure:
 - 1. Development and implementation of office-specific emergency programs.
 - 2. Employees are trained on emergency procedures.
 - 3. Exercises are conducted to evaluate the effectiveness of the emergency action plans.
 - 4. Maintenance of training records and documentation related to incidents and exercises.

- B. Employees, students, and faculties are responsible for:
 - 1. Attending emergency training.
 - 2. Reporting potential emergency situations to their responsible safety officer.
 - 3. Following emergency action plans as directed.

Procedures

- A. Emergencies will be assessed by the responsible safety officer and/or emergency personnel for the size of and potential to cause injury or illness to DULA employees. The appropriate emergency plan will be implemented based upon the nature and seriousness of the emergency.
- B. Exercises will be conducted annually to evaluate the effectiveness of the plans.
- C. Any time an emergency plan is implemented, whether it is for an actual emergency or an exercise, the response will be documented. The documentation will include the date, description of the scenario, actions taken, or parts of the plan implemented, participants, and critique. The critique will identify what went well and what areas need improvement. Plans will be modified as necessary to correct deficiencies.

Responsible personnel

The personnel responsible for the operation of the emergency plan are listed below. Their agreement to participate is appreciated by the university.

In cases of emergency, or in practice drills, it is expected that all instructions be followed properly and completely.

Emergency Director	John Jeon
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Communication Coordinator	Hoon Kim
Communicator, second Floor	Yae Chang
Communicator, third Floor	Hoang Tran
Communicator, fourth Floor	Chan Ho Kim
Alternate communicator	Maintenance on duty
DULA office monitor	Seung Wook Kim
OMC monitor	Soo hyun Ahn

* Responsible personnel are subject to change according to emergency director's decision

Position descriptions for responsible personnel

A. Emergency director

Basic responsibilities during drills / emergencies:

1. When a fire is reported to you, you must find out the location of the fire, the type of fire, size of the fire, likelihood of the fire spreading, and the name of the person reporting the fire.
2. Call the fire dept. (911) first. Tell the fire dept. where the fire is in the building and the type of fire.
3. Announce the emergency evacuation with PA system or our emergency mic located in the basement area's fire control room. Be available to help with any aspect of the evacuation—have keys with you to all areas of building.
4. When you have ascertained where the problem is (from operators or other team members funneling info to you) direct appropriate team members to their area (i.e. communicators, monitors).
5. Act as liaison/spokesperson to fire dept., police, etc.
6. If communications are down, assign someone to run or drive to the nearest phone to summon help.
7. Assign someone to stand near the driveway entrance to flag down fire trucks, ambulances, etc. when they arrive.
8. Announce reentry is O.K. only after all areas are reported clear.
9. Be knowledgeable of all other emergency team members' basic responsibilities.
10. During an earthquake drill, station yourself at the switchboard to await a report from communicators that drill is complete, then advise them to announce end of drill.

11. During actual earthquakes, obviously no announcements can be made immediately, so follow the same procedure as everyone else in the building (i.e. get under your desk). When the quake and immediate aftershocks have subsided, you may see fit to order an evacuation due potential gas leaks, etc., if the quake was substantial
12. We do not have significant water storage for our people for post-earthquake survival. Ascertain the nearest evacuation / disaster relief center and direct them to it.

B. Communicators

Basic responsibilities during drills/emergencies

1. If anyone other than the emergency director informs you that there is fire, immediately contact the emergency director, report the location, and wait for further instructions.
2. Assist the emergency director in whatever way directed.
3. If an evacuation alarm is sounded, repeat the following several times: "Please evacuate the building immediately."
4. For fire or other evacuation type drills:
 - a. When instructed to initiate or other evacuation type drill, announce throughout your entire floor (including the lunchroom and conference areas).
 - b. Repeat the following several times: "This is a drill. Please evacuate the building immediately."
 - c. Report to the emergency director and assist in whatever way directed.
5. For earthquake drills
 - a. When instructed to initiate an earthquake drill, announce throughout your entire floor.
 - b. Repeat the following several times: "This is an earthquake drill. Please get under your desks or tables immediately." Make a mental note of non-cooperative persons.
 - c. Report to the emergency director at the switchboard when complete. He will advise you when you should announce the end of the drill.
 - d. After evacuation, report your assigned group to obtain roll call results.
 - e. Write down and be prepared to give names of people not accounted for to the emergency director when asked for it.

C. Monitors

Basic responsibilities during drills/emergencies

1. Monitors are the key individuals in any emergency. By their actions they can maintain calm in their groups and ensure effective communications between the disaster team leaders and students, faculty, and staff of the university.
2. Monitors are responsible for maintaining a roster of the individuals in their groups and for knowing who is at the facility so that, in event of an evacuation, they can report individuals who may still be in the building. This is a very important responsibility as it may be necessary to search for individuals at risk of human lift.
3. Monitors are also the communication link between the communicators and the students, faculty, and staff.
4. Monitors are responsible for getting access to class schedules/intern schedules/patient rosters.
5. Upon hearing an announcement to evacuate the building, instruct everyone in your area (including visitors and VIPs) to leave the building immediately via the nearest exit.
6. Recheck the area to make certain everyone is gone.
7. Report to the emergency director that your area is clear.
8. Exit the building if no further instructions are given to you by the emergency director.
9. Prevent people in your group from reentering the building until reentry is ordered by the emergency director.
10. Take the roll of your group and report individuals unaccounted for (and their last known location) to the communicator who requests it.
11. Pass along to individuals in your group the information given to you by communicators. This will include information regarding finding individuals unaccounted for, termination of any drill, authorization to return to the building, authorization to start automobile engines, and instructions to go home.

Emergency action plan

A. FIRE PLAN

1. **PLAN AHEAD:** Be familiar with the locations of stairwells, fire alarm pulls, and fire extinguishers. See the floor plan posted in your office.
2. If a fire is observed or suspected, do the following.
 - a. Alert others around you and activate the fire alarm.
 - b. Notify the emergency director and provide as much information as you can about the location, nature, and size of the fire.
 - c. Evacuate the building if the evacuation alarm is sounded or directed to do so.

- d. If you are leaving the building, close but do not lock all doors as you leave. Ensure that all windows are closed.
- e. Use the stairwells. **DO NOT USE ELEVATORS.**
- f. Do not re-enter the building until given approval by the emergency director.

3. **DON'T:**

- a. Panic.
- b. Use elevators.
- c. Reenter the building for valuables.
- d. Break windows.
- e. Open hot doors.
- f. Become a spectator.
- g. Congregate at building entrances/exits after evacuation.

B. EARTHQUAKE

1. **DO:**

- a. Take cover under a desk, in a doorway, or in the center of the building's interior, or sit down against an interior wall.
- b. Stay clear of windows, bookcases, file cabinets, storage racks, and similar items.
- c. Follow the instructions of the emergency director and emergency personnel.
- d. Remain calm.
- e. Turn off all electrical equipment.
- f. If an evacuation is signaled, follow your escape route to the closest available stairwell and exit the building.

2. **DON'T:**

- a. Use telephones.
- b. Use elevators.
- c. React in a manner that may cause undue panic or alarm.
- d. Stand near windows.
- e. Use matches if the power fails.
- f. Panic if you are in an elevator. Emergency personnel will take action to remove passengers from inoperative elevators.

C. DEMONSTRATIONS AND CIVIL DISORDERS

1. All occupants will:
 - a. Avoid contact with demonstrators and all media representatives.
 - b. Continue working normally.
 - c. Keep lobby and corridors clear.
 - d. Stay away from windows and entrances.
 - e. Report the presence of unauthorized persons in your office to the federal protective service.

D. BOMB THREAT PLAN

1. If a bomb threat is received, do the following:
 - a. Identify the time the threat was received.
 - b. Ask questions about the location, time set to go off, type of bomb, who placed it, and why it was placed.
 - c. Listen for voice characteristics, speech pattern, background noise, age, and sex of caller.
 - d. If a threat is received via mail, hand-carry it immediately to your supervisor and attempt to preserve it for fingerprints.
 - e. Notify the federal protective service.
2. If a bomb is observed or suspected, do the following:
 - a. Notify the emergency director and provide as much information as you can about the location, time set to go off, and type of bomb.
 - b. Evacuate the building if the evacuation alarm is sounded or if directed to do so.
3. DON'T:
 - a. Antagonize the caller.
 - b. Touch or move the suspected bomb.
 - c. Reenter the building until you are notified by emergency director.
 - d. Retrieve your automobiles until notified that it is safe to do so.

E. EXPLOSION PLAN

1. If an explosion occurs:
 - a. Vacate the office to a safe area.
 - b. Notify the federal protective service or pull the nearest fire alarm box.
 - c. Prohibit persons from entering the area.
 - d. Follow instructions given by emergency personnel.

2. If you are unable to evacuate the affected area:
 - a. Get down in the prone position.
 - b. Get under the best available cover (i.e. desk, table etc).
 - c. Get away from glass, open areas, or perimeter rooms.
 - d. Protect head, eyes, and torso.

F. POWER FAILURE

1. In the event of a power failure, do the following:
 - a. Turn off electrical office machine appliances, including computer equipment.
 - b. Remain calm. Emergency lighting will be available.
 - c. Personnel should remain in their areas and await further instructions from their first line supervisors.
 - d. Further direction or instruction to floor occupants will be issued by the floor communicator.
 - e. Only by the sounding of the fire alarm will all personnel vacate the building.

G. SEVERE STORM

1. If a severe storm occurs, do the following:
 - a. Stay away from windows and outside walls. Close all drapes and blinds on outside windows.
 - b. Close all doors to outside offices.
 - c. The emergency director will keep you posted on any further information and instructions.
2. DON'T:
 - a. Attempt to leave the building; you are safer in one of the safe areas of the building than you would be in the street or a car.
 - b. Use elevators.
 - c. Get excited.

H. ELEVATOR ENTRAPMENT

1. In the event of an elevator entrapment, do the following:
 - a. Press the emergency call button, located in the elevator control pad.

- b. Remain calm and wait for instructions.
- c. Follow the instructions from the emergency director or authorized personnel.

I. EMERGENCY MEDICAL SITUATION IN BUILDING

- 1. In the event of emergency medical situation in the building, do the following:
 - a. Report the situation to the switchboard.
 - b. If possible, have another individual remain with the person requiring medical aid.
 - c. The individual remaining with the person requiring medical aid should not attempt to move the individual.
 - d. He/she should make the person as comfortable as possible by using common sense.
 - e. You should remain at the switchboard until the appropriate assistance has been secured. You may need to describe the exact situation over the telephone.
 - f. The switchboard operator will notify the emergency director, who will immediately go to the switchboard to determine the assistance required.

J. ACTIVE THREAT

- 1. If an active threat is outside your building:
 - a. Proceed to a room that can be locked, barricaded, or secured in some way; close and lock it; turn off the lights; and hide under a desk, in a closet, or in the corner.
 - b. Call 911.
 - c. Remain in place until the police, or the emergency director known to you, gives the all clear.
- 2. If an active threat is in the same building:
 - a. Determine if the room you are in can be locked and, if so, follow the same procedure as described in the previous paragraph.
 - b. If your room can't be locked, determine if there is a nearby location that can be reached safely and secured, or if you can safely exit the building.
 - c. If you decide to move from your current location, be sure to follow the instructions of safe escaping from the scene below.

3. If an active threat enters your office or classroom:
 - a. Try to remain calm.
 - b. Call 911 if possible, and alert police to the location of the threat; if you can't speak, leave the line open so the dispatcher can listen to what is taking place.
 - c. You can make attempts to: run, hide, or fight (consider it a very last resort).

4. Safe escaping from the scene:
 - a. Make sure you have an escape route and plan in mind.
 - b. Do not carry anything while fleeing.
 - c. Move quickly, keep your hands visible, and follow the instructions of any police officers you may encounter.
 - d. Do not attempt to remove injured people; instead, leave wounded victims where they are and notify authorities of their location as soon as possible after you are safe.

Personal protective equipment

Purpose

The object of this personal protective equipment (PPE) program is to protect employees from the risk of injury by creating a barrier against workplace hazards. PPE will be provided, used, and maintained when it has been determined that its use is required and that such use will lessen the likelihood of occupational injury and/or illness.

Scope

The program applies to all employees, students, and faculties required to wear PPE.

Responsibilities

1. Responsible safety officers have the primary responsibility for implementation of the PPE program in their work area. A responsible safety officer will:
2. Provide appropriate PPE and make it available to employees.
3. Ensure and certify completion of a PPE assessment.
4. Ensure employees are trained on the proper use, care, and cleaning of PPE.

5. Maintain records of training and PPE supplied.
6. Supervise employees to ensure that the PPE program elements are followed and that employees properly use and care for PPE.
7. Ensure defective or damaged equipment is immediately removed from service.
8. Ensure proper disposal and cleaning of contaminated PPE.
9. Designate a PPE coordinator to supervise the distribution, maintenance, and care of equipment.
10. DULA employees, students, and faculties are responsible for conforming to the requirements of this policy. Employees will:
11. Wear PPE as necessary.
12. Attend PPE training sessions.
13. Care for, clean, maintain, and dispose of PPE as necessary.
14. Report any damaged or defective PPE to the safety officer.

Procedure

1. General requirements.
2. Equipment will be maintained and worn in accordance with the manufacturer's specifications.
3. Care will be taken to ensure that the correct size is selected.
4. Eye and face protection.
5. Wherever hazards exist that may require additional eye protection, goggles or face shields will be worn.
6. The equipment is available in intern's room and herbal dispensary room.
7. Hand protection.
8. Hand protection will be worn to protect against specific hazards such as chemical exposure.
9. Glove selection for chemical protection will be based on performance characteristics of the gloves, conditions, duration of use, and hazards present.
10. Based on a hazard assessment, the responsible safety officer will select and provide appropriate hand protection to employees that are potentially exposed.
11. Gloves are available in each treatment room.
12. DULA employees are responsible for checking the condition of gloves before use.

Hazard communication

Purpose

It is DULA's policy to comply with the requirements of OSHA's Hazard Communication Standard (HCS), 29 CFR 1910.1200.

Scope

This program applies to all DULA employees, students, and faculties, where there is exposure to hazardous chemicals that are known to be present in the workplace in such a manner that employees may be exposed under normal conditions of use or in a foreseeable emergency.

Procedure

1. List of hazardous chemicals.
2. A list of all hazardous chemicals used in the office will be maintained and updated as necessary.
3. The list will identify the corresponding material safety data sheet (MSDS) for each chemical.
4. Material safety data sheets.
5. MSDSs for all hazardous chemicals used in DULA will be readily accessible to employees at all times.
6. Requisitions for hazardous chemicals are to include a request for the MSDS. All MSDSs will be reviewed for content and completeness. Additional research will be done if necessary.
7. MSDSs of new material to be purchased must be reviewed and the chemical approved for use by the responsible safety officer or his or her designee. Whenever possible, the least hazardous substance will be obtained.

Warning labels

1. All containers of hazardous chemicals in the office will be properly labeled.
2. All labels will include the identity of the hazardous chemical and the appropriate hazard warning, including the target organ effects.
3. Each label will be checked with the corresponding MSDS to verify the information.
4. Alternate labeling provisions, such as tags or markings, may be made for containers that are of unusual shape or size and do not easily accommodate a legible label.
5. Chemicals that are transferred from a properly labeled container to a portable container, and that are intended only for the immediate use of the person who performs the transfer, are not required to be labeled.

First aid and cardiopulmonary resuscitation

Purpose

To provide prompt and properly administered first aid, cardiopulmonary resuscitation (CPR), and automated external defibrillation (AED) to minimize the severity of injuries and illnesses that may occur in the workplace.

Scope

This chapter applies to all DULA employees, students, and faculties. Any reference to AEDs is reserved until further notice.

Definitions

Automated external defibrillator (AED). A medical device that analyzes the heart rhythm and can deliver an electric shock to victims of ventricular fibrillation to restore the heart's normal rhythm.

Cardiopulmonary resuscitation (CPR). The combination of artificial respiration and manual artificial circulation.

First aid. Immediate assistance, emergency care, or treatment given to an ill or injured person before regular medical aid can be obtained.

Responsibilities

The responsible safety officer or their designee is responsible for the development and implementation of this program in DULA.

Only designated first aid responders are expected to provide first aid as part of their job duties.

When emergency services cannot respond within fifteen minutes, the responsible safety officer or their designee will solicit a sufficient number of volunteers to administer first aid.

Where a sufficient number have not volunteered, the responsible safety officer or designee will designate individuals as first aid responders as a collateral job duty.

Designees will include members outside the bargaining unit and others within the bargaining unit subject to the collective bargaining agreement.

The responsible safety officer will assure the following:

1. All employees are offered first aid and CPR training.
2. Training certificates remain current.
3. The contents of first aid kits are replenished and maintained in a serviceable condition.

Procedures

In the event of an injury to an employee, an assessment of the injuries will be made by a designated first aid responder as to whether the injury requires treatment beyond first aid. If further treatment is needed, the employee will be transported to an appropriate facility. Call 911 for all transports deemed unsafe when controlled by anyone other than emergency response services.

In the event of an injury to a contract worker, first aid supplies will be made available to the individual. If the extent of an injury requires treatment beyond first aid, emergency response services (911) will be contacted.

In the event that first aid is required, it will be provided by a designated first aid responder.

Incidents in which employees provide first aid and/or CPR in the course of their duties must be reported to the unit manager for review and follow-up, which may be necessary to protect the health of the employee.

First aid equipment

In the absence of an infirmary, first aid kits will be provided for each office. First aid kits will be readily accessible and stored in a convenient area. The size of the kit will be determined by the number of employees in the office, based on the supplier's recommendations.

The first aid kit for the office will comply with current ANSI standards.

Bloodborne pathogens

Purpose

This program establishes a uniform policy and guidance for protecting DULA employees, students, and faculties from bloodborne pathogens and other potentially infectious materials (OPIM).

Scope

This program applies to all employees, students, and faculties. DULA does not anticipate its employees, students, and faculties will have occupational exposure to blood or OPIM.

References

CPL 02-02-077, bloodborne pathogens exposure control plan and guidance on post-exposure evaluations for federal OSHA personnel, dated 09/27/2010.

Memorandum of understanding between the U.S. DOL and NCFLL, dated 10/21/2010.

Exposure control plan

Exposure determination. DULA does not anticipate that its employees, students, and faculties will have occupational exposure to blood or other potential infectious materials (OPIM). OPIM is defined as:

The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

HIV-containing cell, tissue, or organ cultures; HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. The standard defines occupational exposure as “reasonably anticipated skin, eye, mucous, membrane, or parental contact with blood or other potentially infectious materials that may result from performance of the employee's duties.”

Hazard assessment

DULA employees, students, and faculties shall take necessary precautions to avoid contact with blood and OPIM and shall not participate in activities, nor enter areas that will require them to come into contact with blood or OPIM or with needles, instruments, or surfaces that are contaminated with it.

Methods of implementation and control.

Universal precautions and work practices

Employees, students, and faculties should consider all blood and OPIM to be infectious for HIV, HBV, and other bloodborne pathogens. Under circumstances where differentiation of body fluid types is difficult or impossible, all body fluids should be considered to be potentially infectious materials.

Bloodborne pathogen training

DULA employees, students, and faculties will be given bloodborne pathogen training at the time of initial assignment to work or internship and annually on the elements included on 29 CFR 1910.1030(g)(2), except for 1910.1030(g)(2)(vii)(I). The training required by 1910.1030(g)(2)(vii)(I) on the hepatitis B vaccine need only include information on its efficacy, safety, method of administration, and the benefits of being vaccinated. The trainer must be familiar with the bloodborne pathogens standard.

Voluntary hepatitis B vaccination

Firm management commitment to avoid contact with blood and other potentially infectious materials is the primary control method to prevent exposing field personnel to hepatitis B and other bloodborne pathogens. In addition, hepatitis B immunization is a safe and effective way to prevent its infection and serious consequences. OSHA will provide interested field personnel with hepatitis B immunization on a voluntary basis, for health promotion and preventive care in accordance with the memorandum of understanding between OSHA and NCFL dated October 21, 2010. For additional information about the hepatitis B vaccination, please see the Center for Disease Control Guidance at:

<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html>

Post-exposure evaluation and follow-up

DULA shall provide post-exposure evaluation and follow-up, and post-exposure prophylaxis when medically indicated to any employee who suffers an exposure incident as defined by 29 CFR 1910.1030(b), while performing work assignments. All medical evaluations and procedures are to be made available at no cost to DULA personnel at a reasonable time and place, and under the other conditions set forth in 29 CFR 1910.1030(f). Post-exposure evaluation and follow-up will be offered by OSHA to employees, students, and faculties who experience exposure to blood or OPIM (as defined in 29 CFR 1910.1030) while on duty when acting as a good Samaritan to others who have sustained a laceration, nosebleed, or similar incidents.

Recordkeeping: training records

Training records are to contain all information specified on 29 CFR 1910.1030(h)(2) and will be maintained for 3 years from the date on which the training occurred. Training records will be held by the office at which training took place.

Procedures for unforeseen contact with blood or other potentially infectious material (OPIM)

A. Work practice controls.

Intact skin-contact with blood or OPIM.

Employees, students, and faculties are to wash their hands and any other affected skin with soap and water immediately or as soon as feasible if there has been skin contact with blood or OPIM. As soon as possible, the employee must notify his/her supervisor regarding the exposure. If the OSHA employee and supervisor are not able to determine that the exposure was definitely not an exposure incident (i.e. the employee has an open wound, chapped hands), the supervisor should immediately contact the regional administrator or their designee. The regional administrator or their designee will then contact the director of the Office of Occupational Medicine (OOM) within 30 minutes to determine if post-exposure evaluation is warranted.

Contaminated equipment.

In the event that equipment becomes contaminated with blood or OPIM, the employee shall immediately contact a supervisor to review how to proceed in this situation.

Personal protective equipment.

Employees, students, and faculties are expected to avoid contact with blood and OPIM as well as surfaces and items contaminated with such materials. In the unlikely event that equipment becomes contaminated, DULA will provide appropriate gloves of proper size. Employees, students, and faculties will carry these gloves on inspections. Gloves are to be replaced as soon as practical if they become contaminated, torn, or punctured, or whenever their ability to function as a barrier appears to be compromised. These gloves are not to be washed or decontaminated for reuse. Employees, students, and faculties are to determine the extent of contamination of gloves prior to their removal. It is unlikely that gloves worn by field personnel would be contaminated to the extent that they would be considered regulated waste, but if this should occur, the gloves are to be discarded in a regulated waste container at the inspection site. In a facility, not in compliance with 29 CFR 19 10.1030 regarding regulated waste, see section 4.0.C.

Regulated waste

DULA does not anticipate that the duties of DULA employees, students, and faculties will generate regulated waste.

Post-exposure evaluation and follow-up

DULA may provide post-exposure evaluation and prophylaxis, as well as follow-up.

Handling an exposure incident. In the unlikely event of an exposure incident (as defined in 29 CFR 1910.1030[b]), the DULA employee, student, or faculty is to immediately, or as soon as feasible, wash the affected skin with soap and water and flush any affected mucous membranes with water. He/she should then seek medical attention. A bloodborne pathogens exposure incident is an event for which immediate attention must be sought, because the effectiveness of post-exposure prophylaxis is dependent on prompt administration. An employee, student, or faculty who has had an exposure incident is to report the incident to his or her supervisor as soon as possible.

The safety officer or designee shall instruct the employee to seek medical attention from a healthcare provider capable of performing a post-exposure evaluation and, if indicated, able to provide the hepatitis B vaccination series, baseline testing for hepatitis B/C and HIV, prophylaxis for hepatitis and HIV, and any future testing or prophylaxis as recommended by the U.S. public health service.

Information provided to the evaluating healthcare provider

The instructions for the healthcare provider describe the applicable requirements of 29 CFR 1910.1030(f) and instruct the healthcare provider to give a written opinion to the employee. The supervisor must obtain the written opinion from the employee when the employee returns to the duty station. The written opinion will be maintained at the employee's assigned duty station. While at the evaluating healthcare facility, the employee should ask to sign a medical records release form requesting that the healthcare provider send a copy of the evaluation's medical record to DULA. This medical documentation will become a part of the employee's confidential employee medical record maintained.

Procedures for evaluating an exposure incident.

The safety officer, or a designee to whom the affected employee is assigned, will evaluate the circumstances surrounding any exposure incident. The evaluation should consist of at least:

- A review of the exposure incident report completed by the DULA employee, student, or faculty.

- Documentation regarding a plan to reduce the likelihood of a future similar exposure incident.
- Notification of the oriental medical center and discussion of any similar incidents and planned precautions.

Management will ensure that employee medical records and all other personally identifiable information is afforded all safeguards in accordance with the applicable provisions of DLMS-5 chapter 200, "The Privacy Act of 1974 and Invasion of Privacy," and DLMS-9 chapter 1200, "Safeguarding Sensitive Data Including Personally Identifiable Information."

Such reports will be maintained at the employee's assigned duty station, and copies are to be sent to DULA oriental medical center and safety officer. The safety officer will review these reports on a periodic basis so that this information can be considered when reviewing and updating this plan.

Responsibilities

DULA Safety officers will:

1. Ensure that employees are trained and that training records are maintained.
2. Determine how and if contaminated equipment can be decontaminated.
3. Provide gloves and other supplies (i.e. bags) to DULA employees, students, or faculty.
4. Arrange for appropriate disposal of regulated waste if an employee is unable to properly dispose of it on-site and is therefore obligated to bring it back to the office for disposal.
5. Instruct employees to obtain post-exposure evaluation and locate an appropriate healthcare facility for the evaluation in the event that an exposure incident occurs.
6. Work with the employee to complete an exposure incident report in the event of an exposure incident.
7. Ensure that the healthcare provider for any exposure incident is provided with a copy of 29 CFR 19 10.1030 and the other materials in appendix A of these instructions.
8. Obtain a written report completed by the healthcare provider who performs a post-exposure evaluation on an employee.
9. Evaluate the exposure incident report and other reports and send copies of these reports to OOM and the regional administrator.
10. Immediately notify the regional administrator or designee, as well as the ARA-AP, of any exposure incident that occurs to an employee.
11. Immediately notify the regional administrator when an employee reports that an on-site investigation could result in a potential exposure to blood or OPIM.

Employees, students, faculties Employees, students, faculties will:

1. Notify their supervisor immediately if they believe that an investigation could result in potential exposure to blood or OPIM and wait for approval prior to entering any area where an exposure could occur.

2. Not handle or touch contaminated objects.
3. Take appropriate action if an occupational exposure occurs or if equipment becomes contaminated.
4. Contact the supervisor immediately if an exposure incident occurs.
5. Work with the supervisor as soon as possible, if an exposure incident occurs, to complete an exposure incident report.
6. Bring a copy of the healthcare provider's written report back to the supervisor after any post-exposure evaluation for an exposure incident.

Appendix A

EXPOSURE INCIDENT REPORT

Please print

Employee's name _____ Date _____

Date of birth _____

Telephone (business) _____ (Home) _____

Job title _____

Date of exposure _____ Time of exposure AM PM

Hepatitis B vaccination status _____

Location of incident _____

Describe the job duties you were performing when the exposure incident occurred.

To what body fluid(s) were you exposed? _____

What was the route of exposure (i.e. mucosal contact, contact with non-intact skin, percutaneous)?

Describe any personal protective equipment (PPE) in use at the time of the exposure incident.

Did PPE fail? _____ If yes, how? _____

Identification of source individuals(s) (names). [Unless infeasible or prohibited by state or local laws]

Other pertinent information _____

5. NON-DISCRIMINATORY POLICY

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, the university does not discriminate on the basis of race, color, national origin, religion, sex, gender, sexual orientation, disability, or age in any of its policies, procedures, or practices. This nondiscrimination policy covers admissions, financial aid, and employment policies of the university, as well as access to and treatment in university programs, activities, and facilities. Students may freely complain of any action which they believe discriminates against them on any of the foregoing grounds.

To file for accommodations for the Americans with Disabilities Act, contact the student services coordinator and submit your request for the specific accommodations in any written form.

6. AMERICANS WITH DISABILITY ACT(ADA)

DULA is an equal opportunity institution and does not discriminate based on age, race, color, religion, national origin, ethnicity, gender, or sexual orientation, in the administration of admission, educational policies or employment. The University abides by Title II of the Americans with Disabilities Act, which prohibits discrimination against any “qualified individual with a disability.”

DULA is committed to accommodating students with physical and learning disabilities. Accommodations and other support services are tailored to meet the needs of the individual

student and are intended to comply with Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

Students desiring academic support services for disabilities are required to submit documentation to verify eligibility under Section 504 of the Rehabilitation Act of 1974 and the Americans with Disabilities Act. All assessment reports will be kept confidential at disability services in compliance with the Family Educational Rights and Privacy Act (FERPA), and the professional and ethical standards of the Association on Higher Education and Disability (AHEAD).

Designated University Officer for Disability Services:

Student Services Coordinator
440 Shatto Place, 2nd Floor, Los Angeles, CA 90020
213-487-0110 ext. 406 (AC@dula.edu)

Registration for assistance from the student services coordinator is on a voluntary, self-identifying basis. However, services are only available after a student has registered and presents current documentation of the disability from an appropriate specialist or physician. All information and documentation are confidential.

Steps to Register with Disability Services:

In order to receive disability services from the student services office, students must provide documentation of their disability from an appropriate professional. If a student already has the appropriate documentation, they may make an appointment with the student services coordinator. Students must bring their documentation to the meeting.

General Guidelines for Required Documentation:

- **Be current:** being within the last 5 years for learning disabilities is recommended, the last 6 months for psychiatric disabilities, or the last 3 years for all other disabilities (does not apply to physical or sensory disabilities of a permanent or unchanging nature).
- State clearly the diagnosed disability (including a DSM-IV code where appropriate).
- Describe the functional limitations resulting from the disability.
- Include complete educational, developmental, and medical history relevant to the disability for which testing accommodations are being requested.
- Include a list of all test instruments used in the evaluation report and relevant subtest scores used to document the stated disability (does not apply to physical or sensory disabilities of a permanent or unchanging nature).
- Describe the specific accommodations requested and a detailed explanation of why each accommodation is recommended.
- List relevant medications. Does medication substantially limit college-level academic pursuits? If so, how substantial is the limitation? Does the individual experience any side effects from the medication that may negatively affect his or her ability to study and or learn?

- **BE TYPED OR PRINTED ON OFFICIAL LETTERHEAD** and be signed by an evaluator qualified to make the diagnosis (include information about license or certification, background, and area of specialization).

****Prescription pad notes will not be accepted.***

7. REGISTERED SEX OFFENDER

The University discloses, without student consent or notification, information about a student who is required to register as a sex offender under the Wetterling Act.

8. DRUG AND ALCOHOL ABUSE POLICY

In accordance with the Drug-Free Workplace Act of 1988 (P.L. 100-690), the Drug-Free Schools and Communities Act of 1989 (P.L. 101-226) and 34 Code of Federal Regulation Part 84, Subpart F, this institution is committed to maintaining a drug-free workplace and a drug-free school. Drug and alcohol abuse can lead to liver, heart and other chronic diseases, low birth weight, birth defects and infant mortality in expectant mothers, and death. The unlawful manufacture, distribution, dispensing, possession or use of drugs, alcohol or other controlled substances at this institution is strictly prohibited.

It is the policy of DULA that the learning environment be free of addictive substances. Specifically, all members of the university community—which includes the administration, faculty, staff, students, and guests—will abstain from the consumption/use of alcohol/narcotics, and/or misuse of prescription drugs while on university property. Violation of this policy could lead to suspension, expulsion, termination, and, within the context of criminal activity, referral to law enforcement agencies.

Students and employees are required, as a condition of enrollment and/or employment, to abide by this policy.

To the extent allowed by local, state and federal laws, this institution will impose disciplinary action against students and employees for violating these standards of conduct. These actions may include suspension, expulsion, and termination of employment, referral for prosecution and/or required completion of a drug or alcohol rehabilitation or similar program.

9. ACCOMODATIONS FOR NURSING MOTHERS

Policy Summary

Dongguk University Los Angeles (DULA) recognizes the importance and benefits of breastfeeding for both mothers and their infants. The university will make a private space available for lactation purpose and will provide lactation break periods for employees, faculty and students who are breastfeeding (hereinafter referred to as “nursing mothers”). Please also refer to “employee classification” regarding the terms of DULA employees under the umbrella of DULA University Policy Book. All DULA employees, faculty and students should also comply to the university policies and procedures enclosing under the DULA University Policy Book, which is published and accessible at <https://dula.edu/publications/>

Policy Text

A. Lactation Facilities

DULA will provide an appropriate sanitary and private space with a table, electrical outlet and chair to support the nursing mothers.

B. Lactation Break Period

DULA will provide a reasonable amount of break time to accommodate the needs of nursing mothers. If possible, the nursing mother’s lactation break period should be concurrent with an existing rest period. If the lactation break period cannot run concurrently with the rest period, DULA will make a separate lactation break time available. The separate lactation break period will be unpaid. Supervisors are encouraged to allow flexible scheduling, whenever possible, to accommodate lactation breaks. No negative employment actions will be taken when requests for accommodation are made pursuant to this policy.

C. Other Reasonable Accommodation

DULA will provide other reasonable accommodation or transfer to a less strenuous or hazardous position upon receipt of information from the nursing mother’s health care provider stating that a reasonable accommodation or transfer is medically advisable.

Compliance to Policy and Procedure

A. Implementation of the Policy

DULA Chief Operating Officer (COO) is the Responsible Officer for this policy and has the authority to implement the policy. The Responsible Officer may develop procedures or other supplementary information to support the implementation of this policy. The Responsible Officer may apply appropriate interpretations to clarify the policy provided

that the interpretations do not result in substantive changes to the underlying policy. The Responsible Officer is also authorized to establish and is responsible for local procedures necessary to implement the policy. In accordance with the governance in DULA, the authorities granted in this policy may be redelegated except as otherwise indicated under the authorities and decision of DULA Executive Committee.

B. Revisions to the Policy

DULA Executive Committee is the Policy Approver and has the authority to approve policy revisions upon recommendation by the Responsible Officer of this policy.

The Chief Operating Officer (COO) as the Responsible Officer has the authority to initiate revisions to the policy, consistent with the possibilities of policy implementation and approval authorities. The Chief Operating Officer has the authority to ensure that policies are regularly reviewed, updated, and consistent with other governance policies.

C. Approval of Actions

Actions within this policy must be approved in accordance with local procedures. The Chief Operating Officer are authorized to determine responsibilities and authorities at secondary administrative levels in order to establish local procedures necessary to implement this policy.

D. Compliance of Policy

The Chief Operating Officer is accountable for monitoring and enforcing compliance mechanisms and ensuring that monitoring procedures and reporting capabilities are established. The reviewing of the administration of this policy is also under the accountability of the Chief Operating Officer. Non-compliance to this policy is handled in accordance with DULA University Policy pertaining to disciplinary and separation matters.

Procedure

A. Lactation Policy

DULA Employee lounge located on 3rd floor in DULA Building (440 Shatto Place, Los Angeles, CA 90020) is a designated private room for lactation facility to support nursing mothers. This room is locked, private space that is sanitary--including appropriate temperature and ventilation--and equipped with a table, chair, and electrical outlet. The breastmilk pump is not provided by DULA. The employee lounge is located near to the

women's restroom that has a source of running water. The lounge is within a close proximity to employee's work area and classroom which is suitable for employees, faculty and students. When a nursing mother utilize this room for lactation purpose, the room can be locked from the inside and an "Occupied" notice will be displayed. Nursing mothers can directly request the entrance code to the employee lounge to Chief Operating Officer.

B. Accommodation Request

A nursing mother is encouraged to discuss needs, in terms of accommodations as well as the frequency and timing of breaks, with her supervisor. These shared discussions will help nursing mothers and supervisors arrange for mutually agreeable break times, typically 2-3 times a day.

A supervisor who receives a lactation accommodation request will work, as needed, with Chief Operating Officer to identify available appropriate space and determine a break schedule. Break schedules should be based on the needs of a nursing mother and the operational considerations of the University.

DULA faculty member who taught the related classes of the requested students who are the current nursing mothers will serve as immediate supervisor of the related students.

DULA faculty member will be supervised immediately under the Chief Operating Officer.

C. Resources

Employees, faculty and students who have comments, concerns, or questions regarding the DULA Policy on Accommodations for Nursing Mothers should contact the Chief Operating Officer. A nursing mother who believes appropriate accommodations have not been provided should contact Chief Operating Officer.

The Chief Operating Officer's office is located on the 2nd floor of DULA Building (Phone: 213-487-0110 Ext 110 or email at coo@dula.edu).

Frequently Asked Questions

What is considered a reasonable lactation break?

Generally, nursing mothers need 2-3 lactation breaks during an eight (8)-hour work period. A reasonable amount of time for a lactation break generally will not exceed 30 minutes per break and includes the time associated with travel to and from the lactation space, expressing milk, clean up, and storage.

Will a refrigerator for storing milk be provided by DULA?

When feasible, yes.

How will DULA plan for new lactation facilities or for improving current ones?

New building plans as well as plans for renovating existing University buildings should consider the need for inclusion of appropriate lactation facilities. DULA can lead the way in taking lactation accommodation from simply accommodation to truly best practices.

Related Information

1. [CA Legislative Information – Department of Fair Employment and Housing](#)
2. [CA Legislative Information – Discrimination Prohibited](#)
3. [CA Legislative Information – Lactation Accommodation](#)
4. [US Department of Labor – Break Time for Nursing Mothers Provision](#)
5. [US Department of Labor – Break Time for Nursing Mothers](#)
6. [US Department of Health and Human Services – Business Case for Breastfeeding](#)
7. [DULA List of Publications](#)
8. [DULA University Policy Handbook](#)

10. HIPAA POLICY

Introduction

Dongguk University Los Angeles (DULA) recognizes the need to protect the privacy of patient health information to facilitate the effective delivery of health care. DULA patients must have confidence in and trust that DULA personnel will not inappropriately use or disclose patient health information. By fostering such confidence and trust, the clinic's patients will be more likely to provide accurate and complete information about their personal health, which in turn will assist the clinic's interns and supervisors in accurately diagnosing a patient's illness or condition and treating the patient more effectively.

In response to these concerns and to comply with applicable federal and state laws, DULA has implemented this privacy manual which provides guidance to DULA personnel regarding the policies and procedures DULA has implemented to ensure that patients are afforded their rights

with respect to their health information and that DULA personnel use and disclose such information appropriately.

All DULA staff and interns are urged to maintain a working knowledge of the provisions of this manual as an ongoing job duty and for the protection of the patient's privacy. It is anticipated that with a detailed knowledge of this manual, DULA staff and interns will be able to confidently discharge their duties to patients and to DULA in providing the highest quality healthcare.

Privacy of Patient Health Information

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") was enacted to improve the efficiency and effectiveness of the health care system through the establishment of standards and requirements for the electronic transmission of certain health information. To achieve that end, HIPAA requires the Secretary of the U.S. Department of Health and Human Services (henceforth referred to as the Secretary) to issue a set of interlocking regulations establishing standards and protections for the health industry (collectively, the HIPAA Standards).

The HIPAA Standards apply to covered entities which are defined as health plans, health care clearinghouses, and those health care providers who transmit any health information in electronic form relating to certain administrative and billing transactions.

On December 28, 2000, the Secretary published a final rule setting forth standards for the privacy of individually identifiable health information (protected health information) maintained by covered entities (privacy standards). This rule was subsequently revised on August 14, 2002. In addition, on August 12, 1998, the Secretary issued a final (February 20, 2003) rule setting forth standards relating to the security of health information and the use of electronic signatures by covered entities (security standards).

Protected Health Information

Protected health information (PHI) is information that is created or received by the clinic and relates to the past, present, or future physical or mental health condition of a patient; the provision of health care to a patient; or the past, present, or future payment for the provision of health care to a patient. It also identifies the patient or whomever there is a reasonable basis of information to identify as the patient. Examples of PHI are:

- Any health information that can lead to the identity of an individual or the contents of the information being used to make a reasonable assumption as to the identity of the individual.
- Patient's medical record number.
- Patient's demographic information (i.e. address, telephone number).
- Information of doctors, nurses, and other health care providers put in a patient's medical record

- Conversations a provider has about a patient's care or treatment with others.
- Billing information about a patient at a clinic.

Privacy Standards

The privacy standards set forth general requirements relating to the use and disclosure of protected health information maintained by covered entities. They also describe the administrative requirements a covered entity must implement relating to the privacy of protected health information (i.e. workforce training). Finally, the privacy standards establish certain rights individuals have with respect to their protected health information (i.e. right to access, right to request amendments). Covered entities (excluding small health plans) must comply with the privacy standards by April 14, 2003.

Use and Disclosure of Protected Health Information

DULA will use and disclosure PHI only as permitted under HIPPA. The terms “use” and “disclosure” are defined as follows:

Use: The sharing, employment, application, utilization, examination, or analysis of individually identifiable health information by any person working for or within the clinic, or by an associate of the clinic.

Disclosure: For protected health information, disclosure means any release, transfer, provision of access to, or divulging in any other manner of individually identifiable health information to persons not employed by or working within DULA with a medical need to know PHI.

Under the privacy standards, covered entities are prohibited from using (within the entity) or disclosing (outside the entity) protected health information without patient authorization, unless such use or disclosure falls within an exception. There are numerous use and disclosure exceptions set forth in the privacy standards. For example, one exception permits covered entities to use and/or disclose protected health information without a patient's consent or authorization to carry out treatment, payment, health care operations (i.e. quality assurance, utilization review, credentialing). In addition, covered entities are permitted to use or disclose protected health information without consent or authorization for other specified purposes (i.e. public health activities, required by law). Patient authorization is required, however, for most other uses and disclosures.

The privacy standards also require that, when a covered entity uses, discloses, or requests protected health information, it must make reasonable efforts to limit this information to the minimum amount necessary to accomplish the intended purpose of the use, disclosure, or request. This minimum necessary standard, however, does not apply to—among other things—disclosures to or requests by health care providers for treatment.

Required Administrative Procedures

The privacy standards set forth specific administrative requirements which a covered entity must implement. For example, covered entities are required to designate a privacy official to be responsible for the development and implementation of their privacy policies and procedures. Covered entities are also required to provide workforce training and implement specific policies and procedures designed to protect the privacy of protected health information.

Establishment of Individual Rights

The privacy standards establish certain rights which individuals have with respect to their protected health information. For example, under the privacy standards, individuals have the right to receive adequate notice of the privacy practices of a covered entity. Individuals also have the right to request that a covered entity restrict the uses and/or disclosures of their protected health information. In addition, the privacy standards require covered entities to allow individuals to inspect, copy, and request amendments to their protected health information.

Business Associates

The privacy standards only apply directly to covered entities. However, they are designed so that a covered entity bears the responsibility for ensuring the privacy of the protected health information shared between it and certain other persons who perform functions or activities on behalf of the covered entity (business associates). Therefore, under the privacy standards, a covered entity may only disclose protected health information to a business associate, and may only allow a business associate to create or receive protected health information on its behalf, if the covered entity obtains satisfactory assurance that the business associate will appropriately handle the information. A covered entity must document such satisfactory assurance through a written contract or agreement which contains a number of specific provisions. In addition, a covered entity must take certain actions if they learn that a business associate materially breaches or violates the terms of such a written agreement.

Security Standards

As proposed, the security standards require each covered entity to develop and employ certain security requirements. These standards generally outline the administrative procedures, physical safeguards, and technical security services/mechanisms that must be developed and maintained by covered entities. Similar to the privacy standards, the security standards require covered entities to enter into agreements with their business associates to ensure each maintains the same level of security in connection with protected health information.

In general, the proposed security standards are designed to address the risk of improper access to electronically stored information, as well as the risk of interception of information during electronic transmission by requiring each covered entity to assess potential risks and

vulnerabilities to the individual health data in its possession and to develop, implement, and maintain appropriate security measures with respect to such data (if such data is to be transmitted via electronic means). However, the final security standards do not reference or advocate specific technology because security technology is changing quickly. The Secretary of HHS has indicated that covered entities should have the flexibility to choose their own technical solutions.

The standards also do not address the extent to which a particular entity should implement specific features. Instead, HHS requires only that each affected entity assess its own security needs and risks to then devise, implement, and maintain appropriate security to address its business requirements. Thus, each organization must decide for itself the appropriate security measures to employ and which technology to use.

Privacy Officer

DULA is committed to protecting the privacy of the health information of its patients, ensuring that they are afforded their rights with respect to their health information, and are complying with applicable federal, state, and local laws.

DULA Oriental Medical Center (OMC) director is the privacy officer, a position which is integral to the continuing success of DULA's privacy efforts. The privacy officer is responsible for overseeing the development and implementation of corporate-wide privacy policies and procedures set forth in this privacy policy. The privacy officer is also responsible for overseeing the office that provides further information about matters covered by DULA's notice of privacy practices and receives complaints if a patient believes that his or her privacy rights have been violated.

OMC Director

440 Shatto Place, 2nd Floor, Los Angeles, CA 90020

TEL. 213-487-0150 Ext. 301

Email: omcdirector@dula.edu

Patient rights

Notice of DULA Privacy Practice:

a. Policy

Patients have certain rights with respect to their health information as it is created or received. For example, patients have the right to receive a notice of DULA's privacy practices describing patient rights, and DULA's legal duties, with respect to patient health information. The policy is that its personnel afford patients this right by complying with the procedure below.

b. Procedure

Delivery of notice: Except in an emergency treatment situation, DULA's reception personnel shall give DULA's Notice of Privacy Practices—a copy of which is attached as Appendix A to this manual (referred to as the "Notice")—to each patient no later than the date of the first service delivery, including service delivered electronically.

Acknowledgment of receipt: Each Notice given to a patient shall have attached to it a cover page entitled Patient Acknowledgment of Receipt of Notice of Privacy Practices—a copy of which is attached as Appendix A to this manual—which the patient will be asked to date and sign at the time they are given the Notice. If the patient is unable or unwilling to date and sign the acknowledgment form, DULA personnel should document in writing the reason for the inability or refusal of the patient to sign on the face of the acknowledgment form. Such reason could simply be, for example, that the patient refused to sign after being requested to do so. DULA's duty under the law is only to make a good faith effort to obtain the acknowledgment of receipt. If the patient does not want to sign the acknowledgment form, he or she is not required to do so. The acknowledgment form should be filed in the patient record and retained for at least 6 years from the date of first delivery of service. **Emergency treatment situations:** In emergency treatment situations, DULA personnel shall give the patient the Notice as soon as reasonably practicable after the emergency treatment situation.

Alternative means of communicating Notice: DULA will consider alternative means of communicating the contents of the Notice to certain populations, such as individuals who cannot read or who have limited English proficiency.

Available on request at any time: Even if the patient has previously received a copy of the Notice, the patient remains entitled to ask for another copy at any time.

Posting of Notice: A copy of the Notice should be posted in a clear and prominent location where it is reasonable to expect individuals to be able to read it.

Revision of Notice: Whenever the Notice is revised, it must be made available upon request and posted as required.

Availability on website: To the extent that DULA maintains a website, the Notice must be placed and maintained on DULA's website and be available electronically through it.

Delivery and acknowledgment by electronic mail: If a patient wishes to receive the Notice by electronic mail, the patient shall submit an agreement to do so in writing to the privacy officer or their designee. When the Notice has been delivered to the patient electronically, the system should request them to acknowledge receipt electronically. If DULA is aware that an electronic mail transaction has failed, the patient should be sent a paper copy of the Notice. A patient who has received the Notice by electronic mail retains the right to obtain a paper copy from DULA upon request.

Responsibility for updating: DULA's privacy officer will be responsible for developing and updating, as necessary, the Notice of Privacy Practices.

Training: The privacy officer will be responsible for ensuring employees are trained regarding the Notice of Privacy Practices in accordance with this manual.

Patient questions: Patient questions related to the Notice of Privacy Practices should be directed to the privacy officer.

Retention of documents: A copy of the original form of the Notice of Privacy Practices, and each revised form, shall be retained by DULA for at least 6 years from the date when the version was last in effect. Copies will be maintained in the office of the privacy officer. Acknowledgment forms will be retained in the patient record as provided above.

Requesting Additional Privacy Protection

a. Policy

Patients have certain rights with respect to their health information as it is created or received by DULA. For example, patients have the right to request that DULA restrict certain uses and disclosures of their health information. In addition, DULA must permit patients to request (and must accommodate reasonable requests) to receive communications regarding their health information by alternative means or at alternative locations. It is DULA's policy that personnel afford patients these rights by complying with the procedures set forth below.

b. Procedure

Permitting patients to request a restriction: DULA must permit a patient to request that DULA restrict the following: (a) uses or disclosures of the patient's health information to carry out treatment, payment, or health care operations; and (b) disclosures to family members, relatives, close personal friends, and other assisting persons in the patient's care.

Agreeing to a restriction: DULA personnel are not required to agree to a restriction requested by the patient. However, if a member of DULA's personnel does agree to such a restriction, all of its personnel must honor the request, except that DULA's personnel may, in violation of such restriction, use or disclose otherwise restricted health information to a health care provider to the extent that the patient is in need of emergency treatment and such information is needed to provide it. However, if a member of DULA's personnel discloses restricted health information to a health care provider for treatment, such DULA personnel must request that the health care provider who receives the information not further use or disclose the information. Including a restriction in the patient's medical record: If DULA agrees to any request by a patient to restrict the uses and disclosures of his/her health information, details regarding such a restriction must be placed prominently in the patient's medical record.

Limitations on restrictions: Any restriction which is agreed to by DULA personnel is not effective to prevent uses and disclosures: (a) required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine a covered entity's compliance with the HIPAA

privacy standards; (b) permitted in connection with respect to patient directories; and (c) permitted regarding uses and disclosures for which consent, individual authorization, or the opportunity to agree or object is not required.

Termination of restriction by DULA: DULA may terminate its agreement to any restriction if: (a) the patient agrees to or requests the termination in writing; (b) the patient orally agrees to the termination and the oral agreement is documented; or (c) DULA informs the patient that it is terminating its agreement to a restriction, except that such termination is only effective with respect to the health information created or received after DULA has so informed the patient. To the extent DULA agrees to a restriction, it must document the restriction in writing and maintain a copy in the patient record for a period of 6 years from the date when it last was in effect.

Requests by Patients to Receive Communications by Alternative Means or at Alternative Locations

a. Policy

Permitting patients to request to receive communications by alternative means: DULA must permit patients to request and must accommodate reasonable requests by patients to receive communications regarding their health information by alternative means or at alternative locations.

b. Procedure

Required form of request: Any such request by a patient must be in writing and describe the following: (a) specification of an alternative address or other method of contact; and (b) information on how payment, if any, will be handled, when appropriate. DULA personnel are not permitted to require the patient to provide an explanation as to the basis for his/her request as a condition of providing communication on such confidential basis.

Including a patient's request in the patient's medical record: If DULA agrees to provide the patient communications by alternative means or at an alternative location, details regarding these shall be placed prominently in the patient's medical record.

Patients' Access to Their Health Information

a. Policy

Patients have certain basic rights with respect to their health information as it is created or received by DULA. For example, patients have the right of access to inspect and copy certain health information used by DULA, in whole or in part, to make decisions about them. It is

DULA's policy that personnel afford patients this right by complying with the procedures set forth below.

b. Procedure

Request by patient: Any request by a patient to inspect and/or copy his/her health information must be in writing and directed to DULA's privacy officer.

Time limit for providing/denying access: In general, DULA must act on a patient's request for access no more than 30 days after receipt of the request. If DULA grants the request, in whole or in part, it must inform the patient of the acceptance of the request and provide the access requested. If DULA denies the request, in whole or in part, it must provide the patient with a written denial. If the request for access is for health information that is not maintained or accessible by DULA on-site, DULA must take action no more than 60 days from the receipt of such request. If DULA is unable to take the action required in such time, DULA may extend the time for such action by no more than 30 days, provided: (a) DULA, within the applicable time limit set forth above, provides the patient with a written statement of the reasons for the delay and the date by which DULA will complete its action on the patient's request; and (b) DULA may have only one such extension of time for action on a patient's request for access.

Information a patient has the right to access: In general, a patient has the right of access to inspect and copy health information used by DULA, in whole or in part, to make decisions about the patient. This right, however, does not extend to certain types of information. In addition, DULA may, under certain circumstances, deny a patient access to his or her health information regardless of whether such information is contained in the patient's records.

Information a patient does not have the right to access: A patient does not have the right to access the following: (a) psychotherapy notes; (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; (c) information held by clinical laboratories if the Clinical Laboratory Improvements Amendments of 1988 ("CLIA") prohibits such access (i.e. the patient is not, under applicable law, an authorized person who is permitted to receive the laboratory test record or report); or (d) health information held by certain research laboratories that are exempt from the CLIA regulations.

Grounds for denial of access that are not subject to review: DULA may deny a patient's right to access his or her health information in the following circumstances:

Information excepted from the right of access: DULA may deny access to any information described above.

Request by inmate of a correctional institution: To the extent DULA is acting under the direction of a correctional institution, DULA may deny, in whole or in part, the request by an inmate to obtain a copy of his or her health information if providing such copy would jeopardize the health, safety, security, custody, or rehabilitation of the inmate or other inmates, or the safety of any officer, employee, or other person at such institution or any person responsible for transporting the inmate.

Information obtained in the course of research that includes treatment: A patient's access to his or her information created or obtained by DULA in the course of research that includes treatment may be temporarily suspended for as long as research is in progress, provided that the patient has agreed to the denial of access when consenting to participate in such research and DULA has informed the patient that his or her right of access will be reinstated upon completion of the research.

Information subject to the Privacy Act: A patient's access to his or her health information that is contained in records that are subject to the Privacy Act, 5 U.S.C. § 552a, may be denied, if the denial of access under the Privacy Act would meet the requirements of that law.

Information received from non-health care providers: DULA may deny access to information if DULA obtained the information from someone other than a health care provider under a promise of confidentiality and the access requested would not be reasonably likely to reveal the source of the information.

Grounds for denial of access that are subject to review: DULA may deny a patient's right to access his or her health information in the following circumstances—however, the patient has the right to request that any such denial be reviewed.

Endangerment of patient: A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person.

Information refers to others: The patient health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.

Request by a personal representative: The request for access is made by the patient's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such a personal representative is reasonably likely to cause substantial harm to the patient or another person.

Providing the access requested: If DULA provides a patient with access, in whole or in part, to his or her health information, DULA must provide the access requested by the patient including inspection or obtaining a copy (or both). If the same information that is the subject of a request for access is maintained in more than one record or at more than one location, DULA need only produce the health information once in a response for request for access.

Form of access requested: DULA must provide the patient with access to his or her information in the form or format requested by the patient, if it is readily producible in such a form or format; if not, in a readable hard copy form or some such other form or format as agreed to by DULA and the patient. DULA may provide the patient with a summary of the information requested in lieu of providing access to the information or may provide an explanation of the information to which access has been provided if (a) the patient agrees in advance to such a summary or

explanation, and (b) the patient agrees in advance to the fees, if any, imposed by DULA for such summary or explanation.

Time and manner of access: DULA must provide the access as requested by the patient in a timely manner, including arranging with the patient for a convenient time and place to inspect or obtain the copy of the health information, or mailing a copy of the information at the patient's request. DULA may discuss the scope, format, and other aspects of the request for access with the patient as necessary to facilitate the timely provision of access.

Fees: If the patient requests a copy of his or her health information or agrees to a summary or explanation of such information, DULA may impose a reasonable, cost based fee, provided that the fee includes only the cost of: (a) copying (including the cost of supplies for and labor of copying) the health information requested by the patient; (b) postage, when the patient has requested that a copy, a summary, or explanation be mailed; and (c) preparing an explanation or summary of the health information, if agreed by the patient as required by the section above.

Denial of access: If DULA denies access, in whole or in part, to health information, the privacy officer must provide a timely, written denial to the patient in accordance with the above section. The denial must be in plain language and contain: (a) the basis for the denial; (b) if applicable, a statement of the patient's review rights, including a description of how the patient may exercise such review rights; and (c) a description of how the patient may complain to DULA (including the name, title, and telephone number of the contact person or office) or to the Secretary of the Department of Health and Human Services pursuant to the complaint procedures.

Making other information accessible: DULA must, to the extent possible, give the patient access to any other health information requested, after excluding the information as to which DULA has a ground to deny access.

Other repository of information: If DULA does not maintain the health information that is the subject of the patient's request for access and DULA knows where the requested information is maintained, DULA must inform the patient where to direct the request for access.

Review process: If access is denied for a reason described in above, the patient has the right to have such denial reviewed by a licensed health care professional who is designated by DULA to act as a reviewing official and who did not participate in the original decision to deny. DULA must promptly refer a request for review to such a designated reviewing official. The designated reviewing official must determine, within a reasonable period, whether or not to deny the access requested based on the standards outlined above. DULA must promptly provide written notice to the patient of the determination of the reviewing official and take such other actions as required by law to carry out the reviewing official's determination.

Documentation: DULA must document the following and retain such documentation for at least 6 years from the date of their creation or the date when they last were in effect, whichever is later: (a) the records that are subject to access by patients and (b) the titles of the persons or offices responsible for receiving and processing requests for access by patients. DULA medical records are also covered by DULA's record retention policy, which requires that DULA medical records be retained for periods longer than 6 years.

Amendment of Health Information

a. Policy

Patients have certain rights with respect to their health information. For example, patients have the right to have a covered entity amend their health information under certain circumstances, as long as the health information is maintained by said covered entity. It is the policy of the covered entity that its personnel afford patients this right by complying with the procedures set forth below.

b. Procedure

Request by patient: Any request by a patient to have DULA amend his/her health information must be in writing and directed to DULA's privacy officer. Any such request must provide a reason to support the requested amendment.

Process for reviewing patient's request: The privacy officer or their designee shall review the request upon receipt and consult with the health care provider(s) involved in the patient's care and the privacy committee to determine whether or not the requested amendment is appropriate. Any request for amendment should be honored, except in those cases where DULA should deny the patient's request.

Time limit for responding to patient's request: Any request for amendment must be acted on no later than 60 days after receipt. If DULA requested the amendment, in whole or in part, it must take the actions outlined in the below. If DULA denies the requested amendment, in whole or in part, it must provide the patient with a written denial. If DULA is unable to act on the amendment within a 60 day period, DULA may extend the time for such action by no more than 30 days as long as DULA, within the original 60 day period, provides the patient with a written statement of the reasons for the delay and the date by which DULA will complete its action on the patient's request. DULA may only have one such extension of time for action on the request for amendment.

Required actions for accepted requests: If DULA accepts the requested amendment, in whole or in part, DULA must take the following actions:

- Make the appropriate amendment to the patient's health information or record that is the subject of the requested amendment by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.
- Inform the patient in a timely manner that the amendment is accepted and obtain the patient's identification of an agreement to have DULA notify the relevant persons with which the amendment needs to be shared.
- Make reasonable efforts to inform and provide the amendment within a reasonable time to: (a) persons identified by the patient as having received health information about the patient and needing the amendment, and (b) persons, including DULA's

Business Associates, that DULA knows have the patient's health information that is the subject of the amendment and that may have relied on, or could foreseeably rely on, such information to the detriment of the patient.

Denying patient's request: The privacy officer or their designee should deny the patient's request for amendment if it is ultimately determined that the health information or record that is subject to the request:

1. Was not created by DULA (unless the patient provides a reasonable basis to believe that the originator of the disputed health information is no longer available to act on the requested amendment).
2. Is not part of the designated record set?
3. Would not be available for inspection by the patient or is accurate and complete.

Required actions for denied requests: If DULA denies the requested amendment, in whole or in part, DULA must take the following actions:

1. Provide the patient with a timely written denial as required in the above section. The denial must use plain language and contain:
2. The basis for the denial.
3. The patient's right to submit a written statement disagreeing with the denial and how the patient may file such a statement.
4. A provision saying that, if the patient does not submit a statement of disagreement, the patient may request that DULA provide the patient's request for amendment and the denial with any future disclosures of patient health information that is the subject of the amendment.
5. A description of how the patient may complain to DULA or to the Secretary of the Department of Health and Human Services pursuant to the complaint procedures described in chapter IV of this manual.
6. DULA must also permit the patient to submit a written statement disagreeing with the denial of all parts of the requested amendment and the basis for such a disagreement. DULA may reasonably limit the length of the statement of disagreement.
7. DULA may prepare a written rebuttal to the patient's statement of disagreement. If DULA prepares such a rebuttal, DULA must provide a copy to the patient.
8. DULA must, as appropriate, identify the record or health information in the designated record set that is the subject of the disputed amendment and append or otherwise link the patient's request for an amendment, DULA 's denial of the request, the patient's statement of disagreement (if any) and DULA 's rebuttal (if any) to the designated record set.

With respect to any future disclosures, DULA must comply with the following requirements:

1. If a statement of disagreement has been submitted by the patient, DULA must include the material appended in accordance with the above section. Alternatively, DULA may

include an accurate summary of such information with any subsequent disclosure of the health information to which the disagreement relates.

2. If the patient has not submitted a written statement of disagreement, DULA must include the patient's request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the health information only if the patient has requested such action in accordance with the section above.
3. When the subsequent disclosure described is made during a standard HIPAA transaction that does not permit the additional material to be included with the disclosure, DULA may separately transmit the material required as applicable, to the recipient of the standard HIPAA transaction.
4. If DULA receives or is informed by another health care provider, health care clearinghouse or health care plan of an amendment to a patient's health information, DULA must amend the health information in designated record sets as discussed in the above section.

Documentation: DULA must document the titles of the persons or offices responsible for receiving and processing requests for amendments by patients and retain the documentation for at least 6 years from the date of its creation. DULA's medical records, including any amendments of such medical records, are also covered by DULA's record retention policy, which requires that DULA's medical records be retained for periods longer than 6 years. Please consult the record retention policy for the appropriate retention period.

Accounting of Disclosures

a. Policy

Patients have certain rights with respect to their health information. For example, patients have the right to receive—subject to certain exceptions—an accounting of the disclosures of their health information made by a covered entity in the 6 years prior to the date on which the accounting is requested. It is the policy of the covered entity that covered entity personnel afford patients such rights by complying with the procedures set forth below.

b. Procedure

Request by patient of an accounting of disclosures: Any requests by a patient to receive an accounting of disclosures of his/her health information must be in writing and submitted to the privacy officer or their designee.

Time limits on responding to patient's request: DULA must provide the patient with the requested accounting no later than 60 days following the receipt of such request. If DULA is unable to provide an accounting within such a 60-day period, DULA may extend the time to provide the accounting by no more than 30 days as long as DULA, within the original 60 day

period, provides the patient with a written statement of the reasons for the delay and the date by which DULA will provide the accounting. DULA may have only one 30-day extension of time for action on any request for an accounting.

Fees: DULA must provide the first accounting to a patient in any 12-month period without a charge. DULA may, however, impose a reasonable cost based fee for each subsequent request by the same patient within such 12-month period, as long as DULA informs the patient in advance of the fee to be charged by DULA and provides the patient with an opportunity to withdraw or modify his/her request in order to avoid or reduce such a fee.

Information required to be included in accounting: Limitations: DULA must provide the patient with an account of disclosures of patient's health information made by DULA and its business associates during the 6 years prior to the date on which the accounting is requested, except for disclosures:

- To carry out treatment, payment, and health care operations.
- To the patient.
- Incident to a permitted use or disclosure.
- Pursuant to an authorization.
- For DULA's patient directory purposes.
- To persons involved in the patient's care or for other notification purposes.
- For national security or intelligence purposes.
- To correctional institutions or law enforcement officials.
- As part of a limited data set (partially de-identified information that is used for specific purposes).
- That occurred prior to April 14, 2003 (the compliance date of the HIPAA privacy standards).

Suspending patient's right to receive an accounting: DULA must temporarily suspend a patient's right to receive an account of disclosures made by DULA to a health oversight agency or law enforcement official for the time specified by such agency or official, if such agency officially provides DULA with a written statement that such an account to the patient would be reasonably likely to impede the agency's activities and specifying the time which such a suspension is required. However, if the agency or official statement is made orally, DULA must:

- document the statement, including the identity of the agency or official making the statement;
- temporarily suspend the patient's right to an account of disclosures subject to the statement; and (c) limit the temporary suspension to no longer than 30 days from the date of the oral statement, unless a written statement as the one described above is submitted during that time.

Information required to be included in accounting: The written accounting provided by

DULA must meet the following requirements:

1. Except for the excluded disclosures described in the section above, the accounting must include disclosures of the patient's health information that occurred during the 6 years prior to the date of the request (or shorter time period as requested by the patient), including disclosures to or by DULA's business associates;
2. The accounting must include the following for each disclosure listed: (a) the date of the disclosure, (b) the name of the entity or person who received the health information and— if known—the address of such an entity or person, (c) a brief description of the health information disclosed, and (d) a brief statement of the purpose of the disclosure that reasonably informs the patient of the basis for the disclosure (or, in lieu of such a statement, a copy of a written request for disclosure made by the Secretary of the U.S. Department of Health and Human Services or under one of the other regulatory exceptions, if any).
3. If during the period covered by the account, DULA has made multiple disclosures of the patient's health information to the same person or entity for a single purpose under one of the regulatory exceptions or to the Secretary of the U.S. Department of Health and Human Services, the account may, with respect to such multiple disclosures, provide (a) the information described in section 6.b. above for the first disclosure during the accounting period; (b) the frequency, periodicity, or number of the disclosures made during the accounting period; and (c) the date of the last such disclosure during the accounting period.

Disclosure for research: DULA has other accounting requirements for disclosures of patient health information for particular research purposes.

Documentation requirements: DULA must document the following and retain documentation for 6 years from the date of its creation or the date when it last was in effect:

1. The information described above is for disclosures of health information that are subject to an account.
2. The written account that is provided to the patient.
3. The titles of the persons or offices responsible for receiving and processing requests for an account by patients.

Using, disclosing, and requesting protected health information

Permitted Uses and Disclosures of Patient Health Information without Patient Consent or Authorization

a. Policy

DULA is permitted to use and disclose a patient's health information without obtaining the patient's consent or authorization for the purposes set forth below. This policy outlines the procedures DULA personnel must follow when using or disclosing patient health information for such purposes.

- Permitted uses and disclosures
- For DULA's own treatment, payment, or health care operations.
- Required by law.
- Public health activities.
- Health oversight activities.
- Information regarding decedents.
- Cadaveric organ, eye, or tissue donation purposes.
- Research.
- To avert serious threat to health or safety.
- Specialized government functions.
- Permitted disclosures

Subject to certain limitations, disclosures for the treatment, payment, or health care operations of a third party.

- Victims of abuse, neglect, or domestic violence.
- Judicial and administrative proceedings.
- Law enforcement purposes.
- Workers' compensation.

b. Procedure

Use of patient health information by DULA's personnel: DULA personnel and assigned student interns are permitted, without obtaining the patient's consent or authorization, to use patient health information for the purposes of DULA's treatment, payment, and health care operations. In addition, DULA personnel and assigned student interns are permitted, under certain circumstances, to use patient health information for the treatment, payment, and health care operations of third parties. In general, clinical personnel who are involved in patient care are entitled to access and use the entire medical record of the patients they are treating on a need-to-know basis. Clinical personnel or student interns, however, may not access or use the medical record of a patient, unless they are treating, or assisting another in treating, such a patient. In addition, before using a patient's health information, DULA personnel and student interns should comply with any restriction on the use of a patient's health information agreed to by DULA. Non-clinical personnel are permitted to access and use the health information of DULA patients for purposes of treating the patient, obtaining payment for services provided to the patient, or DULA's health care operations.

However, DULA personnel may only access and use the minimum amount of health information necessary to carry out their duties. In addition, regardless of whether a use exception applies,

DULA personnel are prohibited from using any patient health information in violation of a restriction on the use of a patient's health information agreed to by DULA. The privacy officer has established various classes of DULA personnel who need access to patient health information to perform their duties, the categories of patient health information to which access is needed, and the conditions appropriate to such access. It is the responsibility of each member of DULA's workforce to understand the patient health information they are permitted to access and use to perform their duties. If you have any questions about the types of patient health information you are permitted to access and use to perform your duties, ask your supervisor or contact the privacy officer.

Disclosing patient health information to third parties: DULA personnel are permitted to disclose a patient's health information to a third party without first obtaining the patient's consent or authorization to the extent which such disclosure is permitted by law. To assist DULA personnel in determining the types of disclosures permitted, the privacy officer has established standard protocols for various disclosures that are made by DULA on a routine and recurring basis. These protocols are described in DULA's standard protocols for disclosing and requesting patient health information and outline the requirements relating to many routine disclosures (i.e. whether the disclosure is subject to the minimum necessary standard; how DULA personnel should comply with the minimum necessary standard, if applicable).

To the extent that a standard protocol has not been established for a particular disclosure (or if a member of DULA's personnel is not sure whether a particular protocol applies in a given situation), DULA personnel should obtain approval from the privacy officer or his or her designee before making the disclosure. In addition, regardless of whether a disclosure exception applies, DULA personnel and students are prohibited from disclosing any patient health information in violation of a restriction on the use of a patient's health information agreed to by DULA. Furthermore, DULA may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose when (a) making disclosures to public officials, if the public official represents that the information requested is the minimum necessary for the state purposes; (b) the information is requested by a health plan, health care clearinghouse, or HIPAA-covered health care provider; (c) the information is requested by a professional who is a member of DULA's workforce or a business associate of DULA for the purpose of providing professional services to DULA; or (d) certain documentation or representations have been provided by a person requesting the information for research purposes.

Use and disclosure for purposes of treatment: Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

Use and disclosure for purposes of payment: Payment includes those activities undertaken by a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under a health plan. Payment also includes the activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health

care. Such activities relate to an individual to whom health care is provided and include, but are not limited to, the following:

1. Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims.
2. Risk adjusting amounts based on enrollee health status and demographic characteristics.
3. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing.
4. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges.
5. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services.
6. Disclosure to consumer reporting agencies of any of the following patient health information relating to collection of reimbursement: (a) name and address, (b) date of birth, (c) social security number, (d) payment history, (e) account number, and (f) name and address of the health care provider and/or health plan.

Use and disclosure for purposes of health care operations: Health care operations include any of the following activities of the covered entity, to the extent that the activities are related to covered functions.

Use and disclosure for purposes of quality assessment and improvement: Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, or contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment.

Use and disclosure for purposes of reviews and evaluations: Reviewing the competence or qualifications of health care professionals or health plan performance; conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers; training of non-health care professionals; accreditation; certification; licensing; or credentialing activities.

Use and disclosure for purposes of contract placement: Underwriting, premium rating, and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, as well as ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance).

Use and disclosure for purposes of professional services: Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.

Use and disclosure for purposes of business planning: Business planning and development, such as conducting cost management and planning-related analyses relating to managing and operating the entity, including formulary development and administration, as well as development or improvement of methods of payment or coverage policies.

Use and disclosure for purposes of business management and administration: Business management and general administrative activities of the entity, including, but not limited to, the following: (a) management activities relating to implementation of and compliance with HIPAA requirements; (b) customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that patient health information is not disclosed to such a policy holder, plan sponsor, or customer; (c) resolution of internal grievances; (d) the sale, transfer, merger, or consolidation of all or part of a covered entity with another covered entity, or an entity that, following such activity, will become a covered entity and due diligence related to such activity; and (e) consistent with the applicable requirements of the privacy standards, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.

Other regulatory exceptions regarding use and/or disclosure: This section outlines the regulatory exceptions pursuant to which DULA personnel are permitted to disclose and/or use patient health information without the consent or authorization of the patient. The following is a general summary of the regulatory exceptions set forth in 45 C.F.R. § 164.512; it does not describe the specific requirements for each exception. The privacy officer may consider incorporating the specific requirements for relevant exceptions into this policy or attaching the specific requirements as a supplement to this policy.

Required by law: When it is required by law and the use or disclosure is limited to the relevant requirements of such law.

Public health activities: When it involves use and disclosure for public health activities such as mandated disease reporting and the reporting of vital events like births and deaths.

Health oversight activities: When disclosing information for the purpose of health oversight activities such as audits, investigations, licensure or disciplinary actions, or legal proceedings or actions.

Information regarding decedents: When disclosing information about deceased persons to medical examiners, coroners, and funeral directors.

Organ donation: When disclosing or using information for organ and tissue donation purposes.

Research: When disclosing information related to a research project when a waiver of authorization has been approved by the institutional review board.

Health or safety threat: When the privacy officer believes in good faith that the disclosure is necessary to avert a serious health or safety threat to the patient or to the public's safety.

Military activity and national security: When disclosure is necessary for specialized government functions, such as military service, for the protection of the president or for national security and intelligence activities.

Abuse or neglect: When reporting information about victims of abuse, neglect, or domestic violence as required by law.

Legal proceedings: When disclosing information for judicial and administrative proceedings in accordance with state and/or federal law; for instance, in response to a court order such as a subpoena or discovery request.

Law enforcement: When disclosing information for law enforcement purposes; for instance, to locate or identify a suspect, fugitive, witness, or missing person, or regarding a victim of a crime who cannot give consent or authorization because of incapacity.

Workers' compensation: When disclosure is necessary to comply with workers' compensation laws or purposes.

Inmates: In the case of a prison inmate, information can be released to the correctional facility in which he or she resides for the following purposes: (a) for the institution to provide the inmate with health care, (b) to protect the health and safety of the inmate or others, or (c) for the safety and security of the correctional facility.

DULA is permitted, in certain circumstances, to use or disclose certain patient health information without the patient's written consent or authorization, provided that the patient is informed in advance of the use or disclosure and has had the opportunity to agree to, prohibit, or restrict the use or disclosure of such information. This policy describes the circumstances under which such uses, and disclosures are permitted, and the procedures DULA personnel must follow in order to comply with applicable laws.

Uses or Disclosures Patient Health Information without Patient's Consent

a. Policy

It is the policy of DULA that personnel do not use or disclose a patient's health information without the patient's written authorization, unless DULA is otherwise permitted or required to make such use or disclosure. This policy outlines authorization requirements and sets forth the required procedures DULA personnel must follow when the patient's authorization is required.

b. Procedure

Patient directory: Unless an objection is expressed, DULA may include the patient's name, location in DULA, general medical condition, and religious affiliation (for purposes of informing clergy) in DULA's patient directory. Any of this information may be disclosed to members of the clergy. Any of this information, except for religious affiliation, may be disclosed to other persons

who ask for the patient by name. The patient will be informed in DULA's notice of privacy practices of the information to be included in DULA's patient directory and the persons to whom DULA may disclose such information, as well as provided with the opportunity to restrict or prohibit some or all the uses and disclosures. In the event of the patient's incapacity or an emergency treatment circumstance, where the opportunity to object cannot practicably be provided, DULA may include the above-described information in the patient directory and disclose it in the limited manner described, so long as it is (a) consistent with any prior expressed preference of the patient known to DULA and (b) determined by DULA, in the exercise of professional judgment, to be in the patient's best interest.

Others involved in patient's care: DULA may disclose to a family member, other relative, or a close friend of the patient—or any other person identified by the patient—health information directly relevant to such a person's involvement with the patient's care or payment related to the patient's health care. DULA may also use or disclose health information to notify or assist in the notification of (including identifying or locating), a family member, a personal representative of the patient, or another person responsible for the care of the patient or the patient's location, general condition, or death. DULA personnel are permitted to orally inform the patient of, and obtain the patient's oral agreement or objection to, this use or disclosure.

Before releasing information to a person covered by this category, DULA must either obtain the patient's agreement; provide the patient with the opportunity to object to the disclosure (which the patient does not do); or reasonably infer from the circumstances, based on the exercise of professional judgment, that the patient does not object to the disclosure. Examples of situations in which DULA can "reasonably infer from the circumstances" that the patient does not object to the disclosure include:

1. When a spouse is present when treatment is being discussed with the patient.
2. When a colleague or friend has brought the patient to DULA for treatment and the patient has invited them into the exam/treatment room.

If the patient is not present (or cannot agree or object to the use or disclosure of his or her health information because he or she is unconscious or incapacitated) or it is an emergency, then DULA may exercise professional judgment to determine whether disclosure is in the best interest of the patient, and then may disclose only the health information that is directly relevant to the person's involvement with the patient's health care.

Disaster relief agencies: DULA may use or disclose health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities in the notification of family and friends regarding the patient's location, general condition, or death. DULA should attempt to obtain the patient's agreement to such use or disclosure to the extent that DULA, in the exercise of professional judgment, determines that obtaining such agreement does not interfere with the ability to respond to the emergency circumstances.

Fundraising activities: For the purpose of raising funds for its own benefit, DULA may use internally, or disclose to a business associate or institutionally related foundation, the following:

(a) demographic information relating to a patient, including name, address, other contact information, age, gender, and insurance status; and (b) dates of service. Any fundraising materials sent to a patient must contain a description of how the patient may opt out of receiving any further fundraising communications in the future.

Procedures When the Patient's Authorization is Required

a. Policy

Authorization requirements: In general, a valid authorization must contain the following core elements:

- A description of the information to be used or disclosed that identifies it in a specific and meaningful fashion.
- The identification of the persons or class of persons authorized to make the use or disclosure.
- The name or other specific identification of the persons or class of persons to whom DULA may make the use or disclosure.
- A description of each purpose of the use or disclosure. An expiration date or event.
- The signature of the patient (or the patient's personal representative) and date.
- If signed by a personal representative, a description of such a person's authority to act on behalf of the patient.

A valid authorization must also:

- Be written in plain language.
- Contain specific statements regarding the patient's right to revoke the authorization and the ability or inability of DULA to condition treatment, payment, enrollment, or eligibility for benefits on the authorization.
- Contain a statement adequate to place the patient on notice of the potential for information (which is disclosed pursuant to the authorization) to be subject to disclosure by the recipient and no longer protected.

Prohibition on conditioning of authorizations: DULA may not condition the provision to an individual of treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of an authorization, except:

- A covered health care provider may condition the provision of research-related treatment on provision of an authorization for the use or disclosure of health information for such research.
- A health plan may condition enrollment in the health plan or eligibility for benefits on provision of an authorization requested by the health plan prior to an individual's enrollment in it, if (a) the authorization sought is for the health plan's eligibility or enrollment determinations relating to the individual or for its underwriting / risk rating

determinations, and (b) the authorization is not for a use or disclosure of psychotherapy notes.

- A health plan, health care clearinghouse, or HIPAA-covered health care provider may condition the provision of health care that is solely for creating health information for disclosure to a third party, on provision of an authorization for the disclosure of the patient health information to such a third party (i.e. DULA is performing pre-employment drug testing or fitness-for-duty exams).
- Prohibition on combining authorizations: Authorizations may not be combined with any other document to create a compound authorization, except as follows:
- Combined authorizations are permitted in connection with certain research activities.
- An authorization for a use or disclosure of psychotherapy notes may only be combined with another authorization for a use or disclosure of psychotherapy notes.
- An authorization (other than one for a use or disclosure of psychotherapy notes) may be combined with any other authorization, except when DULA has conditioned the provision of treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of one of the authorizations.

b. Procedure

Processing requests of patient health information pursuant to an authorization received from a third party: All requests for release of health information pursuant to written patient authorization shall be referred to the DULA privacy officer. Before releasing any information regarding the patient to the requestor, DULA personnel should (a) verify that the authorization contains all of the core elements described above, and (b) verify the identity of the requestor.

Authorizations requested by DULA copy to patient: If DULA personnel request a patient to sign an authorization, the patient must be provided with a copy of the signed authorization. The privacy officer will establish standard protocols in which DULA personnel will be permitted to request a patient to execute an authorization. However, to the extent that no standard protocol has been established, DULA personnel must obtain the approval of the privacy officer before asking a patient to execute an authorization. DULA's standard authorization for the use and disclosure of patient health information is included in appendix B of this manual.

Limits on using or disclosing information pursuant to an authorization: Any use or disclosure made by VUAOM personnel pursuant to an authorization must be consistent with the authorization (i.e. made while the authorization is effective, limited to the purpose(s) of the authorization).

Revocation of authorizations: A patient may revoke his/her authorization at any time by notifying the medical records department in writing, except to the extent that either:

- DULA has taken action in reliance thereon.
- The authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a policy or a claim under that policy.

DULA's standard revocation of authorization form, a copy of which is included in appendix B of this manual, should be provided to the patient upon request. The revocation must be kept with the original authorization form and a copy must be given to the patient.

Transition provisions: Except for certain prior permissions for research which are subject to different requirements (see below), DULA may use or disclose protected health information that it created or received prior to April 14, 2003 (the compliance date of the HIPAA privacy standards), pursuant to an authorization or other express legal permission obtained from the patient prior to April 14, 2003—provided that the authorization or other express legal permission specifically permits such a use or disclosure and there is no agreed-to restriction as described in chapter II of this manual.

Research

a. Policy

General: In general, DULA is permitted to use or disclose a patient's health information for research purposes (as defined below) only with a patient's written authorization, except in the following three situations: (a) When an institutional review board (IRB) or privacy board has approved a waiver of authorization; (ii) When the use or disclosure is sought solely to review patient health information as necessary to prepare a research protocol or for similar purposes preparatory to research; or (iii) When the use or disclosure is sought solely for research on the health information of decedents.

Definition. Research is defined as a systematic investigation (including research development, testing, and evaluation) designed to develop or contribute to generalizable knowledge. Note that studies relating to quality assessment and improvement activities may qualify as health care operations and may be used and disclosed without obtaining the patient's authorization.

b. Procedure

Permitted use of compound authorizations: An authorization for the use or disclosure of patient health information for a research study may be combined with any other type of written permission for the same research study, including another authorization for the use or disclosure of patient health information for such research or a consent to participate in such research.

Criteria for waiver of authorization: An IRB or privacy board is authorized to approve a waiver of authorization if the following criteria are met: (a) The use or disclosure of patient health information involves no more than a minimal risk to the privacy of patients based on, at least, the presence of the following elements; (b) an adequate plan to protect the identifiers from improper use or disclosure; (c) an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless either there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; (d)

adequate written assurances that the patient health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of patient health information would be permitted; (e) the research could not practicably be conducted without the waiver or alteration; and (f) the research could not practicably be conducted without access to and use of the patient health information.

Transition provisions: DULA may, to the extent allowed by one of the following permissions, use or disclose (for research) health information that it created or received either before or after April 14, 2003 (the applicable compliance date of the HIPAA privacy standards), provided that there is no agreed-to restriction as described in chapter II of this manual and DULA has obtained, prior to April 14, 2003, either: (a) an authorization or other express legal permission from an individual to use or disclose health information for the research; (b) the informed consent of the individual to participate in the research; or (c) a waiver by an IRB of informed consent for the research, in accordance with applicable law—provided that DULA obtains authorization as discussed above if, after April 14, 2003, informed consent is sought from an individual participating in the research.

Psychotherapy Notes

a. Policy

General: DULA must obtain a patient's written authorization meeting the requirements of the above section for any use or disclosure of psychotherapy notes, except in the following situations:

- To carry out any of the following treatment, payment, or health care operations:
- Use by originator of the psychotherapy notes for treatment.
- Use or disclosure by DULA for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling.
- Use or disclosure by DULA to defend a legal action or other proceeding brought by the patient.

When the use or disclosure is either:

- Required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine the covered entity's compliance with the HIPAA privacy standards.
- Required by law.
- Made to a health oversight agency with respect to the oversight of the originator of the psychotherapy notes.

- Made to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
- Made to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or as required by law.

Definition: Psychotherapy notes are defined as notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and; they are also separated from the rest of the individual's medical record. The term "psychotherapy notes" excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date. They are also for treatment of that patient; for case management or care coordination for that patient; or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to that patient. The term "marketing" also includes an arrangement between DULA and any other entity to which DULA discloses patient health information in exchange for direct or indirect remuneration, for the other entity or its affiliate to make a communication about its own product or service that encourages recipients of the communication to purchase or use that product or service.

b. Procedure

Additional authorization requirements: If the marketing involves direct or indirect remuneration to DULA from a third party, the authorization must state that such remuneration is involved. Patients have certain basic rights with respect to their health information created or received by DULA. Certain laws create a duty on the part of DULA to verify, in certain circumstances, the identity of a person requesting health information from DULA and the authority of any such person to have access to health information. It is DULA policy that personnel afford patients this right by complying with the procedures set forth below.

Verify identity and authority: Except with respect to uses and disclosures of health information in which the patient has the opportunity to object, DULA personnel must verify the identity of a person requesting health information and the authority of any such person to have access to health information, if the identity or any such authority of such a person is not known to DULA. Routine communications between providers where existing relationships have been established do not require special verification procedures.

Documentation, statements or representations: DULA will also obtain any documentation, statements, or representations (oral or written) from the person requesting the health information when such documentation, statement, or representation is a condition of the disclosure as described in chapter III of this manual. DULA is entitled to rely, if such reliance is reasonable under the circumstances, on documentation, statements, or representations that, on their face, meet the applicable requirements. For example, the conditions in the "Legal Proceedings" category in chapter III.A of this manual (permitted uses and disclosures of health information without patient consent or authorization) may be satisfied by the administrative or

judicial subpoena (or similar process), or by a separate written statement that, on its face, demonstrates that the applicable requirements have been met.

Identity of public officials: DULA may rely, if such reliance is reasonable under the circumstances, on any of the following to verify identity when the disclosure of health information is made to a public official or a person acting on their behalf: (a) If the request is made in person, they must present at an agency identification badge, other official credentials, or other proof of government status; (b) if the request is made in writing, the request must be on appropriate government letterhead; or (c) if the disclosure is made to a person acting on behalf of a public official, they must present a written statement on appropriate government letterhead that the person is acting under the government's authority, or other evidence or documentation of agency (i.e. contract for services, memorandum of understanding, purchase order) that establishes that the person is acting on behalf of the public official.

Authority of public officials: DULA may rely, if such reliance is reasonable under the circumstances, on any of the following to verify authority when the disclosure of health information is to a public official or a person acting on behalf of the public official:

A written statement of the legal authority under which the information is requested or, if a written statement would be impracticable, an oral statement of such legal authority; (b) if a request is made pursuant to legal process, warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal is presumed to constitute legal authority.

Exercise of professional judgment: The verification requirements are met if DULA relies on the exercise of professional judgment in making a use or disclosure in those circumstances in which a patient has the opportunity to object or acts on good faith in making a disclosure in the "Health or Safety Threat" category of this HIPAA policy section.

Other Special Requirements for Certain Activities

Access of patients to their health information: A patient generally has the right to inspect and copy the health information used by DULA, in whole or in part, to make decisions about the patient. To the extent that a patient has this right, DULA is required to disclose such information to the patient. For specific information about the policies and procedures regarding patient access to health information, DULA's personnel should review the policy "Access of Patients to Their Health Information" contained in Chapter II.C.

Accounting of disclosures: A patient generally has a right to receive an account of certain disclosures of protected health information made by DULA. To the extent that a patient has this right, DULA is required to disclose such information to the patient. For specific information about the policies and procedures regarding a patient's right to receive an account of disclosures, DULA's personnel should review the policy "Accounting of Disclosures" contained in Chapter II.E.

Request by HHS: DULA is required to disclose patient health information at the request of the Secretary of the U.S. Department of Health and Human Services in order to determine DULA's compliance with the HIPAA privacy standards. If a member of DULA's personnel receives such a request, he or she should immediately contact DULA's privacy officer. Any disclosures made pursuant to this section should only be made by or under the direction of the privacy officer.

Disclosures required by federal or state law: DULA is required to disclose patient health information to the extent that disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law. According to the HIPAA privacy standards, the term "required by law" means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, governmental or tribal inspector general, or administrative body authorized to require the production of information; a civil or authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information, including those that require such information if payment is sought under a government program providing public benefits. Any disclosures made pursuant to this section should only be made by or under the direction of the privacy officer.

Limiting information requests: Except as set forth in the section below, when requesting patient health information from a health plan, health care clearinghouse, or health care provider, DULA personnel should limit the amount of information requested to the minimum amount necessary for the intended purpose of the request. To assist DULA personnel in making such a determination, the privacy officer has established standard protocols for various requests of patient health information made by DULA on a routine and recurring basis. These standard protocols are set forth in DULA's standard protocols for disclosing and requesting patient health information (see appendix E in this manual) and outline the requirements relating to many routine requests (i.e. how DULA personnel should comply with the minimum necessary standard, if applicable). To the extent that a standard protocol has not been established for a particular request (or if a member of DULA's personnel is not sure whether a particular protocol applies in a given situation), DULA personnel should obtain approval from the privacy officer before requesting the information from a health plan, health care clearinghouse, or health care provider.

Requests by a health care provider for treatment: The minimum necessary standard relating to requests for information do not apply to requests made by a health care provider for treatment.

Workplace training and sanctions for failure to comply with policy and procedures

a. Policy

DULA is required to train all members of its workforce, including certain nonemployees and volunteers, on DULA's policies and procedures with respect to the privacy of patient health information, as necessary and appropriate for the members of the workforce to carry out their function within DULA. It is DULA's policy to train all members of its workforce as described in the procedure set forth below.

b. Procedures

Employees: The following rules apply to the training of employees and sanctions for failure to comply with DULA's policies with respect to the privacy of patient health information.

The privacy officer is responsible for scheduling training sessions for all existing DULA employees prior to April 14, 2003. Employees will be trained on DULA's policies and procedures related to patient privacy.

New employee orientation programs will contain information regarding DULA's policies and procedures related to patient privacy.

Documentation that an employee has received information and initial training about DULA's policies and procedures must be placed in the employee's personnel file.

Any modifications or additions to DULA's policies and procedures related patient privacy will be presented to all employees through utilization of employee in-services, memoranda, or other appropriate methods within 30 days of the modification or addition.

Documentation that an employee has received information and/or training about modifications or additions to DULA's policies and procedures related to patient privacy must be placed in the employee's personnel file.

Employees will participate in reviews or updates of DULA's policies and procedures related to patient privacy on a periodic basis, as determined necessary and appropriate by the privacy officer in consultation with the privacy committee. Such reviews or updates may be conducted in conjunction with training related to modifications or additions to the existing policies and procedures.

Documentation that an employee has attended a review or update session on DULA's policies and procedures related to patient privacy must be placed in the employee's personnel file.

Employees who violate policies and procedures related to patient privacy will be subject to disciplinary action, up to and including termination.

Nonemployees and volunteers: The following rules apply to the training of nonemployees and volunteers and sanctions for failure to comply with DULA's policies with respect to the privacy of patient health information.

The privacy officer is responsible for scheduling training sessions for all existing DULA nonemployees (i.e. medical staff, others with DULA privileges) and volunteers prior to April 14,

2003. These individuals will be trained on DULA's policies and procedures related to patient privacy.

Orientation programs will contain information regarding DULA's policies and procedures related to patient privacy. Nonemployees and volunteers shall be required to complete orientation programs prior to obtaining access to patient information.

Documentation that a nonemployee or volunteer has received information and initial training about DULA's policies and procedures must be kept in a special section of DULA's personnel files.

Any modifications or additions to DULA's policies and procedures related to patient privacy will be presented to all nonemployees and volunteers through utilization of in services, memoranda, or other appropriate methods within 30 days of the modification or addition.

Documentation that a nonemployee or volunteer has received information and/or training about modifications or additions to DULA's policies and procedures related to patient privacy must be placed and kept in a special section of DULA's personnel files.

Nonemployees and volunteers will partake in reviews or updates of DULA's policies and procedures related to patient privacy on a periodic basis, as determined necessary and appropriate by the privacy officer in consultation with the privacy committee. Such reviews or updates may be conducted in conjunction with training related to modifications or additions to the existing policies and procedures.

Documentation that a nonemployee or volunteer has attended a review session on DULA's policies and procedures related to patient privacy must be placed or kept in a special section of DULA's personnel files.

Nonemployees who violate policies and procedures related to patient privacy will be subject to disciplinary action in accordance with DULA's policies and procedures, up to and including revocation of any privileges in DULA.

Volunteers who violate policies and procedures related to patient privacy will be required to surrender their volunteer status at DULA.

DULA shares patient health information with certain other individuals and entities who provide services for or on behalf of DULA (business associates). According to the

HIPAA privacy standards, DULA may disclose patient health information to a business associate and may allow them to create or receive patient health information on DULA's behalf, only if the business associate agrees in writing to, among other things, safeguard such information. As such,

DULA personnel are prohibited from disclosing to a business associate or permitting them to create or receive on behalf of DULA, any patient health information until DULA and the business associate enter into an appropriate written agreement.

Business associates

a. Policy

In order to assist DULA personnel in identifying business associates, the following guidelines apply:

Business associates do not include members of DULA's workforce (i.e. an employee; volunteer; trainee; or other person whose conduct, in the performance of work for DULA, is under DULA's direct control, whether or not they are paid by DULA).

Business associates include individuals or entities who, on behalf of DULA (other than in the capacity of a member of DULA's workforce), perform or assist performance in a function or activity involving the use or disclosure of patient health information (i.e. processing or administration, claims processing or administration, data analysis, utilization review, quality assurance, billing, benefit management, practice management, and repricing) or any function or activity regulated by HIPAA.

Business associates include individuals or entities who provide (other than in the capacity of a member of DULA's workforce) legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for DULA where the provision of the service involves the disclosure of patient health information from DULA or another business associate of DULA.

Questions regarding whether an individual or entity is a business associate should be directed to the privacy officer.

Examples of potential business associates:

- Service providers
- Accountants
- Attorneys
- Coding providers
- Collection service companies
- Transcription service companies
- Microfilm conversion providers
- Clearinghouse
- Billing companies
- Data backup/storage companies
- Document storage companies
- Practice management companies
- Temporary staffing agencies
- Medical directors

- Physician teaching arrangements / teaching affiliation arrangements

Examples of individuals and entities who are not business associates:

- Members of DULA's workforce
- An entity that performs services as part of an organized health care arrangement in which DULA participates
- Construction, maintenance, and repair services
- Courier services (i.e., U.S. post office, FedEx, UPS)
- Financial institutions that merely process patients' payments for health care

b. Procedures

Identifying business associates: The privacy officer and DULA's privacy committee are responsible for assisting in identifying those vendor contracts that require HIPAA business associate provisions and ensuring that such contracts are amended appropriately. Unless otherwise approved by the privacy officer, DULA's model business associate addendum (a copy of which is included in appendix C of this manual) should be executed contemporaneous with all new business associate contracts.

Contract review: The privacy officer or his/her designee must review any proposed new contract with an existing or potential business associate to ensure that the required provisions are included in the contract. The privacy officer should also consider whether the contract with the business associate should contain any additional language required by the other HIPAA regulations (i.e. security, transaction, code sets).

Prohibited activities: DULA personnel are prohibited from disclosing patient health information to a business associate or permitting a business associate to create or receive patient health information on DULA's behalf, unless the representatives of both DULA and the business associate sign a contract that contains the required provisions.

Contract maintenance: Upon execution, a copy of the business associate contract must be sent to the privacy officer, who is responsible for maintaining a copy of all such contracts in a centralized location.

Reporting a suspected breach by a business associate: If any DULA personnel believes that a business associate has breached any of its obligations with respect to patient health information, such personnel must report his or her belief to the privacy officer as soon as possible.

Curing breach by a business associate: If, after investigation, the privacy officer believes that the business associate breached its obligations with respect to patient health information (i.e. inappropriately used or disclosed such information, failed to provide access to patient health information), the privacy officer or their designee should attempt to have the business associate cure the breach. If such steps are unsuccessful, either:

- Terminate the contract or arrangement, if feasible.
- If termination is not feasible, report the problem to the Secretary of the U.S. Department of Health and Human Services.

Policy and procedure manual acknowledgement

The university provides all faculty members and student interns with a hard copy of the university policy handbook, which includes HIPPA policy. A HIPPA policy and procedure manual is equipped in the clinic and it is available to staffs, students, and faculties. This HIPPA policy and procedure manual works as a guide to policies, procedures, benefits, and general information.

Appendices

Notice of HIPAA privacy practices

Acknowledgement of notice of HIPAA privacy practices

Consent form

Appendix A

NOTICE OF HIPAA PRIVACY PRACTICES

Dongguk University Los Angeles (DULA)

440 Shatto Place, Los Angeles, CA 90020

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is provided to you pursuant to the Health Insurance Portability and Accessibility Act of 1996 and its implementing regulations (HIPAA). It is designed to tell you how we may, under federal law, use or disclose your health information.

For purposes of treatment, payment, or healthcare operations

We may use or disclose your health information for the purposes of treatment, payment, or healthcare operations without obtaining your prior authorization. Here is one example of each:

We may provide your health information to health care professionals including doctors, nurses and technicians— for the purpose of providing you with care.

Our billing department may access your information and send relevant parts to other insurance companies to allow us to be paid for the services we render to you.

We may access or send your information to our attorneys or accountants in the event that we need the information to address one of our own business functions.

We may also use or disclose your health information under the following circumstances without obtaining your prior authorization:

To notify and/or communicate with your family. Unless you tell us you object, we may use or disclose your health information to notify your family or assist in notifying your family, your personal representative, or another person responsible for your care about your location, about your general condition, or in the event of your death. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in any communications with your family and others.

Required by law

For public health purposes: We may use or disclose your health information to provide information to state or federal public health authorities, as required by law to prevent or control disease, injury, or disability; report child abuse or neglect; report domestic violence; report to the Food and Drug Administration problems with products and reactions to medications; and report disease or infection exposure.

For health oversight activities: We may use or disclose your health information to health agencies during the course of audits, investigations, certification, and other proceedings.

In response to subpoenas or for judicial and administrative proceedings: We may use or disclose your health information in the course of any administrative or judicial proceeding. However, in general, we will attempt to ensure that you have been made aware of the use or disclosure of your health information prior to providing it to another person.

To law enforcement personnel: We may use or disclose your health information to a law enforcement official to identify or locate a suspect, fugitive, material witness, or missing person; comply with a court order or subpoena; and other law enforcement purposes.

To coroners or funeral directors: We may use or disclose your health information for the purposes of communicating with coroners, medical examiners, and funeral directors.

For purposes of organ donation: We may use or disclose your health information for the purposes of communicating to organizations involved in procuring, banking, or transplanting organs and tissues.

For public safety: We may use or disclose your health information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

To aid specialized government functions: If necessary, we may use or disclose your health information for military or national security purposes.

For worker's compensation: We may use or disclose your health information as necessary to comply with worker's compensation laws.

To correctional institutions or law enforcement officials, if you are an inmate

For all other circumstances, we may only use or disclose your health information after you have signed an authorization. If you authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. You should be advised that we may also use or disclose your health information for the following purposes:

Appointment reminders: We may use your health information to contact you to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you.

Change of ownership: In the event that our entity is sold or merged with another organization, your health information/record will become the property of the new owner.

Providing information to our plan sponsor (if a health plan): We may disclose your health information to our plan sponsor.

Your rights

You have the right to request restrictions on the uses and disclosures of your health information. However, we are not required to comply with your request.

You have the right to receive your health information through confidential or reasonable alternative means, or at an alternative location.

You have the right to inspect and copy your health information. We may charge you a reasonable cost-based fee to cover copying, postage, and/or preparation of a summary.

You have a right to request that we amend your health information that is incorrect or incomplete. We are not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.

You have a right to receive an account of disclosures of your health information made by us, except that we do not have to account for disclosures: authorized by you; provided by you; made for treatment, payment, or health care operations; provided in response to an authorization; made in order to notify and communicate with family; and/or for certain government functions, to name a few.

You have a right to a paper copy of this notice of privacy practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the privacy officer or DHHS (contact information is below).

Our duties

We are required by law to maintain the privacy of your health information and to provide you with a copy of this notice.

We are also required to abide by the terms of this notice.

We reserve the right to amend this notice at any time in the future and to make the new notice provisions applicable to all of your health information, even if it was created prior to the change in the notice. If such amendment is made, we will immediately display the revised notice at our office and provide you with a copy of the amended notice. We will also provide you with a copy at any time, upon request.

Complaints to the government

You may make complaints to the Secretary of the Department of Health and Human Services (DHHS) if you believe your rights have been violated. We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

Contact information

You may contact us about our privacy practices by calling the privacy officer at:

OMC Director

440 Shatto Place, 2nd Floor, Los Angeles, CA 90020

TEL. 213-487-0150 Ext. 301

Email: omcdirector@dula.edu

You may contact the DHHS at:

U.S. Department of Health and Human Services

200 Independence Avenue, S.W., Washington, D.C. 20201 TEL. 202-619-0257

Toll Free: 1-877-696-6775

I have received a copy of this Health Insurance Portability and Accessibility Act (HIPAA) NOTICE OF PRIVACY PRACTICES. I have been informed of whom to contact if I need more information.

Patient Name : _____

Patient Signature : _____ Date : _____

Appendix C

CONSENT FORM

“Acupuncture” means the stimulation of a certain point or points near the surface of the body by the insertion of special needles. The purpose of acupuncture is to prevent or modify the perception of pain and is thus a form of pain control. In addition, through the normalization of physiological functions, it may also serve in the treatment of certain diseases or dysfunctions of the body. Acupuncture includes the techniques of electroacupuncture (the therapeutic use of weak electric currents at acupuncture points), mechanical stimulation (stimulation of an acupuncture point or points on or near the surface of the body by means of an apparatus or instrument), and moxibustion (the therapeutic use of thermal stimulus at acupuncture points by burning artemisia alone or artemisia formulations).

The potential risks: slight pain or discomfort at the site of needle insertion, infection, bruises, weakness, fainting, nausea, and aggravation of problematic systems existing prior to acupuncture treatment.

The potential benefits: acupuncture may allow for the painless relief of one's symptoms without the need for drugs and improve balance of bodily energies leading to the prevention of illness or the elimination of the presenting problem.

Please note: The acupuncture treatment (which includes the procedures described above) that you will receive today and, in the future,, at the intern clinic of Dongguk University Los Angeles, will be carried out by a student(s) in his/her third year of acupuncture training. This means that the student(s) treating you is NOT a licensed acupuncturist and is not yet qualified to perform acupuncture treatments outside the intern clinic. However, the student(s) is closely supervised by an acupuncturist who is licensed to practice acupuncture in the state of California.

I hereby consent to be treated with acupuncture administered by a Dongguk University Los Angeles student intern under the supervision of a clinic supervisor L.Ac. I understand and accept that no guarantee is made concerning the outcome of my acupuncture treatments, and I understand that I may stop treatment at any time.

Patient signature

Date

II. DULA ORIENTAL MEDICAL CENTER (OMC) POLICY

1. ABOUT OMC

Location & Hours of Clinic Operation

The DULA Oriental Medical Center (OMC) is located at 440 Shatto Place, Los Angeles, California 90020. The patient reception area is directly adjacent to building elevators onto the second floor. Telephone numbers for the OMC reception desk are: (213) 487-0150 and (213) 487-0527 (fax).

OMC hours of operation are Monday through Sunday
Morning : 9:00 a.m. -- 1:00 p.m.
Afternoon : 2:00 p.m. -- 6:00 p.m.
Evening (Mon-Thurs only) : 6:00 p.m. – 10:00 p.m.

California Law Pertaining to the Practice of Acupuncture

In 1978, AB 1391 (Torres) essentially established acupuncturists as "primary health care providers" [B&P Code, section 4926](#) by eliminating the requirement for "prior diagnosis or referral" by a doctor, dentist, podiatrist or chiropractor. AB 2424 [(Chapter 1238, Statutes of 1978) Jim Keysor, Democrat, San Fernando] authorized Medi-Cal payments for acupuncture treatment. Legislation was passed which established acupuncture as a certified health care profession, certification dependent upon successful completion of a competency examination; four public members were added to the Acupuncture Advisory Committee. It was also clarified that the Division of Allied Health Professions (DAHP) within the Board of Medical Quality Assurance had the authority to enforce acupuncture laws; the DAHP was directed to establish training standards and authorized to establish apprentice programs and continuing education requirements for acupuncturists. [SB 1106 (Song); [B&P Code sections 4927, 4928, 4940 and 4945](#)].

Scope of Practice for OMC Students

The scope of practice of students in the OMC is exactly that which is determined by the laws of the State of California as implemented by the OMC administration. Students are permitted to practice ONLY under the supervision of an OMC Clinic Supervisor. Students who engage in advising, consulting, history taking, examining, treating or other related activities under any other circumstances constitutes the unauthorized practice of acupuncture, and is grounds for criminal malpractice in the State of California. For further clarification of the scope of practice

issue, please see the Department of Consumer Affairs' Legal Office's Legal Opinion No. 93-11, dated December 14, 1993.

Students are not authorized to execute any documents intended for external entities including insurance forms, clinical status/progress forms, work/school/gym excuses, disability certificates and any other official document. All correspondence to doctors, attorneys and insurance personnel must be signed by a licensed acupuncturist. However, student's notations in patients' charts, including history and examination forms, narrative reports and progress notes must be signed by the students in black or blue ink and co-signed by a Clinic Supervisor.

Students are so entitled in the OMC to denote his/her function not his/her degree or legal status in California. MSOM students may not refer to themselves as "acupuncturists." DATM students who hold valid and non-expired license to practice as Acupuncturist in the state of California may refer to themselves as "acupuncturists" but shall practice ONLY under the supervision of an OMC Clinic Supervisor. Students also may not contact other health care professionals on behalf of a patient without the authorization of a Clinic Supervisor.

Clinic Space and Equipment

Treatment Rooms : 14 rooms
Clinic Space : 2637 sq ft
Treatment Beds : 23 beds

DULA Oriental Medical Center (OMC) at 2nd floor contains 12 treatment rooms, 2 treatment rooms for faculty clinic, herbal dispensary / storage / decoction room, Observation Theater room, Room for full-time Clinic Supervisors, Supervisor conference room, intern & resident conference room, and offices for Director of OMC, Intern Coordinator, and Clinic Supervisors. Patient waiting room is spacious and open to hall and elevator.

Each treatment room contains 1 bio-hazard waste, 1 needle disposal containers, and 1 desk for consultation in addition to treatment tables with headrests or pillows, clean field area, alcohol, cotton balls, and chair. OMC provides various non-useable and reusable medical devices such as disposable acupuncture needles with various sizes and thickness, disposable portable trash bags, ear seeds, moxa, towels, gowns, pillows, diagnostic equipment (although all students are required to have their own), electro stimulator, cupping cups, gua-sha tools and portable blood pressure measure. Each student is required to have their own stethoscope and sphygmomanometer. There are two treatment rooms designated for special modality called moxibustion due to strong order created by moxa stick or cones.

Herbal dispensary room serves as herb storage, dispensary of needles or cupping cups for treatment, patient file storage, and control center of patient management. Spacious main room is consisted of reception area, raw herb, cupping, and power herb dispensary. Reception area, which consist two computers and phones, is in front of herbal dispensary, and receptionist

manages overall patient flow from here. There is copy machine available at the corner so OMC can provide its own copy of papers. Patient files are securely kept in black fire-resist cabinet in a main room. All herb-made pills are stored in glass sliding open cabinet, and powdered herb is kept in wooden cabinet with top shelf. All the raw herbs used in the OMC are stored in wooden drawers made for herb storage, and these herbs are labeled in Chinese pinyin and systemic Latin name arranged in alphabetic order. In the middle of the herbal dispensary, there is a table for herbal preparation, packing, and distribution. Herbs that are required to be refrigerated are kept in refrigerator located in herbal decoction room. In herbal decoction room, one herbal extractor and packing devices are securely located under venting hood, and these two machines are regulated promptly upon herbal decoction.

Intern & resident conference room serves primarily as students' waiting room as well as internal lecture hall for clinic related practical education. Due to its spacious capacity and availability of good visual aid such as projector and a curved screen, most of important presentations are lectured in this conference room. There are various sizes of lockers available in this room, and each one is assigned upon request. Both locker and locks are provided by DULA OMC. Supervisor conference room is mainly used for student-Clinic Supervisor communication and discussion. After patient intake, the students introduce the case and receive supervision from Clinic Supervisors in this room and visit patients together for treatment. There are 1 large table for group discussion or meeting and 2 medium size tables for Clinic Supervisors. A large white board is also available in this room, so Clinic Supervisors' quick lecture is held upon students' request.

Patient waiting lobby is spacious and consisted of comfortable 20 chairs. There is TV attached on the wall to keep patient entertained while they are waiting, and both hot/cold water filter/extractor to keep them out of thirst. On the wall of hallway, there are pictures and licenses of each Clinic Supervisors as well as their specialty, so patients can refer, although receptionist receives appointment in accordance with patients' condition.

2. Clinical Training Objectives

Clinic Supervisors will guide students in developing their clinical skills and competencies, helping to build upon students' theoretical knowledge of acupuncture and Oriental medicine, expanding their understanding through clinical application.

MSOM Program Clinical Training Objectives

The MSOM Program Clinical Training is sectioned into 3 phases of Internship and 1 residency: Level I (Observation and Herbal Practicum), Level II (Supervised Practice), Level III (Independent Practice). All Clinical Training take place under the supervision of OMC Clinic Supervisors or Faculty members, all of whom are expert experienced licensed acupuncturists.

Objectives for skill and competency outcomes are set forth here:

Level	Hours	Objectives of clinical training
Level I internship Observation and Herbal Practicum	Observation Theater (80HR) Observation Rounds (80HR) Herbal Practicum (40HR) Total 200 Hours	<ul style="list-style-type: none"> * Observation of treatments by clinic faculty * Record keeping * Management of Treatment rooms (keeping rooms stocked, clean, etc.) * Identification of herbs and management of Herbs
Level II internship Supervised Practice (320 Hours)	320 Hours	<ul style="list-style-type: none"> * Supervised patient interviewing * Supervised OM Diagnosis & Treatment plan * Performance of Acupuncture treatment under the direct supervision of Supervisor
Level III internship Independent Practice (440 Hours)	440 Hours	<ul style="list-style-type: none"> * Patient interviewing * OM Diagnosis and Treatment plan * Western medical assessments * Performance of independent treatment under the supervision of Supervisor

DATM Program Clinical Training Objectives

In addition to the clinical internship level I – III described in MSOM program, DATM program also includes the additional 2-units of Integrative Clinical Rounds (40 clinical hours). Through this 40-hours, students will be able to provide integrated clinical experience through their clinical practice in AOM field, incorporate evidence-informed integrative practice into the clinical treatments and be able to collaborate and communicate professionally with other multi-discipline healthcare practitioners.

3. Application for Clinical Training and Level Exams

1) MSOM Program

Required Documents

Students must prepare the following documents prior to applying for internship:

1. Application Form
2. One recently taken passport size (2"x2") photo
3. Copy of CPR & First Aid Certificate, Child/Adult - 8 hours training
4. Copy of CNT Certificate
5. English language proficiency – Please refer to “English Language Proficiency” under “Admissions” category in the current MSOM Catalog for more information
6. \$10 Name Tag Fee

Registration Order

Registration priority is determined by level of internship, and maximum priority given to current Level III interns, followed by incoming Level III interns, then current Level II interns, etc. If an intern, notwithstanding seniority, chooses to register late, their options will be limited to shifts currently available on a first-come, first-served basis.

Other Registration Policies

1. A maximum of 6 interns may register under 1 Supervisor per shift.
2. All interns must check with the Intern Coordinator before registering for internship hours.

Level Examination

1. Mid-Curriculum Exam (MCE)
2. Clinical Performance Examination (CPX)

2) DATM Program

Required Documents

Students must prepare the following documents prior to applying for internship:

- Application Form
- One recently taken passport size (2"x2") photo
- Copy of CPR & First Aid Certificate, Child/Adult - 8 hours training
- Copy of CNT Certificate
- English language proficiency – Please refer to “English Language Proficiency” under “Admissions” category in the current MSOM Catalog for more information
- \$10 Name Tag Fee

Registration Order

Registration priority is determined by level of internship, and maximum priority given to current Level III interns, followed by incoming Level III interns, then current Level II interns, etc. If an intern, notwithstanding seniority, chooses to register late, their options will be limited to shifts currently available on a first-come, first-served basis.

PC700 Integrated Clinical Rounds can only be started when student has completed all required clinical hours of internship level III.

Other Registration Policies

- A maximum of 6 interns may register under 1 Supervisor per shift.
- All interns must check with the Intern Coordinator before registering for internship hours.

Level Examination

- Mid-Curriculum Exam (MCE)
- Clinical Performance Examination (CPX)

4. Clinical Training Requirements and Application Procedure

1) MSOM Program

Level I – Requirements and Application Procedure

Requirements for Entrance:

To apply Level I internship, Students must have successfully completed 60 units of didactic courses and these pre-requisite courses should be included.

OM 121/211	Basic Theory of OM I, II
OM 221/311/312	At least Two of OM Diagnosis I, II, III
HB 110	Introduction to Botany and Herbs
HB 211/212/213/214	At least Two of Herbs: Category I, II, III, IV
AC 211	Meridian Theory
AC 111/112	Acupuncture Anatomy I, II
BS 211/212/213/214	At least Two of Anatomy & Physiology I, II, III, IV
WM 110	WM Terminology
WM 210	CNT, Equipment & Safety Review
WM 321	CPR & First Aid

Steps to Registration:

1. Clinic registration occurs the week after academic registration to allow students to plan shifts around their academic schedule. Registration days are set-up by level, with priority given to more senior interns. Information of registration periods will be posted on the clinic bulletin board at least 1 week in advance of the beginning of registration. (Please also refer to Academic Calendar on MSOM Catalog for more information about registration date).
2. On your registration day schedule shifts for the upcoming quarter with the Intern Coordinator. Scheduling shift is on first come first serve basis.
3. The Intern Coordinator will input your shifts into the school’s main registration system.
4. Intern orientation session is held at the beginning of each quarter and attendance is mandatory.
5. Purchase clinical equipment (DULA scrub, stethoscope, sphygmomanometer, thermometer, Tweezer, ear acupuncture probe, etc.)

Requirements for Completion of Level I Observation and Herbal Practicum:

1. 200 Hours: 80 hours Observation Theater, 80 hours Observation Rounds, 40 hours Herbal Practicum
2. Successful pass of Intern Evaluations by Clinical Faculty
3. Successful completion of treatment for 30 patient visits
4. Successful pass of one Case Conference Exam (CCE)

Level II – Requirements and Application Procedures

Requirements for Entrance:

Students must complete 200 hours of Level I Observation and Herbal Practicum and pass Level II exam (Mid-Curriculum Exam / MCE) with 70% passing grade. And Students must have successfully completed 100 units of didactic courses and these pre-requisite courses should be included.

OM 221/311/312	OM Diagnosis I, II, III
HB 211/212/213/214	Herbs: Category I, II, III, IV
BS 211/212/213/214	Anatomy & Physiology I, II, III, IV
AC 311/312	Acupuncture Physiology I, II
AC 321/322	At least One of Acupuncture Techniques I, II
TB 211	Tui-Na
BS 311	At least One of Pathology I, II, III

Steps to Registration:

1. Apply for and pass Level II exam (Mid-Curriculum Exam / MCE; Both written and Practical Exam).
2. Clinic registration occurs the week after academic registration to allow students to plan shifts around their academic schedule. Registration days are set-up by level, with

priority given to more senior interns. Information announcing registration times will be posted on the clinic bulletin board at least 1 week in advance of the beginning of registration. (Please also refer to Academic Calendar on MSOM Catalog for more information about registration date).

3. On your registration day schedule shifts for the upcoming quarter with the Intern Coordinator. Scheduling shift is on first come first serve basis.
4. The Intern Coordinator will input your shifts into the school's main registration system.
5. Purchase clinical equipment (Small penlight/flashlight, Reflex Hammer, Portable container for storage of supplies, and other optional supplies such as tuning fork, massage oil, and ambient music to provide to patients during treatment).

Requirements for Completion of Level II Supervised Practice Internship:

1. 320 Hours of supervised practice
2. Successful pass of Intern Evaluations by Clinic Supervisor
3. Successful completion of treatment for 150 patient visits
4. Successful pass of one Case Conference Exam (CCE)

Level III – Requirements and Application Procedures

Requirements for Entrance:

Students must complete 320 hours of Level II Supervised practice internship and pass Level III exam (Clinical Performance Exam / CPX) with 70% passing grade. And Students must have successfully completed 150 units of specific didactic courses and these pre-requisite courses should be included.

OM 411/412/413/414	At least One of OM Internal Medicine I, II, III, IV
HB 311/312/313/314	At least Two of Herbal Formulas 1, 2
AC 321/322	Acupuncture Techniques I, II
AC 411/412	At least One of Acupuncture Therapeutics I, II
BS 311/312/313	Pathology I, II, III
WM 311/312/313	At least One of Western Medicine I, II, III

Steps to Registration:

1. Clinic registration occurs the week after academic registration to allow students to plan shifts around their academic schedule. Registration days are set-up by level, with priority given to more senior interns. Information announcing registration times will be posted on the clinic bulletin board at least 1 week in advance of the beginning of registration. (Please also refer to Academic Calendar on MSOM Catalog for more information about registration date).
2. On your registration day, schedule shifts for the upcoming quarter with the Intern Coordinator. Scheduling shift is on first come first serve basis.
3. The Intern Coordinator will input your shifts into the school's main registration system.

Requirements for Completion of Level III Independent Practice Internship:

1. 440 Hours of Independent practice
2. Successful pass of Intern Evaluations by Clinic Supervisor
3. Successful completion of treatment for 200 patient visits
4. Successful pass of one Case Conference Exam (CCE)

2) DATM Program

Level I – Requirements and Application Procedure

Requirements for Entrance:

To apply Level I internship, Students must have successfully completed 60 units of didactic courses and these pre-requisite courses should be included.

OM 121/211	Basic Theory of OM I, II
OM 221/311/312	At least Two of OM Diagnosis I, II, III
HB 110	Introduction to Botany and Herbs
HB 211/212/213/214	At least Two of Herbs: Category I, II, III, IV
AC 211	Meridian Theory
AC 111/112	Acupuncture Anatomy I, II
BS 211/212/213/214	At least Two of Anatomy & Physiology I, II, III, IV
WM 110	WM Terminology
WM 210	CNT, Equipment & Safety Review
WM 321	CPR & First Aid

Steps to Registration:

1. Clinic registration occurs the week after academic registration to allow students to plan shifts around their academic schedule. Registration days are set-up by level, with priority given to more senior interns. Information of registration periods will be posted on the clinic bulletin board at least 1 week in advance of the beginning of registration. (Please also refer to Academic Calendar on MSOM Catalog for more information about registration date).
2. On your registration day schedule shifts for the upcoming quarter with the Intern Coordinator. Scheduling shift is on first come first serve basis.
3. The Intern Coordinator will input your shifts into the school's main registration system.
4. Intern orientation session is held at the beginning of each quarter and attendance is mandatory.
5. Purchase clinical equipment (DULA scrub, stethoscope, sphygmomanometer, thermometer, Tweezer, ear acupuncture probe, etc.)

Requirements for Completion of Level I Observation and Herbal Practicum:

1. 200 Hours: 80 hours Observation Theater, 80 hours Observation Rounds, 40 hours Herbal Practicum
2. Successful pass of Intern Evaluations by Clinical Faculty

3. Successful completion of treatment for 30 patient visits
4. Successful pass of one Case Conference Exam (CCE)

Level II – Requirements and Application Procedures

Requirements for Entrance:

Students must complete 200 hours of Level I Observation and Herbal Practicum and pass Level II exam (Mid-Curriculum Exam / MCE) with 70% passing grade. And Students must have successfully completed 100 units of didactic courses and these pre-requisite courses should be included.

OM 221/311/312	OM Diagnosis I, II, III
HB 211/212/213/214	Herbs: Category I, II, III, IV
BS 211/212/213/214	Anatomy & Physiology I, II, III, IV
AC 311/312	Acupuncture Physiology I, II
AC 321/322	At least One of Acupuncture Techniques I, II
TB 211	Tui-Na
BS 311	At least One of Pathology I, II, III

Steps to Registration:

1. Apply for and pass Level II exam (Mid-Curriculum Exam / MCE; Both written and Practical Exam).
2. Clinic registration occurs the week after academic registration to allow students to plan shifts around their academic schedule. Registration days are set-up by level, with priority given to more senior interns. Information announcing registration times will be posted on the clinic bulletin board at least 1 week in advance of the beginning of registration. (Please also refer to Academic Calendar on MSOM Catalog for more information about registration date).
3. On your registration day schedule shifts for the upcoming quarter with the Intern Coordinator. Scheduling shift is on first come first serve basis.
4. The Intern Coordinator will input your shifts into the school’s main registration system.
5. Purchase clinical equipment (Small penlight/flashlight, Reflex Hammer, Portable container for storage of supplies, and other optional supplies such as tuning fork, massage oil, and ambient music to provide to patients during treatment).

Requirements for Completion of Level II Supervised Practice Internship:

1. 320 Hours of supervised practice
2. Successful pass of Intern Evaluations by Clinic Supervisor
3. Successful completion of treatment for 150 patient visits
4. Successful pass of one Case Conference Exam (CCE)

Level III – Requirements and Application Procedures

Requirements for Entrance:

Students must complete 320 hours of Level II Supervised practice internship and pass Level III exam (Clinical Performance Exam / CPX) with 70% passing grade. And Students must have successfully completed 150 units of specific didactic courses and these pre-requisite courses should be included.

OM 411/412/413/414	At least One of OM Internal Medicine I, II, III, IV
HB 311/312/313/314	At least Two of Herbal Formulas 1, 2
AC 321/322	Acupuncture Techniques I, II
AC 411/412	At least One of Acupuncture Therapeutics I, II
BS 311/312/313	Pathology I, II, III
WM 311/312/313	At least One of Western Medicine I, II, III

Steps to Registration:

1. Clinic registration occurs the week after academic registration to allow students to plan shifts around their academic schedule. Registration days are set-up by level, with priority given to more senior interns. Information announcing registration times will be posted on the clinic bulletin board at least 1 week in advance of the beginning of registration. (Please also refer to Academic Calendar on MSOM Catalog for more information about registration date).
2. On your registration day, schedule shifts for the upcoming quarter with the Intern Coordinator. Scheduling shift is on first come first serve basis.
3. The Intern Coordinator will input your shifts into the school's main registration system.

Requirements for Completion of Level III Independent Practice Internship:

1. 440 Hours of Independent practice
2. Successful pass of Intern Evaluations by Clinic Supervisor
3. Successful completion of treatment for 200 patient visits
4. Successful pass of one Case Conference Exam (CCE)

PC700 Integrated Clinical Rounds

Requirements for Entrance:

Students must complete the overall clinical hours required in Clinical Internship Level III prior to begin this 40-hours of integrated clinical rounds.

Steps to Registration:

To register on this clinical coursework, please contact the program director and Intern Coordinator.

Requirements for Completion of PC700 Integrated Clinical Rounds:

1. Successful complete the 40-hours of coursework
2. Successful pass of Student’s Evaluation by Clinic Supervisor
3. Successful completion of one case study with oral presentation

5. Roles and Responsibilities

1) MSOM Program

The following are guidelines regarding the role of student and Clinic Supervisor at each level of clinical training.

Level I (200 Hours) Observation and Herbal Practicum

LEVEL I INTERN’S ROLE & RESPONSIBILITY	SUPERVISOR’S ROLE
<ol style="list-style-type: none"> 1. Observe whole treatment procedures performed by Clinic Faculty in OMC (80 hours Observation Theater) 2. Assist Clinic Faculty in taking and recording patient’s history and physical exams (80 hours Observation Rounds) 3. Take patient’s pulse and observe patient’s tongue by instruction of Clinic Faculty (80 hours Observation Rounds) 4. Categorize and organize herbs and check the herb inventory in Herbal Dispensary under the direction of Intern Coordinator and Supervisor (40 hours of Herbal Practicum) 5. Keep a log of treatments observed and Prepare Herbal Dispensary 6. Maintain cleanliness in Herbal Dispensary and treatment rooms with stocking medical equipment and supplies for patient treatment 	<p>Show the interns interview, diagnose, and treat patients with acupuncture, Herbal prescription and appropriate modalities.</p> <p>Teach interns conversation skills and bedside manners.</p> <p>Supervise interns’ taking and recording patient’s history.</p> <p>Teach category of Herbs and help interns learn how to maintain, organize, and make herbal formulas.</p> <p>Check intern list for the day and maintain his/her attendance file.</p> <p>Always check herb extractor safety and teach interns about safety measures.</p>

Objectives	<p>At the end of this level, students will be able to:</p> <ol style="list-style-type: none"> 1. Acquire a basic understanding of how to perform patient interview and diagnostic procedure with professionalism by observing supervisor’s practice 2. Obtain knowledge regarding techniques of Acupuncture treatment and other modalities by observing supervisor’s practice
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	<ol style="list-style-type: none"> 3. Obtain knowledge in Herbal prescription with appropriate process of herbal dispensary by observing supervisor's practice 4. Acquire proper patient management skills such as creating comfortable atmosphere for the patient with bedside manners and befitting attitude by observing supervisor's practice 5. Understand various treatment methodologies in assessing required treatment course and adjusting treatments for return patients by observing supervisor's practice 6. Describe and demonstrate beginning level of skills in performing a physical examination, Tongue diagnosis and pulse diagnosis 7. Understand basic diagnosis and treatment plan 8. Demonstrate knowledge of OM herbs, by category, properties, functions, indications and contraindications. 9. Locate commonly used acupuncture points 10. Learn and be knowledgeable about clinic rules and regulations including CNT, HIPAA, OSHA protocols 11. Learn and be knowledgeable about Emergency Procedures and CPR protocols
<p>Evaluation</p>	<p>Pass/fail depending on:</p> <ol style="list-style-type: none"> 1. Satisfactory performance of roles and responsibilities 2. Achievement of objectives 3. Completion of one Case Conference Exam (CCE)

Level II (320 Hours) Supervised Practice

LEVEL II INTERN'S ROLE & RESPONSIBILITY	SUPERVISOR'S ROLE
<ol style="list-style-type: none"> 1. Interview, diagnose and develop treatment plan of acupuncture and herbs with other applicable modalities 2. Perform Acupuncture treatment and Herbal treatment under the direct supervision of Clinic Supervisor 3. Record patient chart and get Supervisor's signature. 4. Return equipment and other materials to the original place after using them. 5. Take patients to front desk after treatments and help them to get next appointment 6. Organize and clean the treatment room after treatment and stock medical equipment and supplies for patient treatment. 	<p>Listen to what intern presents about patients' history, diagnosis, and treatment plan and assess intern's interviewing, diagnostic procedure and treatment plan. Visit patients with Interns to confirm intern's finding and supervise acupuncture and other Oriental medical treatments. Review Patient charts and confirm the completion of documentation before patients check out. Review Daily Internship Patient Record Sheet and Timecard and sign approval at the end of each shift.</p>

Objectives	<p>At the end of this level, students will be able to:</p> <ol style="list-style-type: none"> 1. Perform Acupuncture treatment, Herbal prescription, and other treatment modalities of patient under the direct supervision of Clinic Supervisor 2. Demonstrate competency in acupuncture point location and needling technique 3. Exhibit introductory competency in patient management by filling out necessary forms 4. Take the Oriental and Western medical history of patients 5. Perform complete patient's physical examination 6. Evaluate patients' condition for referral to other healthcare practitioners 7. Demonstrate professionalism, a positive attitude, and befitting bedside manner in welcoming and assisting patients
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	8. Demonstrate introductory competency in written and oral communication skills with patients, colleagues, clinic staff and other healthcare providers
Evaluation	Pass/fail depending on: <ol style="list-style-type: none"> 1. Satisfactory performance of roles and responsibilities 2. Achievement of objectives 3. Completion of one Case Conference Exam (CCE)

Level III (440 Hours) Independent Practice

Level III internship consists of 440 hours of independent practice of acupuncture and oriental medicine under the supervision of clinic supervisor. Interns complete a clinical impression and oriental medical diagnosis, as noted in Level II internship, for concurrence by the clinic supervisor. A treatment approach is recommended for concurrence by clinic supervisor, after which acupuncture, or other modalities are employed to treat the condition. The clinic supervisor is not required to observe the actual diagnosis or treatment but must be near the location where the patient is being treated. Interns are required to consult with the assigned clinic supervisor before and after each treatment.

LEVEL III INTERN'S ROLE & RESPONSIBILITY	SUPERVISOR'S ROLE
<ol style="list-style-type: none"> 1. Perform patient intake. 2. Perform physical exam, patient diagnosis and treatment plan. 3. Consult with Supervisor prior to patient treatment. 4. Independently perform acupuncture treatment, herbal treatment, and other applicable modalities 5. Consult with clinic office staff to confirm patient appointment date. 6. Report immediately any problems or potential problems to the Supervisor. 	Review intern's diagnosis, treatment content, treatment plan, acupuncture, herb, tui-na, moxibustion treatment. Render final diagnosis and treatment plan to begin treatment. Stay near interns and Be available when interns need help or advice. Confirm the completeness of treatment and advice any recommendation as needed.

Objectives	At the end of this level, students will be able to: <ol style="list-style-type: none"> 1. Prescribe and provide acupuncture treatment, herbal prescription, and other treatment modalities 2. Perform procedures in the treatment of patient independently 3. Demonstrate mastery in acupuncture point location and needling techniques 4. Evaluate patient's condition for referral to other healthcare practitioners, and consult with them
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	<ol style="list-style-type: none"> 5. Demonstrate professionalism, a positive attitude, and appropriate befitting manner to patients during the times in the clinic 6. Demonstrate fluency in written and oral communication skills with patients, colleagues, clinic staff and other healthcare providers
Evaluation	<p>Pass/fail depending on:</p> <ol style="list-style-type: none"> 1. Satisfactory performance of roles and responsibilities 2. Achievement of objectives 3. Completion of one Case Conference Exam (CCE)

MSOM Case Study Guidelines

Each student is required to complete and submit one written case studies for each level of internship. The case study is designed to enhance the intern’s learning process. Students are warned that merely copying information from patient files is of minimal learning value. Students are encouraged to choose a patient that they have seen over 3 times and cases that are unique.

Preferable cases are exemplary as:

1. Good examples of the application Oriental Medicine theory;
2. Striking outcomes;
3. Outcomes were questionable, leaving room for research and analysis.

Case study formatting is listed below:

- Summarize basic patient information without using the patient’s name or any other identifiers such as social security number. Briefly describe age, sex, occupation, medical history, chief complaint and any relevant western medical findings.
- Summarize OM’s Ten Questions. Show all positive & negative findings, if significant. (i.e.: no ear ringing; low back pain in patient complaining of polyuria)
- Record initial pulse and tongue readings. Note any changes as the treatment progresses.
- Western view of patient’s illness/injury. Outline the western medical understanding including Etiology of illness; diagnosis; physical assessments; and possible treatment protocols.
- Render OM Diagnosis including etiology and Explain how diagnosis was arrived at by specific elements of symptom/sign complex including pulse and tongue diagnosis, noting also any contradicting data.
- Describe treatment philosophy and plan conforming to Diagnosis: State the goal of treatment; choice of points and herbs explaining and defending your choices.
- Note patient progress: summarize patient progress over course of treatment. Note any unusual or significant changes or occurrences; note any changes in point choice, or in herb selection; explain and defend such change.
- Summarize and conclude: Include chief complaint and summary of progress to date. Assess the treatment and make conclusions and suggestion. Example: Explanation why

this treatment was not effective, what other treatment options might be applicable, how many sessions will be needed more to see expected outcomes.

2) DATM Program

The following are guidelines regarding the role of student and Clinic Supervisor at each level of clinical training.

Level I (200 Hours) Observation and Herbal Practicum

LEVEL I INTERN'S ROLE & RESPONSIBILITY	SUPERVISOR'S ROLE
<ol style="list-style-type: none"> 1. Observe whole treatment procedures performed by Clinic Faculty in OMC (80 hours Observation Theater) 2. Assist Clinic Faculty in taking and recording patient's history and physical exams (80 hours Observation Rounds) 3. Take patient's pulse and observe patient's tongue by instruction of Clinic Faculty (80 hours Observation Rounds) 4. Categorize and organize herbs and check the herb inventory in Herbal Dispensary under the direction of Intern Coordinator and Supervisor (40 hours of Herbal Practicum) 5. Keep a log of treatments observed and Prepare Herbal Dispensary 6. Maintain cleanliness in Herbal Dispensary and treatment rooms with stocking medical equipment and supplies for patient treatment 	<p>Show the interns interview, diagnose, and treat patients with acupuncture, Herbal prescription and appropriate modalities.</p> <p>Teach interns conversation skills and bedside manners.</p> <p>Supervise interns' taking and recording patient's history.</p> <p>Teach category of Herbs and help interns learn how to maintain, organize, and make herbal formulas.</p> <p>Check intern list for the day and maintain his/her attendance file.</p> <p>Always check herb extractor safety and teach interns about safety measures.</p>

<p>Objectives</p>	<p>At the end of this level, students will be able to:</p> <ol style="list-style-type: none"> 1. Acquire a basic understanding of how to perform patient interview and diagnostic procedure with professionalism by observing supervisor's practice 2. Obtain knowledge regarding techniques of Acupuncture treatment and other modalities by observing supervisor's practice 3. Obtain knowledge in Herbal prescription with appropriate process of herbal dispensary by observing supervisor's practice 4. Acquire proper patient management skills such as creating comfortable atmosphere for the patient with bedside manners and befitting attitude by observing supervisor's practice
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	<ol style="list-style-type: none"> 5. Understand various treatment methodologies in assessing required treatment course and adjusting treatments for return patients by observing supervisor’s practice 6. Describe and demonstrate beginning level of skills in performing a physical examination, Tongue diagnosis and pulse diagnosis 7. Understand basic diagnosis and treatment plan 8. Demonstrate knowledge of OM herbs, by category, properties, functions, indications and contraindications. 9. Locate commonly used acupuncture points 10. Learn and be knowledgeable about clinic rules and regulations including CNT, HIPAA, OSHA protocols 11. Learn and be knowledgeable about Emergency Procedures and CPR protocols
<p>Evaluation</p>	<p>Pass/fail depending on:</p> <ol style="list-style-type: none"> 1. Satisfactory performance of roles and responsibilities 2. Achievement of objectives 3. Completion of one Case Conference Exam (CCE)

Level II (320 Hours) Supervised Practice

<p>LEVEL II INTERN’S ROLE & RESPONSIBILITY</p>	<p>SUPERVISOR’S ROLE</p>
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<ol style="list-style-type: none"> 1. Interview, diagnose and develop treatment plan of acupuncture and herbs with other applicable modalities 2. Perform Acupuncture treatment and Herbal treatment under the direct supervision of Clinic Supervisor 3. Record patient chart and get Supervisor's signature. 4. Return equipment and other materials to the original place after using them. 5. Take patients to front desk after treatments and help them to get next appointment 6. Organize and clean the treatment room after treatment and stock medical equipment and supplies for patient treatment. 	<p>Listen to what intern presents about patients' history, diagnosis, and treatment plan and assess intern's interviewing, diagnostic procedure and treatment plan. Visit patients with Interns to confirm intern's finding and supervise acupuncture and other Oriental medical treatments.</p> <p>Review Patient charts and confirm the completion of documentation before patients check out.</p> <p>Review Daily Internship Patient Record Sheet and Timecard and sign approval at the end of each shift.</p>
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<p>Objectives</p>	<p>At the end of this level, students will be able to:</p> <ol style="list-style-type: none"> 1. Perform Acupuncture treatment, Herbal prescription, and other treatment modalities of patient under the direct supervision of Clinic Supervisor 2. Demonstrate competency in acupuncture point location and needling technique 3. Exhibit introductory competency in patient management by filling out necessary forms 4. Take the Oriental and Western medical history of patients 5. Perform complete patient's physical examination 6. Evaluate patients' condition for referral to other healthcare practitioners 7. Demonstrate professionalism, a positive attitude, and befitting bedside manner in welcoming and assisting patients 8. Demonstrate introductory competency in written and oral communication skills with patients, colleagues, clinic staff and other healthcare providers
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Evaluation	Pass/fail depending on: <ol style="list-style-type: none"> 1. Satisfactory performance of roles and responsibilities 2. Achievement of objectives 3. Completion of one Case Conference Exam (CCE)
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Level III (440 Hours) Independent Practice

Level III internship consists of 440 hours of independent practice of acupuncture and oriental medicine under the supervision of clinic supervisor. Interns complete a clinical impression and oriental medical diagnosis, as noted in Level II internship, for concurrence by the clinic supervisor. A treatment approach is recommended for concurrence by clinic supervisor, after which acupuncture, or other modalities are employed to treat the condition. The clinic supervisor is not required to observe the actual diagnosis or treatment but must be near the location where the patient is being treated. Interns are required to consult with the assigned clinic supervisor before and after each treatment.

LEVEL III INTERN'S ROLE & RESPONSIBILITY	SUPERVISOR'S ROLE
<ol style="list-style-type: none"> 1. Perform patient intake. 2. Perform physical exam, patient diagnosis and treatment plan. 3. Consult with Supervisor prior to patient treatment. 4. Independently perform acupuncture treatment, herbal treatment, and other applicable modalities 5. Consult with clinic office staff to confirm patient appointment date. 6. Report immediately any problems or potential problems to the Supervisor. 	Review intern's diagnosis, treatment content, treatment plan, acupuncture, herb, tui-na, moxibustion treatment. Render final diagnosis and treatment plan to begin treatment. Stay near interns and Be available when interns need help or advice. Confirm the completeness of treatment and advice any recommendation as needed.

Objectives	<p>At the end of this level, students will be able to:</p> <ol style="list-style-type: none"> 1. Prescribe and provide acupuncture treatment, herbal prescription, and other treatment modalities 2. Perform procedures in the treatment of patient independently 3. Demonstrate mastery in acupuncture point location and needling techniques 4. Evaluate patient's condition for referral to other healthcare practitioners, and consult with them 5. Demonstrate professionalism, a positive attitude, and appropriate befitting manner to patients during the times in the clinic 6. Demonstrate fluency in written and oral communication skills with patients, colleagues, clinic staff and other healthcare providers
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Evaluation	Pass/fail depending on: <ol style="list-style-type: none"> 1. Satisfactory performance of roles and responsibilities 2. Achievement of objectives 3. Completion of one Case Conference Exam (CCE)
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PC700 Integrated Clinical Rounds (40-hours)

The final clinical phase of the DATM clinical practice consists of PC700 Integrated Clinical Rounds. This course provides integrated clinical experience for students as they observe under the guidance of clinical faculty. Students incorporate evidence-informed integrative practice into the clinical application. Students will obtain competency in collaborating and communicating with other healthcare practitioners. At the end of the 40 hours, students submit a patient case study. The case study with appropriate details will be discussed and presented during the grand rounds with faculty. Students will also be provided a case based learning session that included various instructors from Oriental Medicine and Western Medicine field, therefore students may gain better understanding of case management from western and oriental medicine perspectives.

STUDENT'S ROLE & RESPONSIBILITY	SUPERVISOR'S ROLE
<ol style="list-style-type: none"> 1. Observes the Supervisor in regard to the patient care, assessment and treatment. 2. Participate in the active discussion with the faculty from multidiscipline field and other fellow students. 3. Perform patient intake. 4. Perform physical exam, patient diagnosis and treatment plan. 5. Consult with Supervisor prior to patient treatment. 6. Independently perform acupuncture treatment, herbal treatment, and other applicable modalities 7. Consult with clinic office staff to confirm patient appointment date. 8. Report immediately any problems or potential problems to the Supervisor. 9. Design 1 case study reflecting their learning experience and achievement from the clinical hours 	<p>Review student's diagnosis, treatment content, treatment plan, acupuncture, herb, tui-na, moxibustion treatment.</p> <p>Render final diagnosis and treatment plan to begin treatment.</p> <p>Stay near interns and Be available when interns need help or advice.</p> <p>Confirm the completeness of treatment and advice any recommendation as needed.</p> <p>Provides clinical expertise regarding patient diagnosis and treatment in the clinical setting.</p> <p>Provide active discussion with the student.</p> <p>Provides evaluation to the students in meeting the learning outcomes.</p>

Objectives	At the end of this level, students will be able to:
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	<ol style="list-style-type: none"> 1. Provides integrated clinical experience through their clinical practice in AOM field 2. Incorporate evidence-informed integrative practice into the clinical treatments 3. Able to collaborate and communicate professionally with other multi discipline healthcare practitioners
Evaluation	<p>Pass/fail depending on:</p> <ol style="list-style-type: none"> 1. Satisfactory performance of roles and responsibilities 2. Achievement of objectives 3. Completion of one case study with oral presentation

DATM Case Study Guidelines

Each student is required to complete and submit one written case studies for each level of internship. The case study is designed to enhance the intern’s learning process. Students are warned that merely copying information from patient files is of minimal learning value. Students are encouraged to choose a patient that they have seen over 3 times and cases that are unique.

Preferable cases are exemplary as:

- Good examples of the application Oriental Medicine theory;
- Striking outcomes;
- Outcomes were questionable, leaving room for research and analysis.

Case study formatting is listed below:

- Summarize basic patient information without using the patient’s name or any other identifiers such as social security number. Briefly describe age, sex, occupation, medical history, chief complaint and any relevant western medical findings.
- Summarize OM’s Ten Questions. Show all positive & negative findings, if significant. (i.e.: no ear ringing; low back pain in patient complaining of polyuria)
- Record initial pulse and tongue readings. Note any changes as the treatment progresses.
- Western view of patient’s illness/injury. Outline the western medical understanding including Etiology of illness; diagnosis; physical assessments; and possible treatment protocols.
- Render OM Diagnosis including etiology and Explain how diagnosis was arrived at by specific elements of symptom/sign complex including pulse and tongue diagnosis, noting also any contradicting data.
- Describe treatment philosophy and plan conforming to Diagnosis: State the goal of treatment; choice of points and herbs explaining and defending your choices.
- Note patient progress: summarize patient progress over course of treatment. Note any unusual or significant changes or occurrences; note any changes in point choice, or in herb selection; explain and defend such change.

- Summarize and conclude: Include chief complaint and summary of progress to date. Assess the treatment and make conclusions and suggestion. Example: Explanation why this treatment was not effective, what other treatment options might be applicable, how many sessions will be needed more to see expected outcomes.

6. Student Evaluation

1) MSOM Program

The OMC's level performance evaluation assists students in achieving the most from his/her clinical experience while fulfilling curricular requirements. Progression through students' level depend on attendance, evaluations of clinic competencies, attitude and conduct. The design and purpose of the quarterly evaluations is to determine whether the student has demonstrated sufficient learning and clinical competence to the assigned Clinic Supervisor.

General Evaluation

All aspects of the students' learning and performance is assessed based on DULA's MSOM program educational objectives:

- Demonstrate an understanding of the theoretical and historical contexts of Oriental Medicine;
- Apply this understanding to accurately diagnose patients;
- Utilize bio-medical diagnostic methods and refer to other practitioners as appropriate;
- Competently plan, perform, assess and adjust acupuncture treatments for common conditions and patterns;
- Competently prescribe and modify herbal formulae for common conditions and patterns;
- Embody and advise on healthy lifestyle choices; and
- Identify, define and model best practices for professional success.

Including;

- Technical competence (i.e.: diagnosis, treating, herb preparation, cleanliness, room preparation, etc.)
- Administrative ability (i.e.: report preparation, appointment, and charting etc.)
- General attitude (towards others in the clinic, cooperation, tolerance, punctuality, appearance, etc.)

The assigned Clinic Supervisor will prepare and submit student evaluation. In addition to these general evaluations, the student is assessed through Mid-Curriculum examination that may include practical and written components, and Clinical Performance examination. These Exam are designed to test specific skill sets and competencies that are expected to be obtained in the internship.

Final Evaluation for Completion of Internship

At the end of clinical internship, each intern must have compiled the following:

- Total patient visits/treatments: 350 on patients log sheet
- Total internship hours: 960 hours on punch report
- Successful pass of 3 Case Conference Exam (CCE)
- CPR & First Aid card
- CNT Certificate

The Comprehensive Graduation Exam is the final method of evaluating didactic learning and clinical internship learning.

2) DATM Program

The OMC's level performance evaluation assists students in achieving the most from his/her clinical experience while fulfilling curricular requirements. Progression through students' level depend on attendance, evaluations of clinic competencies, attitude and conduct. The design and purpose of the quarterly evaluations is to determine whether the student has demonstrated sufficient learning and clinical competence to the assigned Clinic Supervisor.

General Evaluation

All aspects of the students' learning and performance is assessed based on DULA's DATM program educational objectives:

- Demonstrate an understanding of the theoretical and historical contexts of Oriental Medicine;
- Apply this understanding to accurately diagnose patients;
- Utilize bio-medical diagnostic methods and refer to other practitioners as appropriate;
- Competently plan, perform, assess and adjust acupuncture treatments for common conditions and patterns;
- Competently prescribe and modify herbal formulae for common conditions and patterns;
- Embody and advise on healthy lifestyle choices; and
- Identify, define and model best practices for professional success.
- Integrative diagnostic skills to provide effective patient care
- Familiarity with the contemporary community healthcare system
- Collaborate care with other healthcare professionals
- Developing and implementing systems and plans for professional development
- Assessing and integrating scholarship, research, and evidence-based medicine, or evidence-informed practice to enhance patient care and to support professional practice

Including;

- Technical competence (i.e.: diagnosis, treating, herb preparation, cleanliness, room preparation, etc.)
- Administrative ability (i.e.: report preparation, appointment, and charting etc.)

- General attitude (towards others in the clinic, cooperation, tolerance, punctuality, appearance, etc.)

The assigned Clinic Supervisor will prepare and submit student evaluation. In addition to these general evaluations, the student is assessed through Mid-Curriculum examination that may include practical and written components, and Clinical Performance examination. These Exam are designed to test specific skill sets and competencies that are expected to be obtained in the internship. The Comprehensive Graduation Exam is the final method of evaluating didactic learning and clinical internship learning. Student in DATM program is also required to successfully complete the 40-hours of PC700 Integrated Clinical Rounds.

Final Evaluation for Completion of Internship

At the end of clinical internship, each intern must have compiled the following:

- Total patient visits/treatments: 350 on patients log sheet
- Total internship hours: 1000 hours on punch report
- Successful pass of 3 Case Conference Exam and PC700 Case Study with oral presentation
- CPR & First Aid card
- CNT Certificate

7. Guidelines for Professional Conduct

MSOM and DATM Program Internship Clinic Hours

1. Students may register for a maximum of 4 shifts (160 hours) per quarter while taking didactic courses.
2. Level III Interns who have completed **all** didactic training may register for and complete up to 10 shifts (40 hours/week for a total of 400 hours) per quarter.
3. Students may complete internship hours during quarter breaks with the approval of the OMC Director. To be eligible, the student must have attended the mandatory clinic orientation session and completed all other requirements during the quarter. Students may complete a maximum of 80 hours of internship during any quarter break. Hours missed must be made up during the same quarter's vacation period – *not* after. Make-up hours are to be pre-scheduled and diligently completed.
4. Scheduled clinic hours/units must be registered. Students will not receive credit for clinic hours completed that are in excess of registered hours/units. Additionally, students will not receive credit for hours completed during shifts for which they are not registered, without written permission from the OMC Director.
5. The combining of more than one internship level during any given quarter is not allowed. For instance, if the student completes the Level II Internship during Fall Quarter, Level III Internship may not begin until Winter Quarter.

6. For DATM 40-hours of integrated clinical rounds, please contact program director and Intern Coordinator for more information regarding clinic hours and timeline management.

Attendance & Punctuality

It is vitally important that students view attendance at the OMC as they would at a job. The smooth functioning of the clinic, as well as maintaining good relationships with patients and building patient retention for follow-up treatments depends on intern attendance and punctuality. Please adhere to your schedule; any unavoidable changes to your shift schedules **MUST** be arranged by written petition with Intern Coordinator and approved by the OMC Director.

Students are expected to be on time for each shift. It is suggested that students clock in before the shift begins. Clocking in after the shift begins or before the shift ends will result in having to complete make-up hours at the end of the quarter. For example, if your shift is from 6-10 pm, you must clock in no later than 6:00 pm and clock out no earlier than 10:00 pm. The following schedule may be used to determine any make-up hours that may be needed. Time is cumulative for each quarter:

- a) 31-75 minutes late: Make up 2 hours
- b) 76-120 minutes late: Make up 3 hours
- c) Missing more than 8 hours due to tardiness or absence during any quarter may result in having to repeat the entire 40-hour shift.
- d) Every missed shift and each missed hour must be made up.

In case of absence due to illness or other such emergencies, it is the student's responsibility to inform the Intern Coordinator at the beginning of the day, as well as provide documentation (doctor's note, etc.) for the absence. Lack of attendance on a scheduled day without a phone call is an unexcused absence. Unexpected and excessive absences and lack of punctuality are factors included in the evaluation of each student. **Three unexcused absences may result in an "F" grade for the shift and no hours earned.**

Documentation of Clinic Hours Worked

1. Beginning Spring Quarter, 2017, all clinic hours attended must be documented by clocking in and out via fingerprint scan.
2. Students must clock out when going to lunch and returning for the afternoon shift. Lunch is not included in clinic hours.
3. Clinic internship / residency hours will be tallied and totaled electronically by the Intern Coordinator. All students should turn in their patient logs to the Intern Coordinator at the end of each quarter. These records become part of your permanent student file.
4. Credit will be given only for actual time logged in the clinic. For this reason, it is important that you arrange your schedule in such a way that clinic hours do not overlap with didactic/academic classes. Registration for didactic courses during the internship / residency 4-hour shift or vice versa will result in "F" grades for both.

5. Attendance at clinic orientation and internship meetings are mandatory. **Interns may not begin internship unless they have attended the mandatory orientations.** Attendance will be taken, and the latest updated information and important events will be discussed.

Professional Conduct & Grooming

As an integral part of the internship and residency process, students are expected to cultivate and maintain a professional appearance and demeanor, keeping in mind that at all times they represent the University and also the acupuncture profession. DULA Scrubs and/or white lab coat, with nametag attached, are expected to be worn at all times while working and regularly taken home for laundering. Clothing must be neat, clean, odorless, wrinkle-free and always presentable; grooming should be appropriate to the clinical setting.

DO'S	DO NOT'S
<ul style="list-style-type: none"> • Wear DULA scrubs • Wear socks/stockings • Wear shoes without holes • Tie back unruly hair • Tattoos that are offensive to patients and co-workers must be covered • Nametag must be worn at all times, and must be clearly visible 	<ul style="list-style-type: none"> • Flip flop sandals, heels higher than 2" • Chewing gum in the presence of patients • Long nails interfering pulse-check/needling • Facial piercings, stretched ear piercing • Rings of more than 2 per hand • Earrings of more than 2 per ear • Hats, caps, headgear • Excessive make-up • Excessive perfume causing strong odor

Designated "Theme days" attire will be allowed by approval of OMC Director. As health care providers in training, students are required by law to maintain clean hands and fingernails. It is a health precaution for both your patient and you. Please be noticed that this dress code will be strictly enforced; students who violate this dress code will not be allowed to have any shift for the day with warning and will be forced to drop the internship for the whole quarter upon third violation without refund of tuition. Also, it is important to exhibit and maintain professionalism during clinic internship and residency. Therefore, any apparel against professionalism of health care provider in training will not be allowed.

Misconduct

Students are required to comply with all provisions of the Program Catalog (MSOM / DATM). While in the OMC, students must also take care to avoid unbecoming, improper or unprofessional conduct, which includes the use of or residual effects of alcohol, and illegal

drugs. Students must also avoid making false or misleading statements to a patient for incurable disease such as cancer, AIDS, leukemia or coronary artery disease. In addition to the above, the following are considered conduct unbecoming of university standards and will be reviewed by the OMC Director accordingly: injury of a patient during any procedure; removal of a patient file from the OMC or any other illegal act, theft, or willful destruction of DULA property; falsification of clinic records, including both patient records and intern / resident requirements, as well as signing in for another intern / resident; falsification of a Clinic Supervisor's signature; refusal to treat or otherwise provide assistance to any patient; the use of unauthorized procedures, techniques or therapies; moral turpitude; representation of an intern as a licensed doctor; violation of the OMC dress code.

Malpractice Insurance

All students must ensure that they obtain malpractice insurance coverage, available from the main office for a flat fee before the start of each quarter. Students who do not obtain coverage will not be allowed to perform treatments in the OMC.

Sexual Harassment

The United States Equal Employment Opportunity Commission defines Sexual Harassment as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature." Such behavior is against the law. DULA is committed to creating a workplace for both its employees and its students free from sexual harassment so that all may enjoy their work. Sexual harassment has no place in any healing environment, and sexual harassment against a DULA employee, fellow student or patient will be considered grounds for dismissal.

Use of Clinic Time

Your clinic time is integral to the process of applied learning. Please avail yourself of knowledge to potentially be gained from every patient intake, observation and treatment. Studying in the intake room is not permitted, and students without scheduled treatments may either offer assistance to occupied students or study in the intern lounge, making themselves available for walk-in patients.

Observers in the intake room should participate fully in diagnosis of new patients, listening and asking questions when the case is discussed by the treating student and the Clinic Supervisor. Questions should be directed to the patient only once, initiated by the student assigned to the patient. Be sensitive about asking personal questions, and please show consideration to the patient by not talking amongst yourselves or working excessively on chart notes during an intake and diagnosis.

During downtime without patients, it is suggested that students discuss questions they may have on various topics with a free Clinic Supervisor, or help each other by practicing point

location or techniques, reviewing point or herbal selection strategies or studying through an area of weakness. Students are asked to please confine their discussions to the Intern Lounge or Conference Room, in order to keep the reception and waiting areas quiet and professional. Clinic Supervisors may neither fill out prescriptions for nor discuss the illnesses of students or their family members during clinic hours, unless that family member has made an appointment and is present in the clinic as a patient. Because of the time-pressure under which Clinic Supervisors are placed while in the clinic, students are requested to refrain from asking questions of Clinic Supervisors during clinic hours which are unrelated to immediate clinic function and necessity (e.g. concerning classroom courses).

Cell Phones, Pagers and other Electronic devices

Cell phone use by students in treatment rooms and hallways is strictly prohibited. Students are required to switch their phones off or into silent mode while on shift. All other Electronic devices are prohibited in examination or treatment areas unless Clinic Supervisor approves for clinical use only with patient consent.

Equipment

Students are required to purchase the following equipment upon enrollment in acupuncture techniques courses and is used throughout the internship. Equipment is to be maintained in excellent condition. The list of the instruments and supplies required by all students is as follows:

Level I (MSOM and DATM)

1. DULA scrub
2. Nametag
3. Stethoscope
4. Sphygmomanometer (manual)
5. Matches/lighter
6. Tweezer or Forceps
7. Ear acupuncture probe

Level II, III (MSOM and DATM)

1. DULA scrub
2. Nametag
3. Stethoscope
4. Sphygmomanometer (manual)
5. Matches/lighter
6. Tweezer or Forceps
7. Ear acupuncture probe
8. Small penlight/flashlight
9. Reflex Hammer
10. Portable container for storage of supplies

Smoking and Alcohol

Smoking/Alcoholic beverages are not permitted within the confines of the OMC. Students shall not consume other drugs that may alter the student's performance prior to working with patients.

Food and Beverages

Food and Beverages are to be confined to designated areas. Food and beverages are not permitted in examination or treatment areas.

Use of Lavatories/Restrooms

Always wash hands after visiting the lavatory/restroom following CNT protocols.

Bulletin Board Postings

The OMC regularly updates its bulletin boards with various important communications to students. No postings may be made or removed without appropriate authorizations.

Infractions, Incident Reports & Disciplinary Action

When a student is found to be in violation of any policy or protocol listed in this handbook, staff and Clinic Supervisors will file an incident report. The report will be forwarded to the OMC Director for review, investigation and action, and then the OMC Director will discuss the report with the student, who at that time will have the opportunity to explain and/or refute the alleged incident. The disciplinary action will be commensurate with the nature and severity of the infraction and may be influenced by prior history of infractions and /or recommendations by a Clinic Supervisor or staff member. If warranted, the OMC Director will refer the matter to the Executive Committee for further investigation, following protocols outlined in the Program Catalog.

The following guidelines may be used as the minimum disciplinary action for first/single violation of the infractions listed below. The disciplinary actions may include but are not limited to a loss of credit earned and/or any other actions deemed appropriate by the OMC Director. Repetitive or multiple offenses will result in more severe penalties, possibly including dismissal from the OMC. OMC also reserves the right to impose disciplinary actions for infractions that are not listed below. The following list exemplifies infractions that will result in disciplinary action including but not limited to failure of clinical internship, loss of credit, suspension and expulsion:

- Unauthorized treatment of patients, including but not limited to unauthorized chiropractic adjustments, unauthorized needling and/or herbal recommendations
- Treatment of OMC patients outside of the OMC or one of its supervised programs

- Fraudulent entry into the patient record, including but not limited to entering false data and failing to enter pertinent information
- Inappropriate dress and/or poor personal hygiene
- Failure to follow or carry out a Clinic Supervisor's recommendations or orders
- Failure to maintain patient records in the appropriate filing area in the OMC
- Failure to follow OMC policies and procedures
- Forgery of any document or instrument related to OMC activity
- Utilizing evaluation or treatment techniques that are not authorized in the OMC

Appeal of Disciplinary Judgment

See [Program Catalog](#) for description of procedures and the appeal process for disciplinary actions involving clinic internship / residency failure and other disciplinary actions.

8. Patient Treatment Protocol

Patient-Intern/Resident Relationship

Students are expected to protect patients' rights to privacy and confidentiality, following protocols outlined by HIPAA (for more detail please consult the [HIPAA Handbook](#)). This not only applies to patients' health and treatment but also all communications occurring between patient and intern/resident. Discussions with Clinic Supervisors and students regarding patients' health concerns often involves matters personal and sensitive to the patient. All such discussions must take place only in clinic areas where patient confidentiality can be protected. Students must also take all precautions to avoid any situation where a patient is completely disrobed without clinical justification. Patients must be enrobed appropriately during examinations and treatment. A patient may not be involved in case demonstrations involving students without the patient's full and informed consent. Both Clinic Supervisors and the OMC Director maintain oversight over such issues and are obligated to take disciplinary action when necessary.

Unassigned, non-observing and non-treating students may not be present in the treatment room to observe either the treatment, evaluation or examination of patients without the patient's full and informed consent. All clinical case demonstrations and observations shall be scheduled and conducted by Clinic Supervisors.

During the treatment process, patients must not be left alone in the treatment room. To monitor treatment and to protect the patient, at least one intern must be present at all times.

No Fraternization Policy

Relationships between students and members of the OMC must be maintained within acceptable professional and ethical boundaries. Students are prohibited from dating or engaging in any intimate and/or sexual activity with their assigned patients and with any patient or staff member of a DULA affiliated outreach activity or program. Students violating this policy will be removed and/or excluded from the DULA activity or program.

Appointments

Students are encouraged to refer prospective patients to the OMC to take advantage of its quality care and affordable rates. The Intern Coordinator schedules patients to Clinic Supervisor who has specialties related with patients' complaint. Both the Intern Coordinator and the Clinic Receptionist book all patient appointments and Students are not allowed to book appointments for patients; the Intern Coordinator keeps the front desk informed of all students' and Clinic Supervisors' schedules to aid patients who wish to receive treatment by a specific student or Clinic Supervisor.

Patient Management

Once the DULA OMC Staff (Receptionist) has prepared a patient's file, the staff will call the student's name. The student will then proceed to the front of OMC Pharmacy front desk to receive the patient's file and then greet the patient that he/she is assigned.

Students are not allowed to enter OMC Pharmacy room unless permitted by the OMC staff and/or Clinic Supervisor. Students may ask permission to OMC staff and/or Clinic Supervisor at any time to enter the OMC Pharmacy if they need to, for example if the students need to check the current stock of herbs that the OMC has. In case when students need to request to use OMC equipments (such as acupuncture needles, moxa, E-stim, guasha, cotton balls, hand gloves, alcohol swab, etc), they may request with the OMC staff in charge in front of the OMC front desk for assistance.

After greeting a new patient and introducing themselves, students are expected to provide the patient with a brief explanation of the intake/diagnosis procedure. Follow-up patients should be acknowledged in the waiting area; this is particularly if a student is behind in schedule, to ensure that the patient is able and willing to wait. If a student is more than 15 minutes late to the call or not responding after 3rd call from front desk, his/her patient will be assigned to another student. Scheduled patients have priority over walk-in patients, but if a patient is more than 20 minutes late for an appointment, students should check with the Receptionist to determine whether the patient may still be seen that day.

Patient Consent

Prior to treatment, Clinic Supervisors and students shall confirm that the patient has signed all informed consent forms. Patients may not be treated at DULA OMC unless all required consent forms are signed.

Patients' Right to Refuse Treatment

When advising patients of the proposed course of treatment and the various possible clinical protocols involved, Clinic Supervisors and students shall respect any patients' right to reject treatment of any or all procedures and/or protocols. Should the patient refuse part or all of the proposed treatment, the student must document such refusal in the patient file. In any event, the patient is entitled to be fully informed of the diagnoses, examinations and any health care outcomes assessed by the Clinic Supervisor or student, who are obligated to clearly and thoroughly inform and explain proposed treatment protocols along with potential risks prior to initiating treatment.

Patient Check-Out & Follow-up

Once a treatment is finished, the student must ask assigned Clinic Supervisor about follow-up plan and escort the patient to the front desk for check out and schedule follow-up visits, as recommended by Clinic Supervisor. Students are responsible for cleaning up the treatment room and any equipment used during the patient visit following each treatment.

If a patient fails to keep a scheduled appointment, the student assigned to that patient must inform the OMC front desk. The OMC front desk staff may either request the student to call the patient or make the call themselves to determine if the patient is all right and whether or not he/she wishes to re-schedule.

Clinical Records Policy

All patient files, including chart notes, exam results, x-ray films, test results and narratives, are the property of DULA and are protected by patient confidentiality laws and regulations. Copies may be provided to the patient or other authorized recipient only after properly executed forms are submitted according to due process (see [HIPAA Handbook](#)). Note that HIV-related information is not covered by standard record release authorizations; separate and distinct authorization is required to release HIV information.

Clinic Supervisors and students must maintain accurate, detailed and thorough documentation and charting within patient files. Adequate charting accurately and legibly documents a patients' progress throughout the treatment course. All documents in the patient file shall indicate the date of treatment, treatment protocols utilized, student name and Clinic Supervisor name. White out should never be used to correct errors; all errors should be neatly drawn through with a single line and initialed.

After treating a patient, charting and obtaining a Clinic Supervisor's signature, the student must return their file to Clinic Receptionist or Intern Coordinator. Strict compliance with this

procedure secures patient privacy and limits the legal liability of lost files. If a patient's file is needed for case discussion or case study preparation, a student may request the file from the Intern Coordinator who will record the date and time the file was taken out, and by whom.

Unless the patient authorizes and consents in writing, patient files or copies of such may not be removed from the OMC. Copies of patient files may be forwarded pursuant to request made by a duly authorized health care provider or to request by legal authority. The OMC Director shall be primarily responsible to approve all requests for copies of patient files and to ensure payment for such copies is received. Unauthorized removal or transmission of any original or copies of patient records is prohibited and will be considered a violation of clinic policy, potentially resulting in disciplinary action.

Clinical Records Keeping Procedure:

1. Patients check in on sign-up sheet by writing their name and time in presence of the appointment time.
2. After, the receptionist pulls out the patient file from fire-resist cabinet in herbal dispensary, and hand over the file to student for intake.
3. After the treatment, the student returns the file to receptionist, and receptionist put the file in the last drawer of cabinet.
4. At the end of shift, Clinic Supervisors come to herbal dispensary and pull their patient files for final check.
5. If all the patient files have both student and Clinic Supervisors' signature and completed, the receptionist returns it to the cabinet where it belongs.
6. The patient file is arranged in alphabetic order.

Treating Patients

Students may not alter, modify or otherwise in any way change the Clinic Supervisor approved treatment protocols and herbal prescription. In the event that a student alters, modifies or otherwise changes the approved treatment protocol or herb prescription, disciplinary procedures may be imposed on such student up to and including disqualification of internship hours for one quarter and dismissal from DULA.

Prior to treatment, patients must be examined. Further examinations must be conducted to assess patient progress. A final examination is required in order to discharge the patient from OMC care. Treatments may not vary from established clinical practice of the acupuncture and Oriental medical practitioner community in California. Treatment modalities that are within the acupuncture and Oriental medical practitioners' scope of practice pursuant to California law are currently: electro-acupuncture, acupressure, cupping, indirect moxibustion, oriental massage (Tuina), breathing techniques, exercise, nutritional counseling, heat lamps, hot/cold therapy, herbal formula and patient informal counseling.

Referring Patients to Other Health Care Providers

Patient referral to other health care providers shall be made only by Clinic Supervisors when it is determined that the patient requires care that is outside the scope of practice of a licensed acupuncturist. In the event the patient is referred to another health care provider, the Clinic Supervisor must document the recommended referral in the patient's file. The Clinic Supervisor must record the health care provider's name and contact information if available.

Treating Students

Students may receive treatments during clinic hours for which they are not assigned intern duties. An exception may be made if a student is not feeling well during clinic hours and would prefer to receive treatment. He/she may then do so after clocking out of the clinic and checking with the supervising doctor and the OMC front desk.

Teaching Clinic

Patients are aware that the OMC is a teaching clinic. Observers should at all times be able to enter treatment rooms and follow patient treatments. Students must inform OMC front desk staff if a patient object to being observed by students. Clinic Supervisors may request an exception to student presence in the treatment room if requested by the patient. Limitations of student presence may include minimizing the number of students in the treatment room at one time or patient preference of the gender of the student(s). Students must be sensitive to the requests and emotional needs of the patient.

Herbal Prescriptions

Herbal prescriptions are filled either by the Intern Coordinator, Herbologist, an observing intern, resident or Clinic Supervisor. An herbal formula sheet must be completed before the prescription is filled, and Clinic Supervisors must approve all herbal prescriptions by signing both the prescription sheet and the patient chart. Herbal prescriptions written by non-affiliated practitioners cannot be filled through the OMC Herbal Dispensary. Students must inform the patient of the cost of herbal formulas before they are filled.

Raw herbs should be placed in the provided bag, with the patient's name and date of prescription clearly written on the front of the package; total cost to the patient should also be noted. It is the student's responsibility to explain to the patient how to take their prescribed herbs. If the formula is meant for external use only, this must be marked clearly, in red, on the bag. If the formula is in the form of a prepared herb pill, a label must be affixed to the pill container that includes the following: patient's name, date administered, indicated dosage. This information must also be listed in the patient's chart. Leave all prescriptions at the receptionist's desk. Patient will be directed to pick-up their herbal prescription after making payment. Do not give herbs directly to the patient.

Herbal Housekeeping

Students must assist the Intern Coordinator in keeping the herb drawers full. Herbs may be restocked from bins inside the storage room adjacent to the Herbal Dispensary. Empty or near-empty supplies are to be noted on a re-order list. Students are also responsible for keeping the herbal dispensary table, herbal and file cabinets, floor and all adjoining areas clean and orderly. Students may be called upon to prepare herb samples for classes and to assist the front desk or the Intern Coordinator if requested.

Referring Patients to Herbal Emporiums and External Pharmacies

Referring patients to other pharmacies for filling herbal prescriptions may raise legal issues. Because the herbs were prescribed by the OMC if the patient experiences any adverse reaction, DULA may have legal liability. It is therefore against DULA policy to refer any patient, in person or over the phone, to any non-DULA herb store.

Herb Return Policy

Students must inform the patient of the approximate cost of herb formulas **before** filling the prescription. Since herbal formulas (raw and powdered herbs) are custom prescribed they cannot be reused. Therefore, the OMC maintains a no return policy. It is recommended that if a formula is being given to a patient for the first time, initially prescribe a smaller amount. If the patient does not experience adverse reactions to the herb formula(s), he/she may obtain a larger refill at his/her next visit. Patients who are to pick up herbal formulas must be requested to pay in full and in advance for the herbs.

Patient Rights & Responsibilities

OMC students and Clinic Supervisors must ensure the following patient rights are upheld:

- Impartial access to care, irrespective of race, gender, religion or national origin
- Respectful and considerate care in an environment that permits reasonable privacy
- Request to have another person present during examination and/or treatment
- Complete, current information concerning his/her diagnosis, treatment and prognosis
- Informed consent regarding procedures, risks and alternatives
- Prompt and reasonable responses to questions and requests
- Refusal of treatment, except as otherwise provided by law
- Know the identity and professional status of the individuals providing service, and to know who has primary responsibility for coordinating his/her care
- Reasonable safety within a health care environment
- Expectation that all communications and records pertaining to his/her care will be subject to appropriate confidentiality
- By fully advised of and accept or refuse to participate in any research project and/or experimental procedure(s)
- Examine and receive an explanation of charges for services rendered
- Express grievances regarding any perceived violation of his/her rights, through the institution's grievance procedure, to appropriate regulatory agencies

Patient Grievance Policies and Procedures

These policies and procedures are intended to provide a mechanism for responding to and resolving patient complaints and allegations. All written complaints or allegations by a patient (or his/her legally recognized advocate) regarding his/her handling or treatment by DULA, or made more specifically against a DULA student, Clinic Supervisor or clinic staff member must be forwarded to Intern Coordinator, Clinic Supervisor and/or OMC Director.

Resolving complaints through informal patient interaction with the Clinic Supervisors or staff is encouraged. When such conversations fail to produce satisfactory resolution, or when the complaint involves unprofessional or unethical behavior, or when the complaint is made in writing, the OMC Director must be informed.

The OMC Director shall respond in writing to all written complaints or allegations. When indicated, the OMC Director shall forward information regarding the patient's complaint or allegation to Executive Committee for appropriate action. For each written complaint, the OMC Director will retain for at least one year a file consisting of the complaint or allegation, any investigation notes and associated documentation, the written response and any other related correspondence.

Care of Minors/Parental Consent

A parent or guardian must provide written consent for the evaluation or treatment of any patient under the age of 18.

Patient Confidentiality

All information obtained about the patient must be held in the strictest confidence, including case history, interviews, patient records or verbal interactions. Discussion with the Clinic Supervisor and/or student is necessary. However, discussions about individual cases in the clinic should be limited. Patient information should never be shared with other patients. Students are responsible for their patient's file during the clinic shift. Files will be signed in and out by the student to ensure that the whereabouts of every patient chart is known. Patient names or other identifiers may not be used in case history presentations or in clinic notebooks. Patient initials may be used in place of names in order to identify individual cases.

Patient Gowning and Draping

Prior to undergoing examination, patients should be instructed to remove all clothing except undergarments, if necessary, for the examination, and to wear an examination gown with opening to the back or front. Areas receiving treatment must be exposed to allow direct visualization of needles. Patient draping is essential when palpating and/or needling sensitive, private areas of the body such as the abdomen, and near the breasts, buttocks or groin areas.

In cases of males treating females and females treating males, particularly when palpating or needling private body areas, a Clinic Supervisor or fellow intern should always be present.

9. Patient Treatment Costs

Standard Fees

All students must be fully informed of the cost of treatments to be rendered. Some insurance plans may be accepted for full or partial payment for services rendered at the OMC which include Worker’s Compensation, Medi-Cal and some managed care plans. Patients are responsible for payment for all uncovered services, including deductibles and co-payments. Patients will be given payment receipts that they may submit to third parties for reimbursement. Payments are to be received only by the front office staff person authorized to receive patient payments.

Discounted Rates

Special treatment rates are offered to the following groups: seniors (65+), low income patients, current active (must registered for 6 units minimum) DULA students and their immediate family. Table below is current service fee effective July 15, 2019:

ACUPUNCTURE TREATMENT	BY INTERN		\$ 30. ⁰⁰
	BY RESIDENTS		\$ 35. ⁰⁰
	BY CLINICAL ACUPUNCTURIST		\$ 35. ⁰⁰
	BACK AND FRONT ACUPUNCTURE		EXTRA \$ 10. ⁰⁰
	BY SUPERVISOR ONLY		\$ 75. ⁰⁰ & ABOVE
	COSMETIC ACUPUNCTURE (BY PROFESSIONAL)		\$ 150. ⁰⁰ & ABOVE
INITIAL CONSULTATION	BY INTERN		\$ 30. ⁰⁰
	BY RESIDENT / SUPERVISOR / CLINICAL ACUPUNCTURIST		\$ 50. ⁰⁰
CONSULTATION ONLY	BY INTERN		\$ 20. ⁰⁰
	BY RESIDENT / SUPERVISOR / CLINICAL ACUPUNCTURIST		\$ 40. ⁰⁰
ADDITIONAL MODALITIES	TUINA MASSAGE (30 MIN. MAX.)	BY INTERN	\$ 10. ⁰⁰ / 10 MIN.
		BY SUPERVISOR	\$ 30. ⁰⁰ / 10 MIN.
		ADD GUASHA	EXTRA \$ 10. ⁰⁰
	ELECTRICAL STIMULATION		\$ 10. ⁰⁰
	MOXA (HEAT THERAPY)		\$ 10. ⁰⁰
	REGULAR CUPPING		\$ 10. ⁰⁰

	FIRE CUPPING		\$ 10. ⁰⁰	
	AURICULOTHERAPY (EAR SEED)		\$ 5. ⁰⁰	
HERB	TABLET		\$ 22. ⁰⁰	
	CAPSULE		\$ 30. ⁰⁰	
	POWDER		\$7. ⁰⁰ / DAY & ABOVE	
	RAW		\$10. ⁰⁰ / DAY & ABOVE	
	DECOCTION (BOILING)		\$ 250. ⁰⁰ & ABOVE	
DISCOUNT INFORMATION	ACUPUNCTURE	BY INTERN	SENIOR (ABOVE 65)	\$ 25. ⁰⁰
			LOW INCOME (UP TO 64)	\$ 20. ⁰⁰
		BY RESIDENT	SENIOR (ABOVE 65)	\$ 30. ⁰⁰
			LOW INCOME (UP TO 64)	\$ 25. ⁰⁰
	DULA STUDENT / ALUMNI / STAFF / FAMILY		\$ 15. ⁰⁰	
	HERBS	TABLET		\$ 15. ⁰⁰
		CAPSULE		\$ 21. ⁰⁰
DOCUMENTATION FEE	PAYMENT HISTORY		\$ 20. ⁰⁰	
	MEDICAL RECORD		\$ 20. ⁰⁰	
	MEDICAL RECORD AND PAYMENT HISTORY		\$ 30. ⁰⁰	
	MEDICAL RECORD, PAYMENT HISTORY AND FAX		\$ 35. ⁰⁰	
	RETURNED CHECK PENALTY		\$ 25. ⁰⁰	
	*PROCESSING TIME: 6 BUSINESS DAYS			
ORIENTAL MEDICINE DIAGNOSIS FEE	EXAMINATION AND ANALYSIS		\$ 50. ⁰⁰	

DISCLAIMER:

- Discounts are only applicable for acupuncture treatment and pill / capsule herb
- Proof of document for low income must be updated annually
- Students must be enrolled in the current quarter with at least 6 units registered
- Student family members must be direct (Spouse, Parents, Children, Siblings)
- Additional modalities are not provided without acupuncture treatment
- Approval of supervisor / clinical acupuncturist is required for additional modalities

* All information may be changed by DULA Oriental Medical Center (OMC) at any time without prior notice or explanation to the customer.

For more information regarding patient treatment costs, please contact DULA Oriental Medical Center (OMC) directly at 213-487-0150.

10. Charting and Clinic Procedures

The patient chart is a legal document, serving as validation and record of services rendered. It also tracks and monitors the patient's condition over time, including written record of treatment followed, and the patient's response to that and past treatments. Inadequate charting may lead to inadequate treatment or poor documentation of treatment rendered, leaving the OMC and its Clinic Supervisors liable should the charts be used in legal proceedings. Therefore, it is in both the patient's and DULA's best interest to render the best possible service with the maximum amount of information. In order to ensure proper documentation, both the information sheet and intake sheets have been designed to assist you in your clinical work. Any suggestions for improvement will be welcomed by the OMC Director.

In addition to providing medical and legal records of treatment, the patient chart may be necessary to communicate information to other health care providers. All involved practitioners may use the patient's record of treatment to monitor the patient's progress, therefore accuracy, legibility, clarity and completeness are essential.

Since patient records are confidential and legal documents it is required that they be maintained securely; the proper maintenance of these documents cannot be understated. Patient records may not be copied, photographed or otherwise reproduced, and they may not, for any reason, be removed from the OMC. The inclusion of patient names into student notebooks or charts is not permitted and students should identify the patient by his/her initials only. Compromising the security and confidentiality of patient files is grounds for dismissal from the OMC.

Range of Treatment

Upon arriving at the clinic, patients will be given standard medical forms that will assist the student in his/her understanding of the patient. Students must carefully review all information provided and ensure that the patient has responded to all items. Pursuant to DULA's malpractice insurance policy, only patients who sign the arbitration agreement will be seen and treated.

Charting Styles

There are two main types of charting styles:

General

Overall findings including patient progress, patient complaints, pulse, tongue, treatment plan, treatment used and results.

Specific

“SOAP” note protocol. This is used to identify the patient’s statements, observations by practitioners, findings and treatment. This is usually referred to as S.O.A.P. charting which stands for Subjective, Objective, Assessment and Procedure/Plan.

- **Subjective:** Described by the patient; their reported symptoms as well as their self-appraisal should be quoted in their own words. Both positive and negative symptoms should be recorded. The response to treatments is also recorded in the patient’s own words. Example: S (Subjective) - “I sleep a lot,” “I get out of breath easily,” “lately I feel very tired,” “my hands and feet are always icy cold,”
- **Objective:** Clinical signs obtained through observation, assessment or palpation by the student. Any pertinent medical test results supplied by the patient should be noted here. Example: O (Objective) - Dark circles around eyes, yawning, sighs frequently, cyanotic fingernails, pulse: weak and thready; tongue: pale.
- **Assessment:** Conclusions reached based on observation, inquiry, palpation and other assessment tools and based on patient response to treatment and recommendations. Example: A (Assessment) - Deficiency of kidney Qi. Deficiency of Lung Qi.
- **Procedure/Plan:** This is a notation of the treatment plan and specific therapeutic intervention performed and plan for follow up visits, including patient education and treatment plan. Example: P (Procedure/Plan) - Energize and Tonify LU1, LU7, K3, SP6.

DULA’s OMC uses the “Specific” charting format with the SOAP notes protocol. All charting and comments listed in the patient’s charts are to be written in English. There will be no exceptions. To maintain clarity and legibility, charting must be done in black ink. Students are reminded that before any treatment can be initiated the Clinic Supervisor must initial the patient’s chart indicating his/her approval of the proposed course of treatment.

Because patient files are medical records and legal documents that serve as evidence of services rendered, the following guidelines are to be followed during every intake:

- All written entries should be charted in black or blue ink
- All entries must be clearly dated using the month, date and year
- Record all data collected from and about the patient
- Be certain that entries are not ambiguous and can be clearly interpreted
- Record ALL recommendations made to the patient, including diet, herbal, exercise and life-style recommendations
- Document any mishaps or unusual occurrences such as fainting, moxa burns or bruising from needles or cupping by completing an Incident Report Form as deemed necessary by the Clinic Supervisor
- Document any referrals made to other health care practitioners or physicians, the reason for the referral and the date of the referral
- Document any phone calls or other pertinent interactions with the patient, including content of the communication, date and time
- Document evidence of patient non-compliance

- NEVER destroy or replace a prior record. To correct a notation, draw a single line through it, allowing it to remain readable, and complete the correction as necessary, finishing with your initials and the date.

Patient Intake Procedures

The patient intake is the most important tool for assessing a patient's condition and to deliver a meaningful diagnosis. The patient intake form is comprised of questions regarding all aspects of a patient's health. Vital signs are an important part of the intake and must be taken and documented. Student should understand the purpose of the questions and be efficient in gathering information. An effective treatment depends on a thorough intake. For returning patients, the student must review the patient's record thoroughly. Observing interns must only observe the treating intern and/or Clinic Supervisor as he/she asks questions of the patient and wait until invited to ask any questions.

Formulating Diagnoses

Once all relevant information has been gathered and assessed by the student, he/she will present the case to the Clinic Supervisor who will then accompany the student to re-examine the patient and review the findings. A diagnosis, treatment principle and treatment plan will have been formulated by the student and reviewed by the Clinic Supervisor. The internship level and competency of the student will determine the extent and nature of the Clinic Supervisor's input.

Treatment Plan

The treatment plan is a natural extension of the diagnosis. Once the student and Clinic Supervisor have agreed upon a treatment plan, the student may begin the treatment. A treatment plan that has been approved may not be altered in any way without the express written approval of the Clinic Supervisor. All changes and additions must be indicated on the intake form. Never erase anything, and never, ever use white-out on a patient chart. Mistakes are to be neatly lined through so as to be visible, with initials and the date written to the side of the correction. Students operate under the Clinic Supervisor's acupuncture license and are therefore obligated to follow his/her instruction. In the event of unauthorized additions/changes, written warnings will be issued, and no credit will be granted for that treatment.

Needle Count

Accounting for every needle used is essential for patient safety. It is critical that students count the number of needles inserted prior to leaving the patient to rest. When removing the needles after the treatment, the number must coincide with the number indicated on the intake form. Keeping an accurate needle count ensures that you will remove each needle and prevent the patient from leaving the table with a needle in their body since it is possible to overlook a needle has been inserted in an obscure location or has broken.

Patient Comfort

Once the patient has rested for approximately 10 minutes, the student should check on his/her comfort. Patients at times may move and disrupt a needle position, creating significant discomfort. A heat lamp can also create discomfort from either insufficient or over abundant warmth; it is important to ensure heat lamp settings are optimal and safe before leaving the room. Lighting should also be adjusted for optimal comfort. Before leaving the patient, students should be sure to ask if they have any additional needs that can be met in order to best promote their ability to relax and enjoy the treatment. Needles are typically retained from 12-20 minutes and should not be left in the patient longer than 30-40 minutes. It is the student's primary responsibility to manage his/her time when treating patients.

11. Other Policy

Guest Speaker Policy

The OMC may at times approve guest speakers who are competent or have expertise to address various academic and clinical practice subject matter at intern training lectures. Guest speakers are approved based on the following guidelines. The topic must be relevant to the clinical internship or clinical coursework practice description and objectives as detailed in OMC Handbook. The content of the presentation must be consistent with DULA's mission statement and DULA's program educational objectives. And, there must be reasonable expectation that the guest lecturer will demonstrate appropriate professional respect for colleagues, DULA and its constituents. The lecture must be feasible within the schedule and resource limitations of the clinical internship level. Acupuncture or other techniques taught and/or demonstrated by guest lecturers are not approved for use in the OMC unless part of DULA's curriculum.

Transfer Student Policy

The following procedures and requirements apply for all students who may have clinical internship experience at a prior institution and are transferring to DULA:

- Orientation: attendance is mandatory for all transfer students prior to entering clinical internship.
- Level Exam: transferring students must complete level entrance requirements including Level Examination.
- CPR & First Aid Card: A valid CPR and First Aid card must be submitted to participate in clinical internship.
- The DULA/CNT (Clean Needle Technique) Certificate must be presented to participate
- Evidence of prior successful completion of clinical internship from Program Director.
- Prerequisites: transfer students should consult with program directors for completion of prerequisites before applying to clinical internship.
- Satisfactory of English Language Proficiency (please refer to program catalog for more information).

Externship Policy

DULA doesn't accept any externship other than DULA provides.

Student can apply for DULA's externship program and it may be credited to his/her internship. DULA's externship program is equivalent to DULA's internship regarding clinic procedures, treatment protocols, and student's performance evaluations. DULA OMC Clinic Supervisor will be assigned and supervise all clinical activities including diagnostic procedure, acupuncture treatment, herbal treatment, and patient management. Students must check in / out at DULA OMC via fingerprint scan. All other DULA's internship procedure including Intern's learning notes, patient log sheet, intern evaluation, and case study will be applied to the externship program equally.

Externship manual at AIDS Health Foundation (AHF) Healthcare Center at Hollywood Presbyterian Medical Center:

1. Training Plan:

Dongguk University Los Angeles has established an externship program to provide for our students the following:

- a. The opportunity to observe and treat a variety of conditions.
 - b. To learn patient management and treatment methodologies in a real-life clinic at a major university.
 - c. To have the opportunity to introduce acupuncture to AHF patient population.
 - i. Date of Externship Program: From November 2017; and ongoing.
 - ii. Names and license numbers of the Clinic Supervisors at the clinic: Please contact OMC Director at omcdirector@dula.edu
 - iii. Length of time the student will be participating at the externship clinic: Minimum of 40 hours per quarter and up to a maximum of 200 hours total per each student.
 - iv. Identify the entire spectrum of clientele that the students will be treating at the clinic: A wide spectrum of clientele including teenagers, adolescents, adults and seniors.
 - v. How many patients, per week, will the students be treating: Each student will treat about 10 - 12 patients per week.
 - vi. Number of students involved in externship training: Two to Four students per afternoon (2pm to 6pm) of once a week.
 - vii. Patient chart management: Use EMR or computerized patient chart provided at the AHF.
2. How will the training provided by the Externship Program Clinic Supervisors be monitored by the Acupuncture Board-approved school:

The training provided by the externship program Clinic Supervisors is monitored by the acupuncture board-approved school in the following ways:

- a. The students will evaluate the training provided by the externship program and the Clinic Supervisors by filling out the appropriate evaluation forms.

- b. The externship program Clinic Supervisors will fill out timecards for students that were present and on time.
 - c. DULA will conduct routine checks of the externship program. Students will be directly supervised by DULA Supervisory personnel for the full duration of the program.
 3. How will the training provided for the students be monitored by the Acupuncture Board - approved school:
 - a. Evaluations forms
 - b. Timecards
 - c. Routine Checks
 - d. Direct supervision

12. Safety and Emergency Procedures

Cardio-Pulmonary Resuscitation (CPR) & First Aid

Attendance and successful completion of a CPR & First Aid class is mandatory for all students. DULA hosts a CPR & First Aid class regularly or students may choose to go through an external certification service so long as they are Red Cross or American Heart Association certified. The cards given after successful course completion are a requirement for students entering the clinic. It is the student's responsibility to maintain current CPR & First Aid Certifications. It is a requirement for internship and/or clinical training at the OMC and required to sit for California Acupuncture Licensing Exam.

Positioning your patient

The patient should always be placed in a comfortable position that can be maintained for the length of the treatment. Elderly or handicapped patients may need assistance getting on and off the treatment table. Children should never be left unattended during treatment. Always ensure that the patient is comfortable before leaving the treatment room. After needles have been inserted all patients must be checked regularly at intervals. Students should show special concern towards those who are oversensitive or nervous.

Depth of needle insertion

In order to avoid causing injury to the patient, students must pay close attention to the direction and depth of the insertion according to major acupuncture texts, variations in body proportions, and your Clinic Supervisor's instructions.

Stuck needle

Never insert a needle up to the handle. Explain to the patient the necessity of lying still while undergoing acupuncture. If a needle is stuck due to a muscle spasm ask the patient to relax and massage gently around the point, after which needle should remove easily. If the needle is still stuck, needle nearby to relax the spasms muscle. If the needle is entangled in fibrous tissue turn it slightly to the opposite direction until it becomes loose, then withdraw. Students always can ask Clinic Supervisor for help.

Broken needles

Always check the needle prior to treatments. The student should remain calm while advising your patient to relax and not to move. Contact a Clinic Supervisor or OMC Director immediately. If the entire needle is under the skin, do not allow the patient to move, and immediately seek appropriate medical care or call 911.

Needlestick

Needlestick or Other Exposure to Bloodborne Pathogens, per CDC guidelines & CNT 7th edition;

1. Immediately & thoroughly wash affected area with soap and water
2. Flush splashes to the nose, mouth, or skin with water
3. Irrigate eyes with clean water or saline (in the Intern Room)
4. Report the incident to your Clinic Supervisor & file an incident report
5. Immediately seek medical advice from a licensed physician as soon as possible

Note: Several studies indicate PEP (post-exposure prophylaxis) should be started within 2 hours if the level of exposure warrants. As soon as possible after exposure (within 24 hours) baseline tests for HIV, HBV, and HCV should be conducted. Periodic follow-up testing is recommended. The CDC provides an HIV PEP treatment hotline if questions about treatment or advice are needed. Call 888-448-4911, if desired.

Note: Students must obtain medical evaluation and testing for the above exposures.

Fainting

Signs and symptoms: dizziness, vertigo, oppressive feeling in chest, pallor, nausea, palpitation, cold extremities, cold sweating, weak pulse, loss of consciousness, hypotension and shock.

Causes: Nervous tension, fatigue or extreme weakness of the patient, hunger, forceful manipulation resulting in excessive stimulation.

Management: Remove all needles immediately; Contact your Clinic Supervisor or OMC Director immediately. Allow patient to lay flat and elevate feet (to allow increased blood circulation to the brain). Offer the patient warm water. If the patient is having trouble in breathing contact your Clinic Supervisor or OMC Director immediately (always observe the facial color and expression). If symptoms continue, call Emergency Medical Assistance (911).

Electro-Stimulation

Use only AC current electrical stimulation. The level of electro-stimulation should never approach the level of pain. Electro-stimulation should not be applied from one side of the chest to the other (front to back or side to side) because it may interfere with the action of the heart muscle. Electro-stimulation should also not be applied crossing the spine (from one side to another side) on the back. Electro-stimulation should avoid “implanted cardiac device and pacemaker”.

Moxibustion

Be aware of your patient’s heart condition, especially with elderly patients or those with nerve damage or diabetes. If a patient has been burned, contact the Clinic Supervisor. Do not apply moxa for hot, febrile diseases, nor those with neuropathy. Be cautious about the use of moxa on the abdominal area during pregnancy.

Hand Washing

All students must scrub wash their hands with soap under a stream of warm running water before and after performing acupuncture on every patient and whenever your hands become contaminated. Other methods of cleaning the fingertips prior to the insertion of the needle may be used. Using alcohol or antimicrobial hand cleaners such as Purell are acceptable.

Biohazardous Material Disposal

Students must immediately isolate and dispose of used and unused loose needles. Each treatment room has designated biohazard receptacles (sharp containers) that are intended for needles and other sharp implements. Before removing needles, roll the cart close to the table to reduce handling time of the needle. Be sure that the biohazard or sharps container is securely placed on the cart to avoid potential destabilization of the biohazard receptacle. When the biohazard receptacle is near or at 3/4 full, the student must promptly notify a Clinic Supervisor, the OMC Director or Intern Coordinator.

According to OSHA regulations a used acupuncture needle is considered a contaminated sharp. All needles that have been used for treating must immediately thereafter be placed in the sharps container, not the waste basket, treatment tables, clean field or treatment room floor. Because this is so integral to ensuring the safety of patients, students and staff (particularly cleaning staff) we will repeat: **ALL USED NEEDLES ARE TO BE PLACED IMMEDIATELY IN THE SHARPS CONTAINER.**

Contaminated signifies either the presence of or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface. Contaminated sharps therefore by definition include any contaminated object that can penetrate the skin. This includes, but is

not limited to, acupuncture needles, seven star and other cutaneous needles, lancets, etc. All contaminated needs must be placed immediately in a sharp container.

Please note that if a needle has been used to treat a patient, once its' package has been opened it is no longer considered to be sterile. It is a violation of CNT, OSHA policy and OMC policy to use unsterile needles on patients; they should be disposed of in the sharps container as if they were contaminated.

All cotton balls used to prepare acupuncture points may be discarded in the trash can, unless they met blood, in which case dispose of them in the biohazard trash can available near the standard waste bin. Never place cotton balls in a sharp container.

Clean Needle Technique

Students must show proof of successful completion of the Clean Needle Technique (CNT) and safety course (WM210) offered by DULA prior to entry into the OMC. The knowledge and skills gained in this class must be part of the student's day-to-day DULA clinic practice.

The Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) offers a CNT course which cannot be used in place of WM210. This course is a one-day course offered throughout the year. Although DULA will make every effort to host a CNT course on campus, DULA cannot guarantee such. Students are responsible for taking and passing this CNT course in order to take the NCCAOM examination. Students must maintain a working knowledge of the methods and procedures defined and required in the "Clean Needle Technique Manual for Acupuncturists, 7th Edition" published by the National Acupuncture Foundation, Washington, D.C.

Gloves

It is recommended that a rubber glove be used when there is a risk of contact with blood or other potentially infectious body fluid. The use of gloves is not necessary during the routine acupuncture practice in the absence of significant bleeding.

Gloves or a finger cot should be worn when the practitioner has a break in the intact skin barrier such as cuts, scratches, or punctures, when treating patients, handling or touching contaminated items or surfaces, and when it can be reasonably anticipated that a student may have contact with blood.

Laundry Service

Laundry must be handled as little as possible with a minimum of agitation. Place soiled laundry immediately in laundry bags; do not leave these bags in treatment rooms. The front desk staff will see to it that the laundry is then cleaned and re-stocked.

Cleanliness

Upon completion of treatment, and after the patient has left, clean the room and prepare it for the next patient. All working surfaces and treatment tables shall be sanitized after each patient. Treatment table cover, pillow covers, and the clean field must be changed after each patient. Food and drink are not permitted in treatment areas and shall not be kept in refrigerators, freezers, or on countertops where blood or other potentially infectious materials may be present. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure by potentially infectious material. Lab coats should not be worn out of the clinic area and need to be clean and pressed at all times.

Universal Health Precautions

The best way to reduce occupational risk of infection is to follow universal precautions. Health care workers must assume all patients are infected with HBV and HIV and take adequate non-discriminatory precautions to protect themselves. Universal precautions should apply to blood, body fluids containing visible blood, sweat, saliva, semen, vaginal secretions, tissues, cerebrospinal fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. The Centers for Disease Control (CDC) has developed procedures to help health care workers protect themselves from a variety of possible infections including HBV and HIV. In general, these precautions include the use of an appropriate barrier (gloves, masks, goggles, etc.) to prevent contact with infected body fluids. Additionally, standard sterilization and disinfection measure as well as effective waste disposal procedures are to be followed. These practices are especially important for all invasive procedures. In addition to gowns, gloves, and surgical masks, protective eyewear or face shields should be worn where generation of droplets or splashing of blood or body fluids is possible. If the protective barrier becomes torn, it should be replaced immediately or as soon as patient safety permits. In the event of injury to the health care practitioner, the barrier should be removed, and the wound treated promptly. Any such injury should also be followed up with an incident report. For further detailed procedures regarding Blood Borne Pathogens and the procedures to handle all incident, please refer to the section below.

Cleaning and Sterilization

All instruments including cupping cups, gua-sha tools, and work surfaces must to be sanitized and decontaminated as soon as possible after contact with patients or other potential infective material.

Since cupping cups and gua-sha tools are reusable, these materials must be sterilized immediately following every use.

To sterilize cupping cups and gua-sha tools use the following procedure:

Sterility Category of Equipment	Acupuncture Practice Example	Disinfectant Level Required before Reuse	Disinfecting Procedure
Non-Critical	BP cuff, Stethoscope, e-stim clip,	Low or intermediate disinfecting agents acceptable.	<p>Fabric equipment (BP cuffs) may be disinfected with isopropyl alcohol EPA approved solutions for non-critical items</p> <p>Smooth surfaces can be disinfected through 2 steps; soap and water cleaning followed by wiping with a low or intermediate disinfecting agent.</p>
		Intermediate disinfecting agents required.	<p><u>Step 1.</u></p> <p>Removal of all biological and foreign material (e.g., soil, organic material, skin cells, lubricants) from objects using soap and water.</p> <p><u>Step 2.</u></p> <p>Soak in appropriate FDA –cleared disinfectant for the time indicated for reusable equipment. Follow label directions for use as intermediate disinfecting agent.</p>

Semi-Critical	Cupping cups and gua-sha tools used on skin	Sterilize with high level disinfectant before re-use	<u>Step 1</u> Removal of all biological and foreign material (e.g., soil, organic material, skin cells, lubricants) from objects using soap and water. <u>Step 2</u> Soak in high-level disinfectant (Sporox) as per product label instructions
Reusable Critical	Equipment that breaks the skin or enters the vascular system; No AOM equipment falls in the category.	Must be sterilized.	Example: Autoclave
Sterility Critical; non-reusable	Needles, 7-star hammers, lancets, press tacks, ear seeds.	Cannot be reused.	Example: Ethylene oxide gas

Disinfectant wipes and Lysol are available in the Herbal Dispensary to sanitize work surfaces such as treatment tables, intake tables and chairs, faucet handles and door handles, countertops, heat lamp knobs and instrument carts.

Hands should be thoroughly washed after performing the above procedures.

OSHA Policy

OSHA stands for Occupational Safety and Health Administration which was created in 1970 within the U.S. Department of Labor to:

- Reduce hazards within the workplace and to implement new or improved existing safety and health programs
- Develop innovative ways of dealing with occupational safety and health problems
- Establish separate but dependent responsibilities and rights for employees and employers
- Maintain reporting and record keeping systems to monitor work related injuries and illnesses

- Establish training programs to increase the number and competence of occupational safety and health personnel
- Develop mandatory job safety and health standards and enforce them effectively; provide for the development, analysis, evaluation and approval of state occupational safety and health programs

All DULA students at all phases of internships must be educated in OSHA policies and standards. DULA provides training and education in topics including, but not limited to, bloodborne pathogens, OPIM, disease transmission, universal precautions, sterilization procedures, personnel protective equipment, how to clean a blood or bodily fluid spill, dealing with biohazardous material, DULA's exposure control plan, and safe practice techniques. Students must attend one training session per year, beginning with the New Intern Orientation, to keep their knowledge and skills current. No one is permitted to work in the clinic without an OSHA training/Clinic Orientation. Students will be given a selection of times to attend one OSHA training/Clinic Orientation at the beginning of each year.

OSHA guidelines apply to all businesses and industry. Healthcare professionals and all workers within such settings face an even greater risk of exposure to bloodborne pathogens. OSHA mandates work practice and how one deals with bloodborne pathogens, accidents, such as blood or body fluid spills, and needlesticks. For acupuncturists, techniques such as bleeding, bloodletting with cupping, and simply needling are identified as potential risks for bloodborne pathogen exposure. Any exposure to blood or body fluids presents a risk of exposure to pathogens. Bloodborne and OPIM pathogens include but are not limited to hepatitis and HIV. Hepatitis is the most easily transmitted bloodborne pathogen. Safe practice will reduce the risk of exposure to bloodborne pathogens. The guidelines contained in this Handbook (see Bloodborne Pathogen Control Plan, *infra*) must be used by all practitioners and are in accordance with OSHA, the Center for Disease Control and the Council of Colleges of Acupuncture and Oriental Medicine Clean Needle Technique.

Preventing Needlestick Injuries: <http://www.cdc.gov/niosh/docs/2000-108/pdfs/2000-108.pdf>

Emergency Needlestick Guidelines: <http://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

Post-exposure Guidelines for HIV: <http://www.cdc.gov/mmwr/PDF/rr/rr5409.pdf>

Post-exposure Guidelines for HBV, HCV and HIV: <http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf>

Fire Safety and Emergency Evacuation Procedure

In the event of fire or emergency evacuation, the following must be accomplished calmly and immediately:

- Promptly remove all the needles from patient.
- Instruct the patient to get dressed and gather his/her belongings immediately.
- Stay calm and wait for the Evacuation announcement
- Proceed to the nearest exit.

A Clinic Supervisor responsible for acting as a searcher will be assigned to every shift. He/she will ensure that everyone in the OMC has been evacuated, please do not assume this role yourself. Follow directions given by the Searcher and/or OMC Director, and do not re-enter the OMC until you have been instructed to do so by a DULA official.

III. FACULTY POLICY

1. Faculty Appointment

Definition of Faculty

The faculty consists of all individuals employed by DULA who are engaged either in scholarly and professional instruction or academic service activities. These activities include but are not limited to educational activities related to classroom and clinical instructions, language programs (department, clinic), course and curriculum development, research, participation in student academic advising, as well as a service to the profession.

The Dean of Academic Affairs shall forward his or her hiring recommendations and proposed faculty rank to the president, who will then approve and authorize the hire. The Dean of Academic Affairs, in collaboration with the program director, will maintain a pool of academic faculty candidates who have been previously approved for this status. Offering appointments to such faculty can be initiated by the program director and are subject to the approval of the Dean of Academic Affairs and/or the President. The pool of academic faculty candidates should be reviewed at least annually regarding eligibility to remain in the pool.

All DULA faculty must demonstrate a willingness and ability to engage in quality work in teaching, research, scholarly activities, practice and professional activities, and citizenship. They must also display a potential for continuing professional growth. DULA, under the leadership of the president and the Executive and Academic Committee, shall maintain control of and responsibility for all academic matters and shall assure that the instruction and faculty satisfy the standards established by the BPPE Ed. Code and chapter 5 CCR §71720(a)(6).

Faculty members are appointed on a quarter-by-quarter basis. They are initially appointed at the rank of instructor after recommendation by the Dean of Academic Affairs.

Faculty Qualifications

The DULA faculty members of the Master of Science in Oriental Medicine (MSOM) program shall have the following qualifications:

1. An acupuncturist instructor who:
 - a. Holds a current valid license to practice acupuncture or be otherwise authorized to act as a guest acupuncturist in accordance with section 4949 of California Acupuncture Board Code (a “current valid license” is one that has not been

- revoked, suspended, placed on probation, voluntarily surrendered, or otherwise disciplined by the board).
- b. They must also be:
Knowledgeable, current, and skillful in the subject matter of the course as evidenced through one of the following:
 - Holds a Baccalaureate or higher degree from a college or university and with written documentation of experience in the subject matter;
 - Have at least two years' experience in teaching similar subject matter content within the five years preceding the course;
 - Have at least two years' experience in the specialized area in which he or she is teaching within the five years preceding the course.
 - c. MSOM Clinical supervisors must hold a current valid license to practice Acupuncture and Oriental Medicine (AOM) in the state of California.
 - d. MSOM Clinical supervisors should have a minimum of five years of documented professional experience as licensed AOM practitioners, with expertise in the program's area(s) of concentration and/or specialization.
2. A non-acupuncturist instructor shall:
 - a. Be currently licensed or certified in his or her area of expertise, if appropriate;
 - b. Show written evidence of specialized training. This may include, but is not limited to, a certificate of training or an advanced degree in the given subject area;
 - c. Have at least two years' teaching experience in the specialized area in which he or she teaches within the five years preceding the course;
 3. Have strong communication, organization, interpersonal, and problem-solving skills;
 4. Have effective oral and written communication skills in English. For instructors who teach in the English, Korean, and/or Chinese language programs, such instructors must have fluent oral and written communication skills in his or her language program;
 5. Possess the ability to read and interpret documents and procedure manuals; write routine reports and correspondence; and speak effectively before groups of students, patients and other employees;
 6. Have knowledge of computer skills such as Microsoft Office (Excel, Word, and PowerPoint); the Internet (Web browser, website, and email) in relation to job responsibilities; and hardware (touchpad, mouse, and keyboard);
 7. Possess the ability to adapt to curriculum changes and to design new and appropriate student learning activities;
 8. Be able to get along and cooperate with fellow co-workers;
 9. Be able to work as a team member; and
 10. Possess a good attitude and be polite to students, patients, co-workers, candidates, and others.

The DULA faculty members of the Doctorate in Acupuncture and Traditional Medicine (DATM) program teaching foundational level courses shall have the same qualifications as those for the Master of Science in Oriental Medicine (MSOM) program.

The DULA faculty teaching advanced-level courses shall have the following additional qualifications:

1. A doctoral degree in Oriental medicine and/or a Doctorate degree from a college or university related to his/her teaching field.
2. An acupuncture instructor who:
 - a. Hold a current valid license to practice acupuncture or be otherwise authorized to act as a guest acupuncturist in accordance with section 4949 of California Acupuncture Board Code (a “current valid license” is one that has not been revoked, suspended, placed on probation, voluntarily surrendered, or otherwise disciplined by the board).
 - b. Have at least two years' experience in teaching similar subject matter content within the five years preceding the course;
 - c. Have at least two years' experience in the specialized area in which he or she is teaching within the five years preceding the course.
 - d. DATM Clinical supervisors must hold a current valid license to practice Acupuncture and Oriental Medicine (AOM) in the state of California.
 - e. DATM Clinical supervisors should have a minimum of five years of documented professional experience as licensed AOM practitioners, with expertise in the program's area(s) of concentration and/or specialization.
3. A non-acupuncturist instructor shall:
 - a. Be currently licensed or certified in his or her area of expertise if appropriate;
 - b. It is preferable to possess a Doctoral Degree and/or Postdoctoral Fellowship in his/her area of expertise;
 - c. Have at least two years' teaching experience in the specialized area in which he or she teaches within the five years preceding the course;
 - d. Have written, published, and/or presented scientific articles, papers, reports and/or research studies related to his/her area of expertise.
4. Have strong communication, organization, interpersonal, and problem-solving skills.
5. Have effective oral and written communication skills in English.
6. Possess the ability to read and interpret documents and procedure manuals; write routine reports and correspondence; and speak effectively before groups of students, patients, and other employees.
7. Have knowledge of computer skills such as Microsoft Office (Excel, Word, and PowerPoint); the Internet (Web browser, website, and email) in relation to job responsibilities; and hardware (touchpad, mouse, and keyboard).
8. Possess the ability to adapt to curriculum changes and to design new and appropriate student learning activities.
9. Be able to get along and cooperate with fellow co-workers.
10. Be able to work as a team member.
11. Possess a good attitude and be polite to students, patients, co-workers, candidates and others.

Appointment Process

Appointment Process: All appointments are reviewed first by the Dean of Academic Affairs in concurrence with the final approval of the president. There are two kinds of appointments:

Term appointment: This is offered for a period of one quarter only and consists of ten weeks of instruction and one week of examination. The term begins at the start of the academic term as set forth in DULA's general catalog and is finished when all instructional responsibilities have been completed at the end of the term (examination week).

Annual appointment: This may be offered to any faculty member for a period of one academic year. Faculty members will be notified of renewal, non-renewal, or alteration of appointment no later than three months prior to the expiration of the current annual appointment.

The Dean of Academic Affairs will work with the academic team to ensure that performance evaluation scheduling takes place at least once annually for subsequent appointments.

Faculty Orientation

Each new faculty member will be given an orientation by DULA. Whenever possible, this shall occur prior to the beginning of his or her instructional duties. The orientation, facilitated by the Dean of Academic Affairs, relates to all matters specific to faculty members and common to DULA employees. It is ordinarily conducted on an individual basis and encompasses the following:

1. Introduction to executive and office staff, other faculty members (as soon as possible but is not essential to orientation), library staff, registrar, and any other staff with whom he or she will frequently interact with;
2. A brief tour of the DULA campus;
3. Information on: (a) current faculty handbook, employee handbook, program catalog and other related policy and process documents; (b) current library services and schedule guides; (c) list of available multimedia resources; (d) current class schedule; (e) DULA Populi system; and (f) any other necessary information.

2. Faculty Rights and Duties

Academic Freedom

Consistent with our mission statement and objectives, it is our policy to engender and maintain full freedom of discussion, inquiry, teaching, and research. All faculty members are entitled to organize their own course/s regarding content, support materials, and methods of evaluation (student learning), but in accordance with the objectives of the published course description, official syllabi, and the highest academic standards. In the areas of research and publication, faculty members are entitled to freely discuss any subject at which they feel competent, pursue any line of inquiry into any academic area, and present and argue the ideas and conclusions arising thereof. While free to discuss those ideas justified by facts, they are expected to

maintain standards of sound scholarship and competent teaching. However, while academic excellence at times demands challenging established ideas, the disparagement (slander, libel, etc.) of individuals or ideas is not considered to be consistent with professionalism and citizenship.

Both inside and outside of DULA, all faculty members shall conduct himself or herself in a manner that does credit to both himself or herself and DULA. He or she shall be free from censorship or discipline, but in accordance with the principles and practice of scholarship, they should be accurate, exercise appropriate restraint, show respect for the opinions of others, and to clearly indicate that they are not a spokesperson for DULA, where appropriate and necessary. Guest speakers are also expected to comply with this policy and maintain the same standards of scholarship, teaching, and professional etiquette.

Faculty members shall input final grades and/or other appropriate evaluations of student learning in the DULA Populi system by the end of the first week of the quarter break. Further, faculty members shall be primarily responsible for informing students of their performance evaluations clearly and without prejudice and making them available for student review.

Faculty List of Duties

Faculty members shall work under the general direction of the Dean of academic affairs and must provide full cooperation with the program director. Faculty members shall be responsible for the following duties:

Didactic Faculty

1. Provide quality academic and clinical instruction and counseling to students.
2. Provide academic and clinical course content as indicated in the curriculum, course descriptions, and official syllabi.
3. Uphold DULA academic standards and policies.
4. Review and submit recommendations for curriculum development, teaching effectiveness, and faculty development plans.
5. Attend in-service training (FERPA, Title IX, etc.), and professional growth activities such as the faculty development plan.
6. Attend commencement and other official DULA functions, such as faculty meetings, when possible.
7. Maintain a record of student class attendance prior to each class session and input the attendance record in the DULA Populi system.
8. Adhere to the class schedule and conduct class sessions in a timely manner.
9. Report excessive absenteeism or non-attendance to the registrar immediately upon knowledge of such.

10. Submit a course syllabus to the Program Director or Dean of Academic Affairs no later than one week prior to the first day of class for each course. Include a course outline setting forth the content, objectives, and methods whereby students will be evaluated.
11. Conduct more than one formal evaluation of student or intern learning through reliable assessment methodology. Assessment of knowledge, skills, and competencies should evaluate students at their respective level of education and must be relevant to course content that is set forth in the syllabi.
12. Provide fair and honest grading.
13. Grade examinations in a timely manner to provide feedback.
14. Maintain and secure records of student grades.
15. Submit all accurate student examination scores no later than the end of the first week of the quarter break.
16. Report any teaching schedule changes to the program director.
17. Maintain scholarship and current knowledge of one's academic expertise. Provide any updates to the program director regarding personal file (curriculum vitae, etc.).
18. Maintain open-mindedness to the results of the evaluation.
19. Follow the administrative guidelines of copying, preparing tests, grading reports, submitting syllabi, and any other material as requested by the Dean of Academic Affairs or program directors in a timely manner.
20. Comply with the faculty employment agreement and its contents.

Clinical Faculty

1. Support and evaluate the clinic intern/resident in conducting intake, charting, physical examination, completing a diagnosis, performing treatment, and determining a treatment plan.
2. Observe all clinic interns/residents performing treatment and to be readily available when interns/residents need help or advice.
3. Verify, approve, and sign assigned patient charts for complete and accurate information, charting all herbal formula prescriptions.
4. Verify and assess assigned interns/residents' competency in the study, performance, prescription of acupuncture points and herbal formulas, and techniques of acupuncture, moxibustion, and other modalities.
5. Ensure intern/resident compliance with the standards of practice of the OMC regulations including CNT, OSHA, and HIPAA.
6. Ensure intern/resident compliance with all DULA/OMC regulations, policies, and protocols by modeling positive, supportive, and safe behavior.
7. Assess intern/resident's clinical performance and competencies by participating in their evaluations, level exams, and case studies.
8. Maintain the safety of the patients and adhere to clinic procedures through verification.
9. Visit assigned treatment rooms regularly for quality control and risk management;
10. Be a role model exemplifying professional attitudes and behaviors in patient management.
11. Provide ongoing intern/resident evaluations, attendance checks, assessment, and feedback regarding qualitative and quantitative requirements.

12. Provide in-service training for interns/residents and other supervisors.
13. Participate in outreach and patient/student recruitment projects.
14. Work collaboratively with the clinic manager and administrative staff to ensure a balanced distribution of interns/residents and patients in the clinic.
15. Maintain a valid and current California acupuncture license, as well as CPR and first aid certificates
16. Report any incidents or inappropriate activities to the OMC director immediately by using the appropriate forms.
17. Perform any other clinical functions and duties as requested by the OMC director.

Teaching

The work of teaching entails basic tasks and functions including but not limited to:

INSTRUCTION of students in classroom sessions, tutorials, laboratories, and the clinic; instruction at workshops, retreats, and seminars; course management via planning student learning and grading; and maintaining student academic achievement and attendance records.

ADVISING, GUIDING, MENTORING, AND SUPERVISING of students in laboratories, the clinic, and DULA community outreach; advising students in academics, careers, and counseling referrals; and supervising teaching assistants, students in independent study, research projects, capstone projects, and clinical internships. Faculty members who teach in didactic courses are required to submit accurate and complete physical documentation of the student's academic evaluations including but not limited to examination questions, answers and scores, student assignments, student's projects, etc. no later than the end of the first week of the quarter break to the Program Director.

DULA conducts a regular 10-week didactic lecture for each academic quarter. One unit of didactic course is equivalent to 10 hours of in-person lecture and a minimum of 20 hours of out-of-classroom assignments. One unit of clinical course is equivalent to 20 hours of in person training.

The academic teaching procedure for the independent study in DULA is the same as a regular class lecture. The only difference for independent study is that the student arranges their own schedule to meet with their course instructor. Faculty members are also required to submit all the physical evaluation documents of the students (for example: attendance, quizzes, exams, papers, etc.) to the Program Director in addition to the signed independent study form and schedule form. These documents serve as proof that students and faculty are complying with the regulation and will be attached to the student's files.

Part-time faculty are given 30 minutes per week for each didactic course to prepare and evaluate written materials prepared by students such as papers and examinations. Part-time faculty are paid 50% of their hourly pay rate for preparation time.

CLASSROOM BREAK: An hour of in-class lecture constitutes 50 minutes of lecture and 10 minutes break. A 3-unit class (which is equal to 3-hours lecture) has 150 minutes of lecture time

and a 30-minute break in between each.

ASSESSING STUDENT PERFORMANCE by providing a clear grade that is fair to the content and learning objectives. Faculty members are required to design and conduct multiple assessments of student comprehension that are linked to the course goals and objectives. Such assessments may include but not limited to multiple class assignments, tests (i.e., quizzes, midterm test, final test, etc), oral presentation, and/or other student's projects.

For the DATM advance courses, DULA considers student paper projects and/or case studies to be suitable for the Doctoral level of study. However, faculty members may consider different types of evaluations to assess students' learning outcomes based on their decision for each of the course work under their instruction.

For the MSOM program and/or DATM foundational courses, DULA considers class tests to have a tremendous value in upholding student academic performance. As such, it is required for faculty members to conduct the class tests only during regular class meeting hours and in a closed book format. All final tests for each class are conducted at the Lotus Room (4th floor) during the tenth week of the academic quarter. The class lecture shall continue after the exam during the tenth week of the academic quarter. Faculty members who wish to deliver the class tests in open book, take home tests, or any other format including not conducting the final tests in the Lotus Room, must submit a written request providing reasons why such exam format needs to be delivered to students. This written request should be submitted to the Dean of Academic Affairs and/or MSOM Program Director at least four (4) weeks in advance, before the first day of the instruction quarter begins.

The Dean of Academic Affairs and/or MSOM Program Director shall bring the request to the Academic Committee meeting for approval.

The Academic Committee shall consider the approval or non-approval of the faculty member's request for a different format of assessment based on the following:

- The exam format is considered to encourage students to study more and improve their performance and knowledge of the class materials rather than the in-class closed book exam.
- The exam format is considered to directly improve the student's performance in preparation for the CALE / NCCAOM rather than the in-class closed book exam.
- The exam format is considered to be fair to all other students with respect to the class's grade.

The concerned faculty shall be notified of the Academic Committee's decision within fourteen (14) days upon receipt of request.

DEVELOPING CURRICULUM: DULA's core faculty provide leadership in faculty engagement in curriculum development as well as program assessment. The core faculty, as well as the Academic Committee members were instrumental in developing and planning the curriculum, staff and academic infrastructure, the assessment process for the program, and so forth.

The core faculty members are involved in various aspects of academia. Some of their activities include: revising course content, developing curriculum including teaching materials and manuals, conducting research activities, academic planning, enforcing of standards of academic quality pursuant to DULA's mission and objectives, reviewing faculty hiring procedures, and evaluation of faculty credentials. Core faculty members also participate in Academic Committee meetings, where academic issues relevant to institutional operations are discussed. In addition, faculty members attend quarterly faculty meetings where relevant issues on academic development, assessment, and faculty are discussed. Revision, development, and discussions of academic assessment and evaluation are regularly communicated and discussed with all members of the faculty during faculty meetings. The Program Director will be communicating regularly with faculty including formal and informal meetings and email communications.

INSTRUCTOR DEVELOPMENT by evaluating teaching competencies of fellow faculty members; attending continuing education seminars and workshops sponsored by DULA; and managing and mentoring fellow faculty members.

Academic freedom for students: Students shall have the right to freedom of expression, proper academic evaluation, and protection against improper disclosure.

Freedom of expression: Students should be free to reasonably disagree with the data and views offered in any course of study and to reserve judgment about matters of opinion. However, they are responsible for learning the content of any course of study in which they are enrolled in.

Improper academic evaluation: Students should have protection through orderly procedures against prejudiced or capricious academic evaluation. They are responsible for maintaining standards of academic performance established for each course in which they are enrolled in.

Improper disclosure: Students' views, medical conditions, beliefs, and political associations that professors acquire during their work as instructors, advisers, and counselors should be considered confidential. Protection against improper disclosure is a serious professional obligation.

Faculty Workload

In achieving DULA's mission and objectives, members of the faculty are required to devote appropriate portions of their contract commitment to the following areas of work activity: teaching, research and scholarly activities, practice and professional activities, and citizenship. DULA acknowledges the diversity of faculty interests and experiences. As such, DULA does not expect all faculty members' workloads to be identical. Each faculty member's workload will be consistent with his/her aspirations and DULA's goals, objectives, and expectations as defined by its mission statement and objectives.

Full-time faculty: Members of the faculty with a workload consisting of clinical and teaching duties ranging between 32 to 40 hours per week will be considered full-time faculty. The ratio of teaching and clinical supervision will be fully determined by the OMC director, in collaboration with the program director, the Office of the Dean of Academic Affairs and the President.

To provide additional support for faculty workload and learning outcomes, a teaching assistant will be assigned to members of the faculty holding a didactic class (not directly related with a practicum class) with more than 30 enrolled students. For didactic classes that are directly related to the practical setting such as acupuncture anatomy, acupuncture techniques, Tui Na, etc., a teaching assistant will be assigned to the faculty members if their related classes have more than 15 enrolled students. A teaching assistant is assigned to the junior instructor who has yet to meet the full qualifications of a faculty member for the related program. Offering appointments to such teaching assistant can be initiated by the program director and are subject to the approval of the Dean of Academic Affairs and/or President. The pool of academic teaching assistant should be reviewed at least annually regarding eligibility to remain in the pool.

For clinical supervising, a maximum of 4 interns can be assigned to each clinical faculty in one clinic shift. At times, duties will be defined by areas of need as well as by aspirations and strengths of the faculty member. The remainder of the academic work week will consist of research and scholarly activities, practice and professional activities, and citizenship. This workload will be determined by mutual consent between the faculty member and his/her program director, subject to the approval of the Dean of Academic Affairs and/or president.

Overage and load balancing: Subject to the approval of the program director and/or Dean of Academic Affairs, a faculty member's workload may vary from the number of credit hours.

3. Faculty Performance Guidance

Plan teaching sessions

The instructor understood the goals and objectives of the overarching academic program. Constructed a syllabus (course outline) which included a course description, as well as goals and objectives as they appear in the master course syllabus. Designed teaching sessions from the course syllabus or master's course syllabus.

Courses description and learning objectives

The instructor understood, provided, explained, and emphasized the course description and learning objectives clearly to the students. The presented lesson was also related to the established course description and learning objectives. Accomplished the course description and learning objectives throughout the teaching.

Courses delivery

The instructor presented materials that adhered to the curriculum. Shifted between lectures to small group activities, as well as questions and answers to provide more feedback and interactive engagement from the students. Led the discussion to encourage and deepen comprehensive, critical, and broad thinking. Prevented and/or terminated monopoly and off-track discussion. Summarized the discussions and related them to the course content. Maintained and used the time effectively.

Sets expectations and establish purpose

The instructor established ground rules for class management and conduct, explaining to the students what was expected from them and what could be expected from the instructor. Provided and explained the detailed contents of the class syllabus to the students, explaining how the course related to other courses in the program, and why specific topics were being used in relationship with professional opportunities. Explained that students may be expected to know and understand things that may not be directly addressed in the classroom.

Assignments

The instructor clearly stated the amount and level of in-class and out-of-class work expected from students as correlated in the class syllabus. Explained the purpose and what to expect from the assignments that were given in class. The given assignments clearly related to the course description and learning objectives.

Professionalism

The instructor was a good role model and professional practitioner/scholar. Maintained a professional appearance, attitude, resourcefulness, adaptability, and flexibility through well-prepared teaching materials and well-organized instructions. Maintained respectfulness toward the students.

Integrate principle for effective adult learning into the teaching

The instructor determined learners' understanding of the prerequisite material, and incorporated teaching activities that recognized and addressed these varied learning styles. Clarified students' motives to learn class material and, if needed, provided additional materials or exercises to improve the understanding of less knowledgeable students and challenge the abilities of more knowledgeable students. Developed problem-solving techniques and, if

needed, provided appropriate supervision in practice activities conducted individually or in a pair/group.

Application

The instructor designed learning activities that reinforce the acquisition of course content (content-oriented activities) and its application (problem-centered activities). Used focused application to integrate new material and existing knowledge. Related the clinical activities to the subject of study. Discussed course material within the context of case studies and provided opportunities for reflection upon the application of new learning (i.e. asked learners to summarize how new knowledge could be applied to clinical practice).

Variety

The instructor demonstrated knowledge of using various training tools to support his/her teaching. Used attention-gaining devices (i.e. beginning with challenging questions, illustrations, or examples), achieved learning objectives by using various instructional techniques (i.e. literature reviews, demonstrations, field trips, structured discussions), and instructional aids (i.e. power point, handouts, and internet). Designed learning activities (i.e. data gathering and analysis) that develop higher-order cognitive skills such as summarizing, synthesizing, analyzing, and applying. Designed learning activities to stimulate group interaction. Organized instruction to allow for demonstration and guided practice. Assigned work to small or large groups. Assessed student learning using different kinds of evaluations (i.e. papers, projects, tests, case studies).

Academic standard

The instructor demonstrated and set a high standard of academic performance for the students through an expert knowledge of the course materials and the ability to deliver the related course information to students effectively. Presented the various relevant references through scientific, evidence-based research in delivering the course materials. Encouraged and supported the students in developing their research skills and actively applied evidence-based medicine through their learning activities.

Maximize and optimize learners' "time on task"

The instructor guided students to set challenging goals for their own learning, established and communicated systematic paper drafts, quizzes, and reviews to keep students on schedule and progress toward a clearly defined goal or objective. Communicated the importance of scheduling frequent and self-paced study sessions. Organized instruction around learning objectives specified in the syllabus, communicated the minimum amount of time students should spend preparing for a class. Provided periodic reviews or summaries of previously covered

content. Required that students use libraries and other information resources appropriate for accomplishing learning objectives.

Communication and cooperation

The instructor answer students' questions clearly. Encouraged students to ask questions as well. Asked open-ended questions that drew out relevant learner knowledge and experience. Encouraged classroom cooperation and created student project teams within a course. Provided the time, during which they remained available or approachable to the students.

Assess student learning

The instructor, at the start of the course, explained the criteria for evaluating each graded course requirement and the weight of each requirement in determining the student's final grade. The grading system was clear and fair to the content and the learning objectives. Set a series of requirements such as attendance, multiple class assignments, regular quizzes, and class tests to allow the feedback of learning from students to guide them. Designed multiple assessments of learner performance that linked to the course goals and objectives. Provided opportunities for informal, non-evaluative feedback on the acquisition and application of new course material (i.e. solicit group responses, provided handouts with correct answers for self-checking). Distributed performance evaluation results throughout the course to provide ongoing feedback on the quality of each student's performance, including written comments specifying the strengths and weaknesses of each student's performance on a given assignment. Provided classroom exercises and problems which give learners immediate feedback about their performance. Solicit student feedback about class at multiple points during the course. Assessed student knowledge using more than one type of evaluation (i.e. multiple-choice questions, essay questions, projects). Returned the graded assignments in time.

Monitor and self-evaluate teaching

The instructor maintained the awareness of verbal and non-verbal communication to give positive encouragement to students while conveying enthusiasm for the subject. Sought and used their own and/or student feedback in their self-evaluation. Conducted regular reviews of current research in the field to add to and/or update the class materials, quizzes, assignments, and any other tests.

4. Faculty Performance Evaluation Policy and Procedure

The evaluation processes provide a means to assess a faculty member's performance and a basis for decisions regarding reappointment and promotion. These processes also ensure quality instruction in the institutional programs.

Each faculty member shall be evaluated quarterly, or as deemed necessary by his/her program director and/or director of the DULA Oriental Medical Center. These evaluations are submitted to the Dean of Academic Affairs. The Dean, in conjunction with the President, the Associate Dean, and academic directors meet to review and finalize the results of the evaluation. In all cases, the President, as an executive academic leader is the final decision maker. Discussions of the results of such evaluations occur as soon as possible after the evaluation of each faculty member. If there areas of improvement that have been identified, the Program Director meets with the faculty to discuss improvements and future options.

The didactic faculty are evaluated three different ways:

1. Adhering to faculty duties in the Faculty Handbook.
2. In-class peer observation.
3. Student evaluation of faculty.

DULA also conducts in-class peer observations at least once a year for each faculty member as a performance evaluation tool. The evaluation may shall be conducted by the President, Dean of Academic Affairs, Associate Dean of Academic Affairs, Program Director (s), and/or the Oriental Medical Center Director. Students also evaluate faculty. DULA's online Populi system allows DULA students to evaluate the faculty members and the course at the end of the quarter.

Clinical faculty (clinic supervisor) performance evaluation is done in three different ways:

1. Student evaluation of assigned clinic faculty members by the end of every quarter.
2. Quarterly in-shift peer evaluations.
3. The director of the Oriental Medical Center's biennial evaluation of clinic faculty.

Review and grievance: If the faculty member disagrees with his/her performance evaluation and/or its decisions, he/she may use the normal grievance process set forth herein.

DULA has established a set of different evaluation criteria, as follows:

1. Didactic faculty:
 - a. Effectiveness of teaching methods
 - b. Usage of appropriate teaching materials
 - c. Encouraging critical thinking
 - d. Effective communication skills
 - e. Adhering to high professional and academic standards
 - f. Effective assessment tools to ensure achievement of competencies with appropriate feedback
 - g. Professionalism
2. Clinical faculty:
 - a. Punctuality on assigned shift and clinic meeting

- b. Availability for students
- c. Effectiveness teaching methods
- d. Clinical knowledge and expertise for supervision
- e. Compliance to the rules and regulations of DULA/OMC, including CNT, OSHA and HIPAA
- f. Professionalism to students, staff, and patients
- g. Effective communication skills with students and patients
- h. Completion of assigned or requested work on time
- i. Involvement with academic affairs to improving the quality of education and clinic Development

Reappointment

The faculty performance evaluation will play a major role in determining the reappointment of the faculty members. Each of the faculty members who in their result of the performance evaluation falls below the “satisfactory” level (60% or above), will receive a separate written notice regarding the requirement to improve their performance during the upcoming quarters of their teaching appointment. Faculty members who shall consistently fall below the “satisfactory” level will be required to meet for an interview with the Dean of Academic Affairs and/or HR committee, if applicable. If the related faculty members are again not able to meet the “satisfactory” level in the following quarter, DULA will then terminate their reappointment.

For the details of faculty performance guidance, please refer to the “Faculty Performance Guidance” section of this handbook. For the guidance of faculty duties, please refer to the list of duties in the “Faculty Rights and Duties” category.

5. Faculty Personnel Policy

Personnel Records

DULA's office of the Chief Operating Officer, academic and/or other offices designated by the president shall store and maintain each faculty member's personnel file. This file will also function as the faculty member's employee file. It will contain the faculty member's employment applications, resumes, official academic transcripts, proof of licensure (if applicable), copy of W-4 form, copy of the I-9 form, and various records related to employment status as generated by DULA (i.e. letters of appointment, employment agreement, status changes, salary adjustments, performance evaluations). The file will be maintained in accordance with the same policies regarding employee access, privacy, and notification of changes in personal status as found in the employee handbook.

A list of documents ordinarily filed in the employee file follows:

1. Curriculum vitae
2. 2" x 2" photos
3. Emergency contact information
4. Proof of legal residency in the U.S.
5. Copy of Social Security Number or driver license or real ID
6. Copy of diploma
7. Official transcript from the highest degree institute attended or evaluation from DoED-recognized agency (if foreign equivalent)
8. Award Certificate (if applicable)
9. Interview Evaluation (if applicable)
10. Offer of Employment
11. I-9 (if applicable)
12. W-4, 1099 or W-9 form
13. Acknowledgement of Receipt of Employment Handbook
14. Acknowledgement of Receipt of Faculty Handbook
15. FERPA agreement
16. Employee Acknowledgement of Receipt of Unlawful Harassment, Discrimination and Retaliation and Personal Appearance and Behavior Policy
17. Acknowledgment of Receipt of OMC Handbook (Clinic Employee only)
18. Completion of Policy Training (FERPA, Title IX, HIPAA, OSHA)
19. Recommendation letter (optional)

The Chief Operating Officer shall maintain a personnel file for each faculty member. Apart from the employee file, the didactic / clinical faculty member folder is also created for each faculty member and stored in the office of the Dean of Academic Affairs and/or other offices designated by the president. The faculty folder will help ensure that common information of each faculty member is regularly updated and kept in maintenance.

The documents ordinarily filed in the didactic / clinical faculty folder are as follows:

1. Faculty contact information
2. Copy of professional license and/or verification
3. Faculty employment agreement that includes the job description and duties of faculty members
4. Faculty development plan
5. Malpractice insurance document (Clinical faculty only)
6. Copy of CPR and First Aid Training Certification or Card (Clinical faculty only)
7. OSHA Training Agreement (Clinical faculty only)
8. Hepatitis B Vaccination document (Clinical faculty only)
9. HIPAA Training Agreement (Clinical faculty only)

Personnel File changes: The Dean of Academic Affairs shall notify a faculty member of any relevant documents being placed in the personnel file. Faculty members shall have the right to review the contents of his/her file at any time and, with the mutual consent of the Dean of Academic Affairs, may add or delete documents. Deletion of documents relevant to the terms and conditions of employment must have additional approval of the president.

File retention: All employment files are maintained in either the office of the Dean of Academic Affairs and/or office of the Chief Operating Officer for a period of 5 years after a faculty member leaves DULA.

Faculty Benefits

DULA faculty members are entitled to all the benefits procedures set forth in the applicable DULA employee handbook. DULA faculty members may also receive a beneficial rate related to any Continuing Education (CE) courses that are offered by DULA.

DULA faculty members will also be entitled to the professional development benefits procedure as follows:

1. All DULA full-time and part-time staff and faculty members are encouraged to register with the professional growth activities such as seminars, workshops, training, certification programs, continuing education, etc.
2. All DULA full-time and part-time staff and faculty members will be allowed the benefits of \$100.00 per year, to be used for such professional growth activities.
3. All staff and faculty members need to submit their request regarding this professional activity, attached with the activity brochure, in order to receive the approval from the DULA human resources (HR) committee to the entitled professional growth benefits.
4. After they have participated in the activities, all staff and faculty members who received professional growth benefits will need to report to the DULA HR committee with a summary of what they learned and a copy of the activity certificate and payment receipt.
5. Apart from this benefit, DULA will also review each requested professional growth activity from the staff and faculty members. If the activities are determined to have a very good impact to the school, DULA may request to reimburse all the expenses of the related staff and/or faculty members. After they have participated in the activities, the staff and/or faculty members who agreed to this request will then be required to report to the DULA HR committee with a summary of what they learned and a copy of the activity certificate and payment receipt. Furthermore, he/she will also be required to hold in-service training to present the materials that he/she learned from his/her activities to all DULA staff and/or faculty members.
6. Faculty are also entitled to either free or discounted participation in DULA sponsored CEU events.
7. Faculty may submit a request to sit in any classes, especially at the advanced doctoral level.

Faculty academic position and salary ranking system:

1. Professor Qualifications:

a. DULA didactic and/or clinical faculty member who:

- Has been teaching in his/her field of expertise for more than 10 years.
- Holds a doctoral degree in the area of his/her teaching.
- Maintains a high level in the faculty performance evaluation.

b. Benefit:

DULA faculty members who are promoted to this position are eligible for the first level of the faculty salary, as set by DULA.

c. Procedures:

Qualified faculty member may submit his/her written request for the promotion of this position to the Dean of Academic Affairs. The Dean will review the record of faculty performance in DULA and bring it to the academic committee meeting. It is very important for the faculty member to maintain his/her faculty performance at a high level. Once the academic committee meeting approves the request of the promotion for the qualified faculty member, the recommendation will then be brought to the executive committee meeting, which will give the final approval.

2. Associate professor Qualifications:

a. DULA didactic and/or clinical faculty member who:

- Has been teaching in his/her field of expertise for 7 to 10 years.
- Holds a doctoral degree in the area of his/her teaching.
- Maintains a high level in the faculty performance evaluation.

b. Benefit:

DULA faculty members who are promoted to this position are eligible for the second level of the faculty salary, as set by DULA.

c. Procedures:

The qualified faculty member may submit his/her written request for the promotion of this position to the Dean of Academic Affairs. The Dean will then review the record of faculty performance in DULA and bring it to the academic committee meeting. It is very important for the faculty member to maintain his/her faculty performance at a high level. Once the academic committee meeting approves the request of the promotion for the qualified faculty member, the recommendation will then be brought to the executive committee meeting, which will give the final approval.

3. Instructor Qualifications:

a. DULA didactic and/or clinical faculty member who has been teaching in his/her field of expertise area for less than 7 years since his/her first teaching appointment and does not hold a doctoral degree in the field of expertise of the area of his/her teaching shall be given the title of instructor.

b. Benefit:

Instructors are eligible for the third level of the faculty salary, as set by DULA.

4. Special promotion:

DULA may reward faculty members for recognition of their outstanding and extraordinary academic accomplishments during their academic career. Nominated by the academic committee and based on evidence of special merit, they may be promoted to the appropriate level by the approval of the executive committee, regardless of their eligibility for promotion.

Faculty Absences and Leaves

Absences and leaves: A faculty member is expected to conduct all his/her scheduled classes. Paid time off for full-time teaching faculty members are expected to be taken during recesses (i.e. quarter breaks). These recesses include winter, spring and summer breaks. DULA observes holidays as listed in the employee handbook. Faculty members are not required to conduct classes or to perform any other duties on days that DULA is officially closed.

When a faculty member takes a leave other than sabbatical (i.e. sick leave, jury duty, military duty) while classes are in session, he/she shall follow the appropriate procedures set forth in the employee handbook. He/she shall also discharge his/her responsibilities to his/her students. In cases of emergency or other unanticipated absence, he/she shall notify the Dean of Academic Affairs and/or the program director as soon as possible, allowing time for a substitute to conduct the class session. During any kind of leave, the faculty member should arrange for a substitute, with prior approval from and in consultation with the Dean of Academic Affairs and/or the program director. If a substitute cannot be arranged and classes are canceled as a result, the faculty member must make up the time and/or academic content missed upon his/her return to class.

Procedures for separation

Resignation: A faculty member may resign prior to completion of his/her letter of appointment and/or employment agreement by giving one term's notice and leaving at the end of the term or at a time approved by the Dean of Academic Affairs, program director, and president.

Layoff: Layoff is a severance action by DULA terminating the services of a faculty member, without prejudice to performance, before expiration of his/her letter of appointment. Layoff may result from academic restructuring, program changes, financial circumstances, or other emergency situations.

Academic program changes: Layoff may occur as a result of major changes in curriculum requirements or restructuring of an academic program. Such decisions reflect long-term judgments that will enhance the educational mission of DULA.

Layoff procedures for specific faculty: After collaboration with the program director, the DULA and/or faculty committees, Dean of Academic Affairs, and program director shall make layoff recommendations to the president, who shall make the final decision.

Progressive discipline: Dismissal for cause due to performance-related issues shall be preceded by a written warning/admonition by the appropriate administrative office describing the alleged performance deficiency and warning that a faculty member's status is in jeopardy. The warning should also inform the faculty member of the period within which performance deficiencies are expected to be corrected. Failure and/or refusal to correct the deficiency may result in application of sanctions, including suspension, dismissal, and removal from a course during the quarter. Faculty members are advised that some conduct is serious enough to justify immediate suspension or dismissal and is not subject to progressive discipline.

Suspension: When justified, the president may suspend a faculty member without previous citation or warning. If a faculty member is suspended, it may result in partial or total discontinuance of all salaries and benefits, suspension of all promotion and salary increments, and temporary suspension or withdrawal of all faculty privileges. A suspended faculty member may pursue the grievance procedure in this handbook. If exonerated, he/she will receive any pay and benefits withheld during the suspension period within five working days of the decision exonerating him/her.

Precautionary suspension: This will temporarily separate a faculty member if the president determines that there is a strong probability that a faculty member's continued presence at DULA poses an immediate threat of harm to DULA, its constituencies, or any part of the DULA community. Suspension will last if a threat of harm continues, or until dismissal for cause.

Disciplinary suspension: This will be ordered by the president as disciplinary action, to emphasize the seriousness of faculty misconduct or violation of DULA's policies. This will last for a period reasonably related to the nature and extent of the misconduct or violation.

Dismissal: This is a severance action where DULA terminates the services of a faculty member for cause before expiration of his/her letter of appointment and/or employment agreement. In these cases, corrective procedures under DULA's progressive discipline policies should be followed before formal dismissal proceedings are initiated. Causes include, but are not limited to, the following:

1. Failure to fulfill and/or continual neglect of the academic, clinical, or professional duties and obligations of a faculty member's position in a satisfactory manner.
2. Professional and/or personal misconduct.
3. Falsification of credentials (education or experience) or other educational documents.
4. Failure to provide or secure required official records of earned degrees and/or licensure.
5. Professional incompetence and/or clinical malpractice.
6. Violation of the rights and freedoms of fellow faculty members, administrators, or students, including sexual or other illegal harassment.
7. Conviction of a felony or other criminal act.
8. Failure to follow the canons and professional ethics of the acupuncture and oriental medical profession in California.
9. Failure to follow institutional policies and guidelines set forth in all current official DULA publications or documents and this handbook, or as instructed by an appropriate DULA official.

Dismissal Procedures: The procedure for dismissal shall include the following steps:

1. Confidential written notice to the faculty member by the president of probable initiation of dismissal proceedings, including a specific statement of charges as well as the faculty member's rights.
2. Discussion between the faculty member and appropriate administrator in an effort to reach a mutually acceptable resolution.
3. If, after the above is completed, no resolution is attained and DULA decides to begin formal dismissal proceedings, the faculty member shall receive a written dismissal notice with a statement of charges described with reasonable specificity by the president.

Review of dismissal: After completion of the dismissal procedure, the president may elect to impose a lesser disciplinary action such as suspension with or without pay, oral or written reprimand, or reassignment.

Grievance procedure and binding arbitration: A faculty member who has been dismissed is entitled to use the grievance procedure described in this handbook. If the dispute is unresolved following the completion of those procedures, DULA and the faculty member may submit the matter to binding arbitration, pursuant to the expedited rules of the Judicial Arbitration and Mediation Service (JAMS), as the sole means of adjudication. The arbitrator's decision will be final and binding. Arbitration costs shall be shared equally by the parties. The arbitrator's authority shall be limited to interpreting DULA's policies, procedures, handbooks, and appointment letters/employment agreements. The arbitrator shall not have the authority to add to or modify any of these policies, procedures, or documents.

6. Conflict of Interest

Faculty members are encouraged to engage in outside professional activities related to their academic specialties. However, faculty involvement in the management of private companies requires that faculty not engage in any activities that create the appearance of the possibility of a conflict of interest.

Acceptance of gifts: DULA staff, including faculty, supervisors, and their immediate family members shall not solicit, accept, or retain personal benefit from any student, patient, or vendors with whom DULA is doing business or from any individual seeking to do business with DULA. In this context, a personal benefit is regarded as any type of gift, gratuity, favor, service, fee, or compensation—anything of monetary value. Specific exceptions to the personal benefit prohibitions are made if there is no reasonable likelihood of improper influence in the faculty member's performance of duties on behalf of DULA. Any personal benefit received is to be reported to the program director and/or Dean of academic affairs, who will review the situation and instruct the faculty member as to the appropriate course of action.

Confidentiality: Safeguarding confidential information for DULA and its students and patients is essential. It is the policy of DULA that confidential information acquired by a staff member through his/her employment must be held in the strictest confidence. Personal information concerning students and patients should be released only with their written consent, or by subpoena or court order. Confidential information about students and patients should never be discussed with anyone outside DULA, and, within DULA, only with those who have a legitimate need to know. Faculty members are responsible for familiarizing themselves with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

7. Student Conduct and Discipline Procedures

Students are members the DULA community, as well as members of the local community at large. Like faculty, they have certain rights and responsibilities. Students are expected to comply with all state laws as well as with DULA policies and regulations. Upon enrollment, students shall receive and will be subject to the DULA student handbook. All faculty members are provided a copy of the same. Faculty members are also responsible for being conversant with the various grounds for imposing student discipline, as well as for knowing the different types of disciplinary actions which may be imposed, all of which are set forth in the DULA student handbook.

Student discipline procedures: Procedural due process is basic to the proper enforcement of DULA policies and procedures.

All students shall be given formal written notice—including a brief statement of the factual basis of the charges, the DULA policies or regulations allegedly violated, and the time and place of a hearing—within a reasonable time before the hearing.

The opportunity will be provided for a prompt and fair hearing in which DULA shall bear the burden of proof, and at which time the student shall have the opportunity to present documents and witnesses, as well as confront and cross-examine witnesses presented by DULA. No inference shall be drawn from the silence of the accused.

A record of the hearing shall be recorded with an expeditious written decision based upon the preponderance of evidence and shall be accompanied by a written summary of the findings of fact and a description of the appeals process.

Administration of student discipline: The executive committee may impose discipline for violations of DULA policies and regulations, whether such violations are also violations of law, and whether or not proceedings are or have been pending in the courts involving the same acts. If an alleged violation of DULA policies occurs in connection with an official DULA function not on-campus, the student accused of the violation shall be subject to the disciplinary procedures. The loss of DULA employment shall not be a form of discipline.

If, as a result of an official appeal, it is determined that the student was improperly disciplined, the president shall, if requested by the student, have the record of the hearing sealed, and have any reference to the disciplinary process removed from the student's record. In such a case, the record of the hearing may be used only in connection with legal proceedings. The president may also take other reasonable actions to ensure that the status of the student's relationship with DULA is not adversely affected.

Whether or not a hearing is conducted, DULA may provide written notice to a student that his or her alleged behavior may have violated DULA policy or regulations and that, if repeated, such behavior will be subject to the disciplinary process. Evidence of the prior alleged behavior, as detailed in the written notice, may be introduced in a subsequent disciplinary action in order to enhance the penalty.

8. Sexual and Other Harassment Policies

In addition to prohibiting other forms of unlawful discrimination, DULA maintains a strict policy prohibiting sexual harassment and harassment on the basis of race, color, national origin, ancestry, religion, creed, physical or mental disability, medical condition, marital status, sexual orientation, age, or any other basis protected by federal, state, or local law. All such harassment is prohibited. DULA's anti-harassment policy applies to ALL PERSONS involved in the operations of DULA and prohibits harassment by any employee of DULA, including managers, supervisors, and co-workers.

In addition, DULA's anti-harassment policy protects faculty members and employees from harassment by students of DULA, vendors, or any others doing business with DULA. If harassment occurs on the job by someone not employed by DULA, the procedures in this policy should be followed as if the harasser were an employee of DULA.

Sexual harassment defined

Federal law defines sexual harassment as unwanted sexual advances; requests for sexual favors; or visual, verbal, or physical conduct of a sexual nature when:

1. Submission to such conduct is made a term or condition of employment.
2. Submission to or rejection of such conduct is used as the basis for employment decisions affecting the individual.
3. Such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile, or offensive environment.

State and local law's definitions of sexual harassment include various forms of offensive behavior. The following is a partial list:

1. Unwanted sexual advances.

2. Offering employment benefits in exchange for sexual favors.
3. Making or threatening reprisals after a negative response to sexual advances.
4. Visual conduct: leering; making gestures; and displaying of sexually suggestive objects or pictures, cartoons, or posters.
5. Verbal conduct: making or using derogatory comments, epithets, slurs, sexually explicit jokes, and comments about an employee's body or dress.
6. Verbal sexual advances or propositions.
7. Verbal abuse of a sexual nature; graphic verbal commentaries about an individual's body; sexually degrading words to describe an individual; and suggestive or obscene letters, notes, or invitations.
8. Physical conduct: touching, assault, impeding or blocking movements.
9. Retaliation for reporting harassment or threatening to report harassment.

It is unlawful for males to sexually harass females or other males, and for females to sexually harass males or other females. Sexual harassment on the job is unlawful, whether it involves co-worker harassment by a supervisor or manager, or by persons doing business with or for DULA.

Other types of harassment

Prohibited harassment based on race, color, national origin, ancestry, religion, physical conduct or mental disability, marital status, sexual orientation, or age includes:

1. Verbal conduct such as threats, epithets, and derogatory comments or slurs.
2. Visual conduct such as derogatory posters, photographs, and cartoon images;
3. Physical conduct such as assault, unwanted touching or blocking of normal movements.
Retaliation for reporting harassment or threatening to report harassment.

Special complaint procedures relating to allegations of harassment

DULA's complaint procedure provides for an expeditious, thorough, and objective investigation of any claim of unlawful or prohibited harassment, appropriate disciplinary action against one found to have engaged in prohibited harassment, and appropriate remedies to any victim of harassment. Appropriate action will be taken to deter any future prohibited harassment. A person may have a claim of harassment even if he or she has not lost his/her job or some economic benefit.

Faculty members and/or employees who believe they have been harassed on the job, or are aware of the harassment of others, should provide a written or verbal complaint to the Title IX coordinator as soon as possible. The complaint should include details of the incident(s), names of individuals involved, and the names of any witnesses.

All incidents of prohibited harassment that are reported will be investigated. DULA will immediately undertake or direct an effective, thorough, and objective investigation of the harassment allegations. The investigation will be completed, after which a determination regarding the alleged harassment will be made and communicated to the employee(s) who complained of the accused harasser(s).

DULA strictly prohibits retaliation against any person by another employee or by DULA for using this complaint procedure or for filing, testifying, assisting, or participating in any manner in any investigation, proceeding, or hearing conducted by a government enforcement

agency. Prohibited retaliations include, but are not limited to, termination, demotion, suspension, failure to hire or consider for hire, failure to give equal consideration in making employment decisions, failure to make employment recommendations impartially, adversely affecting working conditions, or otherwise denying any employment benefit.

If a complaint or prohibited harassment is substantiated, appropriate disciplinary action, up to and including discharge, will be taken. A person who engages in unlawful harassment may be held personally liable for monetary damages. Whatever action is taken against the harasser will be communicated to the employee who complained.

DULA does not consider conduct in violation of this policy to be within the course and scope of employment or the direct consequences of the discharge of one's duties. Accordingly, to the extent permitted by law, DULA reserves the right not to provide defense or pay damages assessed against a person for conduct in violation of this policy.

9. Faculty Grievances Procedures

These procedures are stated below to provide administrative recourse for resolving differences when informal measures have failed. Informal settlements of disagreements are strongly encouraged before initiating these procedures. All avenues of deliberation, consultation and mediation should be used before a grievance is filed. Disputes being adjudicated outside of DULA are excluded from these procedures.

Definition

A grievance is a complaint or allegation on the part of a faculty member against a member or members of the faculty, staff, or DULA administration. Examples include violations of DULA procedures or policies; infringement of established or inferred rights of faculty members; issues related to compensation, appointment, reappointment, promotion, or separation; and violation of academic freedom or ethical conduct. Grievances may not be filed solely to repeal DULA regulations or policies but may address how a regulation or policy was reached, interpreted, or implemented.

Committee

A grievance committee shall decide which grievances will be heard. The committee shall consist of 5 members: 2 faculty members selected and approved by the Dean of Academic Affairs and program director, 2 members appointed by the president, and 1 member from the administration selected unanimously by all members. The 5 committee members shall elect a chair. Individuals who are a party to the grievance or who have been previously involved in the attempts at informal resolution are not eligible for selection to the committee. The committee shall be autonomous in its organization and operation. All 5 members shall be present during the hearing of every case. In some circumstances, when a member cannot serve, a replacement shall be made according to the selection process noted above.

Filing grievances

If all informal efforts to resolve are unsuccessful, a faculty member wishing to file an official grievance must do so in writing to the Dean of Academic Affairs within 90 days of occurrence of the grievable action. If filed after 90 days, justification for the delay should be included in the grievance document. The acceptance or rejection of a delayed filing shall be the decision of the grievance committee. The document should be a concise statement setting forth the basis for the complaint and allegation; it should also include details such as identify of parties involved, description of any alleged violation(s), actions and statements made by the involved parties, presentation of evidence supporting the grievance, and a description of all measures taken to resolve the dispute informally.

Procedures

Upon receipt of a grievance, the Dean of Academic Affairs shall:

1. Request appropriate documentation from the grievant and all other parties concerned.
2. Notify the president of the pending grievance in order to begin the committee selection process.

When the committee has been formed and a chairperson elected, he/she shall obtain from the Dean of Academic Affairs all documentation related to the grievance. The committee will convene within ten working days from receipt of the grievance. It will also decide if the grievance has merit and should be heard. If it chooses not to act upon the grievance, all decisions reached, or actions taken prior to the filing of the grievance shall stand. If the committee decides to hear the grievance, it shall, within three working days of its meeting, provide all parties concerned with copies of all documentation regarding the grievance. Concerned parties will have at least five working days in which to review this documentation before the hearing.

Grievance hearings will be private, and all participants are bound to confidentiality throughout. Both parties shall be permitted advisors or counsel (including legal counsel), who may be heard only upon consent of the committee chair. Each party shall have the right to call witnesses, present evidence, and cross-examine witnesses. If a witness who has made prior statements is unwilling or unable to appear at the hearing, the committee shall determine whether such evidence has relevance and/or probative value and rule on its admission. Also, in the interest of fairness to both parties, appropriate continuances may be granted by the grievance committee.

All formal proceedings shall be recorded on audiotape or digital media by the committee chair. During the proceedings, all persons involved in the grievance hearing shall have full access to all relevant records, while protecting records that are deemed to require confidentiality. After the hearing, all written records will be forwarded to the Dean of Academic Affairs, who will maintain them for at least one year. Within seven days of the hearing, the committee shall send its decisions to the president, including an explanation for its decision and any recommendations. The president shall notify all parties of his final decision in writing and shall include an explanation for his decision.

All parties to any grievance are responsible for substantiating their allegations with appropriate evidence, documents, and witnesses. The committee and the president shall consider all evidence before making a final decision. Any action taken by DULA that may have formed the basis for the grievance shall remain in effect during the grievance proceedings. The president may retroactively reinstate any and all rights and/or privileges removed as a result of the final decision in favor of the grievant within thirty (30) days.

Appeal Procedure

All parties to any grievance may request an appeal review of the final decision. Within 10 days of receipt of a written request for appeal, the president shall appoint an appeal committee consisting of three impartial and unbiased members who did not serve on the grievance committee. The appeal committee may request interviews of all parties, consider any new evidence, request written responses from parties, and make recommendations to the president.

Should the reporting faculty member, or any other affected party, remain displeased with the outcome provided by the university, they may contact:

Accreditation Commission for Acupuncture and Herbal Medicine

ACAHM is located at 8941 Aztec Drive, Eden Prairie, Minnesota 55347;

Phone 952/212-2434; fax 301/313-0912.

www.acaom.org

Bureau for Private Postsecondary Education

1747 N. Market Blvd, Ste 225, Sacramento, CA 95834

P.O. Box 980818, West Sacramento, CA 95798- 0818

(888) 370-7589 (Telephone), (916) 574-8900 (Telephone), (916) 263-1897 (Fax)

www.bppe.ca.gov

California Acupuncture Board

1747 N. Market Blvd, Suite 180, Sacramento, CA 95834

Tel (916) 515-5200, Fax (916) 928-2204

www.acupuncture.ca.gov

10. Faculty Handbook Amendment Policy

DULA's policies and procedures shall undergo amendments from time to time to reflect advances in Acupuncture and Oriental Medical care and changes in academic organization, governance and function based on DULA's mission and objectives. The following amendment processes provide for an effective means to keep the faculty informed of pertinent changes in policies and procedures. The Program Director, Dean of Academic Affairs and President shall be primarily responsible for overseeing the process of keeping the Faculty Handbook up to date.

Initiation the Amendment Process: Any member of the faculty, staff or administration may submit written suggestions or requests for Faculty Handbook changes which may include but are not limited to errors, deletions, additions, revisions, etc. Non-substantive changes that are information only to be updated routinely may be made by either the Program Director and/or Dean of Academic Affairs, in consultation with each other, without the approval of the President and Board of Directors.

Substantive amendments, i.e., those having major policy and procedural impact, must be reviewed by the Program Director and the Dean of Academic Affairs. Within two (2) weeks, a report of their review of the proposed substantive amendment(s) will be forwarded to the President who will incorporate the amendment as an agenda item in the Executive Committee meeting agenda. If approved, the amendment will be submitted to the President for approval. If the President approves the amendment, it will be submitted to the Board of Directors for ratification and incorporation into the Handbook. The Dean of Academic Affairs will be responsible for overseeing the printing and distribution of the Faculty Handbook revisions.

Survey within DULA about Amendments: At least once a year, the Program Director and Dean of Academic Affairs will contact all DULA constituencies (e.g. facilities, student services,

academic affairs, admissions, human resources, clinic supervisors, etc.) and request information about any new and revised policies and procedures that should be incorporated into the Handbook. This procedure is designed to be an effective communication mechanism whereby various non-faculty individuals are encouraged to communicate freely and effectively with faculty.

Ultimate Authority: The DULA Board of Directors retains ultimate authority for resolving content and publication issues regarding the Faculty Handbook, consistent with its legal responsibility for managing the institution.

IV. EMPLOYEES POLICY

1. DULA Trade Name

DULA identifies itself uniquely through use of an official logo on letterhead, envelopes, brochures, publications, transcripts, business cards, etc. All official DULA documents will bear the logo and will be used only by DULA authorized administrative officials. The logo is considered property of DULA and as such may only be used under proper DULA authority. The official logo and name of the institution may not be used for private purposes without the written consent and approval of an appropriate DULA official

2. Faculty/Staff Use of DULA Trade Name

Use of the DULA trade name in non-DULA related publications of any kind by a DULA faculty or staff person may be permitted only with the approval of the President prior to such publication. Upon leaving the employ of DULA, former faculty or staff must remove any reference to DULA in any non-DULA related publications, unless prior approval of the President is obtained.

3. Background Screening

To ensure that employees of the DULA continue to be qualified and continue to have a strong potential to be productive and successful, to further ensure that the DULA maintains a safe and productive work environment free of any form of violence, harassment or misconduct, and to determine eligibility for promotion, re-assignment or retention, the DULA reserves the right to conduct background screening on all of its employees. Background reports on applicants and current employees can be vital tools for the DULA, both during the hiring process and during the employment relationship itself. In response to the explosion of identity theft, and in order to protect the privacy and accuracy of information gathered about employees, federal and state governments have enacted laws to protect applicants' and employees' privacy rights.

Therefore, all background screening will be conducted in accordance with the Fair Credit Reporting Act (“FCRA”), with the California Investigative Consumer Reporting Agencies Act (“ICRAA”), and with the California Consumer Credit Reporting Agencies Act (“CCRAA”). Careful individual assessment will be conducted to ensure that any employment decision based on background screening is job-related.

4. Let’s Communicate

5. Employee Relations Philosophy

We are dedicated to continuing what we believe to be an excellent relationship with our employees. We will do our best to maintain good working conditions, competitive wages and benefits, open communications, and employee involvement. Over the years, our University has earned a fine reputation in our industry. We know that our reputation is a direct result of the loyalty, commitment, and continued efforts of our employees. We will continue to look to our employees for ideas about how to improve all areas of our business -- in areas like customer service, safety, efficiency, and employee relations.

If You Have a Question

We encourage you to discuss questions or concerns regarding handbook, your job, or any work-related issues you may experience with us. We cannot address any of your questions or concerns unless we know about them.

If you have a problem, please speak with your immediate supervisor as soon as possible. Your immediate supervisor is the person responsible for what takes place in your immediate work area and may be in the best position to help you.

If you prefer not to speak with your immediate supervisor, or if you feel your immediate supervisor cannot or has not satisfactorily resolved the issue, contact the Human Resources Manager. Finally, if you still feel the need to speak to other members of management, we encourage you to contact the President.

If you have a complaint of harassment, discrimination or accommodation, please refer to the Equal Employment Opportunity Policy or the Policy Against Unlawful Harassment, Discrimination and Retaliation in this handbook.

The University takes all employee concerns and problems seriously. We will work to address your concern and/or resolve your problem as soon as possible under the circumstances. You are encouraged to utilize this procedure without fear of retaliation.

Please note that the University utilizes private, binding arbitration for employee disputes that cannot be resolved by other means, and which would otherwise be subject to resolution in court.

6. What You can Expect from Us

Introductory Period

For every new employee, including rehires, the first ninety (90) days of employment is an introductory period. During this first ninety (90) days, your job performance, attendance, attitude and overall interest in your job will be assessed. Employees who fail to demonstrate the expected commitment, performance and attitude may be terminated at any time during the introductory period. However, completion of the introductory period does not change or alter the “at-will” employment relationship. You continue to have the right to terminate your employment at any time, with or without cause or notice, and the University has the same right.

During the introductory period, you may not be eligible for certain University benefits.

As a result of an excused absence during your introductory period or for other reasons identified by management, the University may choose to extend your introductory period as necessary to give you a further opportunity to demonstrate your ability to do the job. If your introductory period is extended, you will be notified.

Equal Employment Opportunity Policy

We are committed to providing equal employment opportunities to all employees and applicants without regard to race, religion, color, sex (including breast feeding and related medical conditions), gender identity and expression, sexual orientation, national origin, ancestry, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, genetic information, disability, or any other protected status in accordance with all applicable federal, state and local laws.

This policy extends to all aspects of our employment practices, including but not limited to, recruiting, hiring, discipline, termination, promotions, transfers, compensation, benefits, training, leaves of absence, and other terms and conditions of employment.

Requests for Accommodation

The University is committed to complying with all laws protecting qualified individuals with disabilities, as well as employees', unpaid interns' and volunteers' religious beliefs and observances. This policy extends to all aspects of our employment practices, including but not limited to, recruiting, hiring, discipline, termination, promotions, transfers, compensation,

benefits, training, leaves of absence, and other terms and conditions of employment. The University will provide a reasonable accommodation for any known physical or mental disability of a qualified individual and/or employees' religious beliefs and observances, provided the requested accommodation does not create an undue hardship for the University and/or does not pose a direct threat to the health or safety of others in the workplace and/or to the individual.

If you require an accommodation to perform the essential functions of your job and/or for your religious beliefs or observances, you must notify the Human Resources Manager. Once the University is aware of the need for an accommodation, the University will engage in an interactive process to identify possible accommodations.

If you believe that you have been treated in a manner not in accordance with these policies, please notify the University immediately by speaking to the Human Resources Manager. You are encouraged to utilize this procedure without fear of retaliation.

Policy Against Unlawful Harassment, Discrimination and Retaliation

The University is committed to providing a work environment that is free of unlawful harassment, discrimination and retaliation. In furtherance of this commitment, the University strictly prohibits all forms of unlawful discrimination and harassment, including: discrimination or harassment on the basis of race, religion, color, sex (including breast feeding and related medical conditions), gender identity and expression, sexual orientation, national origin, ancestry, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, genetic information, disability or any other category protected by applicable state or federal law.

The University's policy against unlawful harassment, discrimination and retaliation applies to all employees, including supervisors and managers, as well as to all unpaid interns and volunteers. The University prohibits managers, supervisors and employees from harassing coworkers as well as the University's students, patients, vendors, suppliers, independent contractors and others doing business with the University. Any such harassment will subject an employee to disciplinary action, up to and including immediate termination. The University likewise prohibits its students, patients, vendors, suppliers, independent contractors and others doing business with the University from harassing our employees.

Examples of Prohibited Sexual Harassment: Sexual harassment includes a broad spectrum of conduct including harassment based on sex, gender, gender identity or expression, and sexual orientation. By way of illustration only, and not limitation, some examples of unlawful and unacceptable behavior include:

- unwanted sexual advances;
- offering an employment benefit (such as a raise, promotion or career advancement) in exchange for sexual favors, or threatening an employment detriment (such as termination or demotion) for an employee's failure to engage in sexual activity;

- visual conduct, such as leering, making sexual gestures, and displaying or posting sexually suggestive objects or pictures, cartoons or posters;
- verbal sexual advances, propositions, requests or comments;
- sending or posting sexually related messages, videos or messages via text, instant messaging, or social media;
- verbal abuse of a sexual nature, graphic verbal comments about an individual's body, sexually degrading words used to describe an individual, and suggestive or obscene letter, notes or invitations;
- physical conduct, such as touching, groping, assault, or blocking movement;
- physical or verbal abuse concerning an individual's gender, gender identity or gender expression; and
- verbal abuse concerning a person's characteristics such as pitch of voice, facial hair or the size or shape of a person's body, including remarks that a male is too feminine, or a woman is too masculine.

Other Examples of What Constitutes Prohibited Harassment: In addition to the above listed conduct, the University strictly prohibits harassment concerning any other protected characteristic. By way of illustration only, and not limitation, such prohibited harassment includes:

- racial or ethnic slurs, epithets, and any other offensive remarks;
- jokes, whether written, verbal, or electronic;
- threats, intimidation, and other menacing behavior;
- inappropriate verbal, graphic, or physical conduct;
- sending or posting harassing messages, videos or messages via text, instant messaging, or social media; and
- other harassing conduct based on one or more of the protected categories identified in this policy.

If you have any questions about what constitutes harassing behavior, ask your supervisor or another member of management.

Prohibition Against Retaliation: The University is committed to prohibiting retaliation against those who themselves or whose family members report, oppose, or participate in an investigation of alleged unlawful harassment, discrimination, or other wrongdoing in the workplace. By way of example only, participating in such an investigation includes, but is not limited to:

- Filing a complaint with a federal or state enforcement or administrative agency;
- Participating in or cooperating with a federal or state enforcement agency conducting an investigation of the University regarding alleged unlawful activity;
- Testifying as a party, witness, or accused regarding alleged unlawful activity;
- Making or filing an internal complaint with the University regarding alleged unlawful activity;
- Providing notice to the University regarding alleged unlawful activity;

- Assisting another employee who is engaged in any of these activities.

The University is further committed to prohibiting retaliation against qualified employees who request a reasonable accommodation for any known physical or mental disability and employees who request a reasonable accommodation of their religious beliefs and observances.

What You Should Do If You Feel You Are Being or Have Been Harassed, Discriminated Against or Retaliated Against

If you feel that you are being or have been harassed, discriminated against or retaliated against in violation of this policy by another employee, supervisor, manager or third-party doing business with the University, you should immediately contact the Title IX Coordinator. In addition, if you observe harassment by another employee, supervisor, manager or non-employee, please report the incident immediately to the individual listed above.

Supervisors who receive any complaint of harassment, discrimination or retaliation must promptly report such complaint to the Title IX Coordinator.

Your notification of the problem is essential to us. We cannot help resolving a harassment problem unless we know about it. Therefore, it is your responsibility to bring your concerns and/or problems to our attention so we can take whatever steps are necessary to address the situation. The University takes all complaints of unlawful harassment seriously and will not penalize you or retaliate against you in any way for reporting a harassment problem in good faith.

All complaints of unlawful harassment which are reported to management will be investigated as promptly as possible by an impartial and qualified person and, upon conclusion of such investigation, appropriate corrective action will be taken where warranted. The University prohibits employees from hindering internal investigations and the internal complaint procedure. All complaints of unlawful harassment reported to management will be treated as confidentially as possible, consistent with the University's need to conduct an adequate investigation.

Violation of this policy will subject an employee to disciplinary action, up to and including immediate termination. Moreover, any employee, supervisor or manager who condones or ignores potential violations of this policy will be subject to appropriate disciplinary action, up to and including termination. Additionally, under California law, employees may be held personally liable for harassing conduct that violates the California Fair Employment and Housing Act.

7. Timekeeping and Payroll Practices

Employee Classification

Full-Time Employees

Full-time employees are regularly scheduled to work 40 hours or more per week, as determined by the University in its sole discretion; are eligible for paid time off/vacation (as applicable); and are eligible to elect coverage under the DULA Benefits.

Part-Time Employees

Part-time employees are regularly scheduled to work at least 20, but less than 32, hours per week, as determined by the University in its sole discretion; may be eligible for some perquisites, like paid time off/vacation (as applicable), on a pro-rated basis; are not eligible to apply for coverage under DULA Benefits, unless legally required but may be eligible to apply for certain voluntary benefits.

Temporary Employees

Temporary employees are those employed to work on special projects for short periods of time, or on a “fill-in” basis. These positions are not intended to be a part of continuing operations. The employment status of temporary employees will not be changed due to an extension of employment in excess of that originally planned. Unless otherwise required by applicable law, temporary employees are not eligible for University benefits.

Non-Exempt Employees

Non-exempt employees include all employees who are covered by the overtime provisions of the Federal Fair Labor Standards Act or any applicable California state law.

Exempt Employees

Exempt employees include all employees who are classified by the University as exempt from the overtime provisions of the Federal Fair Labor Standards Act and any applicable California state law.

If you have any questions concerning your employee classification or the benefits for which you qualify, please consult the Human Resources Manager or the applicable benefit plan documents.

Your Pay

We distribute paychecks semi-monthly on the 10th and 25th of each month for the employees who are salary based. For the hourly pay rate employees, you are paid on bi-weekly bases (every 2 weeks). We distribute bi-weekly paychecks on the following Friday of the week that 2nd workweek ended. You should pick up your own paycheck on the normally scheduled pay day. If the scheduled payday falls on a Saturday, Sunday or holiday, paychecks will generally be distributed on the preceding business day. Any questions about the amount of your pay or deductions should be brought to the attention of the Human Resources Manager immediately.

The workweek starts on Monday at 12:01 a.m. and runs through Sunday at 12:00 midnight.

Timekeeping Procedures

Unless otherwise notified, you are required to accurately record your hours of work through the use of a timecard, an electronic timekeeping system, or a handwritten record. You are required to submit the time record promptly following the close of the pay period so that your time record can be reviewed by your supervisor before your paycheck is processed for the pay period. Accurately recording all of your time is required in order to be sure that you are paid for all hours worked as required by the wage and hour laws. "Hours worked" is defined by law as all-time an employee is subject to the control of an employer and includes all time that an employee is suffered or permitted to work, whether or not required to do so. Working "off the clock" is not permitted.

Your obligation to accurately record all hours worked does not relieve you of your obligation to obtain advance approval from your supervisor before working overtime or hours beyond your regular work schedule. Employees who work beyond their regularly scheduled work hours, including overtime or off-schedule hours, without prior authorization by their supervisor are subject to disciplinary action up to and including termination of employment.

You will be informed on your first day on the job whether you are required to keep your time by a time clock, a time sheet or some other method. Whatever your method of timekeeping, you are expected to follow the established procedures in keeping an accurate record of your hours worked.

Any changes or corrections to your timecard or time record must be initialed by you and your Department Manager. Under no circumstances may any employee punch or record another employee's timecard.

Overtime and Work Schedule

The University may periodically schedule overtime or weekend work in order to meet production needs. We will attempt to give as much advance notice as possible, and we expect that all employees who are scheduled to work overtime will be at work, unless excused by their supervisor. Otherwise, all overtime work must be pre-approved by your supervisor. Working overtime without your supervisor's approval may result in disciplinary action, up to and including termination.

Your supervisor will inform you of the hours you are to work. Due to changing needs of our students and patients, your actual work schedule may vary from time to time. If it does, you will be notified by your supervisor. Management retains the right to reassign employees to a different shift where it is necessary for the efficient operation of the University.

Meal Periods

Except for certain salaried exempt employees, it is our policy to provide and afford all employees who work more than five (5) hours with an uninterrupted 30-minute meal period free from all duty to begin no later than the end of the fifth hour of work and a second uninterrupted 30-minute meal period free from all duty to commence no later than the end of the 10th hour, should an employee work that many hours in any given day. Only in limited circumstances, discussed below, can meal periods be waived. For this reason, unless there is a written agreement for an on-duty meal period approved by your Department Supervisor, employees must record the beginning and ending time of their meal period in the timekeeping system every day.

It is our policy to relieve you of all duty during your meal periods, so that you are at liberty to use the meal period time as you wish. The University schedules all work assignments with the expectation that all employees will take their duty-free meal periods and we encourage you to do so. You may be asked to confirm in writing that you have been relieved of all duty and otherwise provided all of your meal periods during a particular pay period, or in the alternative, identify any meal periods you missed. At no time may any employee perform off-the-clock work or otherwise alter, falsify, or manipulate any aspect of their timekeeping records to inaccurately reflect or hide meal periods or time spent working during meal periods.

Please note that no University manager or supervisor is authorized to instruct you how to spend your personal time during a meal or rest period. You should immediately report a manager's or supervisor's instruction to skip or work during a meal period to the Human Resources.

Waiver of Meal Period. You may waive your meal period only under the following circumstances: If you will complete your workday in six (6) hours, you may waive your meal period. If you work over ten (10) hours in a day you may waive your second meal period only if you take your first meal period and you do not work more than twelve (12) hours that day. You may not waive your meal periods to shorten your workday.

On-Duty Meal Period. In limited situations, certain designated employees may be authorized to work an “on-duty meal period” when the nature of the employee’s duties prevent the employee from being relieved of all duty. You will be permitted to take an on-duty meal period only if the nature of your job duties requires it and you and the University have agreed to an on duty meal period in writing. In this situation, your on-duty meal period will be paid and treated as hours worked.

The University pays one-hour of pay at your regular rate of pay in instances where an employee is required by the University to work during a meal period or not provided an opportunity to take a meal period in accordance with this policy. Because this should be an exceptional occurrence, if you are aware of such a situation, please be sure to bring it to our attention. The one-hour premium will not apply in situations where the meal period is waived as permitted by law, where an employee has a lawful on-duty meal period, or when an employee personally chooses to deviate from the University’s schedules or policies providing meal periods as required by law.

Rest Periods

The University provides all employees with the opportunity to take a ten (10) minute paid rest period for every four (4) hours worked (or major fraction thereof), which should be taken so far as practicable in the middle of each work period. Rest breaks will be provided as follows:

Shift (Hours Worked in Day) Number of Paid Rest Breaks
At least 3.5, but fewer than 6 hours 1
At least 6, but fewer than 10 hours 2
At least 10, but fewer than 14 hours 3

The University generally will not authorize a rest period for employees whose total daily work time is less than three and one-half (3 ½) hours. Employees are generally authorized and permitted to schedule their rest periods at their own discretion under these guidelines; however, a supervisor may ask that rest periods be scheduled to best ensure the smooth operation of their Department. Rest periods may not be combined with other rest or meal periods.

Rest periods are counted as hours worked, and thus, you are not required to record your rest periods on your timecards or the University’s timekeeping system. However, no supervisor is authorized or allowed to instruct or allow you to waive a rest period, and rest periods cannot be used to shorten the workday or be accumulated for any other purpose. You may be required to confirm that you have been provided an opportunity to take all of your rest periods during a particular pay period.

The University pays one-hour of premium pay at your regular rate of pay in instances where an employee is required by the University to work during a rest period or not provided an opportunity to take a rest period in accordance with this policy. Because this should be an exceptional occurrence, if you are aware of such a situation, please be sure to bring it to our attention. The one-hour premium will not apply in situations where the rest period is waived as permitted by law or when an employee personally chooses to deviate from the University's schedules or policies providing rest breaks as required by law.

The University pays employees compensated on a "piece rate" basis for rest periods at an average hourly rate determined by dividing that employee's total compensation for the workweek (exclusive of compensation for rest and recovery periods and overtime premiums) by the total hours worked during the workweek (exclusive of rest and recovery periods). The University pays employees for other nonproductive time at a rate that is no less than the minimum wage.

Recovery Periods for Employees Working Outdoors

The University provides all employees working outdoors in temperatures exceeding 80 degrees Fahrenheit with the opportunity to take an uninterrupted cool-down period of at least five (5) minutes as needed to avoid overheating. Employees are permitted to access the provided shaded area and drinking water at any time to avoid heat illness. Cool-down periods are counted as hours worked, and thus, you are not required to record your cool-down periods on your timecards or the University's timekeeping system.

It is our policy to relieve employees of all duty during cool-down periods. As such, no supervisor is authorized or allowed to instruct you to waive or skip a cool-down period, and cooldown periods cannot be used to shorten the workday. You should immediately report a manager's or supervisor's instruction to skip, shorten, or work during a cool-down period to the Human Resources Manager.

The University pays one-hour of premium pay at your regular rate of pay in instances where an employee is required by the University to work during a recovery period or not provided an opportunity to take a recovery period in accordance with this policy. Because this should be an exceptional occurrence, if you are aware of such a situation, please be sure to bring it to our attention. The one-hour premium will not apply in situations where the recovery period is waived as permitted by law or when an employee personally chooses to deviate from the University's schedules or policies providing recovery periods as required by law.

The University pays employees compensated on a "piece rate" basis for cool-down periods at an average hourly rate determined by dividing that employee's total compensation for the workweek (exclusive of compensation for rest and recovery periods and overtime premiums) by the total hours worked during the workweek (exclusive of rest and recovery periods). An employee's desire to maintain a high rate of productivity is not a justification for skipping a necessary cool-down period.

- Memorial Day Last Monday in May
- Independence Day July 4
- Labor Day First Month of September
- Thanksgiving Day Last Thursday in November
- Day after Thanksgiving Last Friday in November
- Christmas Day December 25

To be eligible for holiday pay, you must work your last scheduled day before the holiday and the first scheduled day after the holiday, unless you are taking an excused absence on those days. Holiday pay does not count as “hours worked” for purposes of calculating an employee’s entitlement to overtime during the week in which the holiday occurs.

Some departments may be open on a holiday due to business necessity. Employees will be given as much advance notice as possible if they are required to work on a holiday, although advance notice may not always be possible. Employees asked to work on a holiday will only receive their normal rate of pay for work performed on a holiday. If an employee is required to work on a day which the University has designated as a paid holiday, the employee will be given a paid day off on another day. Managerial employees will generally not receive additional holiday pay. Please consult with Human Resources Manager if you have any questions.

Paid Vacation

Vacation time off with pay is available to eligible full-time employees to provide opportunities for rest, relaxation, and personal pursuits.

Regular Full-Time Employees

Length of Service	Granted Per Year	Maximal Accrual Cap
1-3 years	5-days	10-days
4-7 years	10-days	15-days
8 years and thereafter	10-days + 1 additional day per service year (max. 20-days)	20 days

President, Dean of Academic, Director of Administration

Length of Service	Granted Per Year	Maximal Accrual Cap
1-3 years	7-days	10-days
4-7 years	15-days	20-days

8 years and thereafter	15-days + 1 additional day per service year (max. 20-days)	20 days
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Once employees have accrued the maximum number of vacation hours or “Maximum Accrual Cap”, vacation hours will stop accruing. Employees will resume accruing vacation once they have used some of their accrued but unused vacation. All accrued but unused vacation benefits are paid at the time of separation of employment.

Employees must provide their supervisor with as much advance notice of anticipated vacations as possible so that assigned work may be adequately staffed. Employees requesting vacation of two or more working days must complete a Vacation Request form. In some instances, it may be necessary for an employee to change vacation schedule due to scheduling conflicts, deadlines, and other business needs. The University reserves the right to approve or to deny vacation at any time during which the absence of the employee would adversely affect business operations. The University also may require employees to take vacations for scheduling or budgetary reasons.

Paid Sick Leave

The University provides paid sick leave to employees who have worked 30 or more days in California within a year of their employment with the University. Eligible employees will receive 48 hours or six (6) days of paid sick leave each year. Beginning on the 90th day of employment, employees may begin to use paid sick leave. At the beginning of each year, employees will be granted the full 48 hours or six (6) days of paid sick leave. Sick leave cannot be taken in increments of less than two (2) hours. Accrued unused paid sick leave shall carry over to the following year of employment, but the sick leave available for employee shall be capped at 72 hours or nine (9) days per year.

Leave under this policy may be used in connection with the diagnosis, care, or treatment of an existing health condition of, or preventive care for, the employee or the employee’s family member. “Family member” for purposes of this policy includes a spouse, registered domestic partner, child (regardless of the child’s age), parent (including a step-parent or parent-in-law), grandparent, grandchild, or sibling. Leave under this policy may also be used by an employee who is a victim of domestic violence, sexual assault, or stalking to seek aid or medical attention, obtain services or counseling, or participate in safety planning.

Consult the Human Resources Manager for detailed information on how the dollar amount of your sick pay is calculated and the amount you are entitled to receive. The actual dollar amount that an employee receives may vary according to the compensation plan of the employee.

Employees requesting time off under this policy must provide as much advance notice as possible, if the need for leave is foreseeable. Where your need for paid sick leave is unforeseeable, you must provide notice as soon as practicable. Accrued, unused time under

this policy will not be paid out at the time of separation from employment. However, employees who are re-employed with the University within a year of separation will have any unused paid sick leave accrued under this policy reinstated.

Leave under this policy may run concurrently with leave taken under local, state or federal law, including leave taken pursuant to the California Family Rights Act or the Family and Medical Leave Act. For more information regarding this policy, contact the Human Resources Manager.

Insurance & Retirement Benefits

All eligible full-time regular employees may sign up for Group Health Insurance benefits provided by DULA. Full-Time regular employees are eligible for health benefits after 90 days of their employment.

Summary plan descriptions will be provided and explained during new-hire orientation and further information can also be obtained from the Human Resources Manager.

Employees must contact the Human Resources Manager when experiencing any “qualifying event”, such as, a marriage, divorce, and death of a spouse, birth or adoption of a child and/or the loss of other health coverage that was provided by a spouse, within 30 days after the event. It is essential that employees notify the Human Resources Manager of such events to ensure that the appropriate insurance forms will be completed, and explanation of benefits provided.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

The Federal Consolidated Omnibus Budget Reconciliation Act (COBRA) offers employees and qualified beneficiaries the opportunity to continue health insurance coverage under DULA’s group health plan when a qualifying event would normally result in the loss of eligibility. Some common qualifying events are termination of employment; death of an employee; a reduction in an employee’s hours or a leave of absence; an employee’s divorce or legal separation; and an employee’s dependent child no longer meeting eligibility requirements.

Under COBRA, the employee or beneficiary pays the full cost of coverage at DULA’s group rate plus an administration fee. The maximum period for continuation depends upon the qualifying event. DULA provides each eligible employee and participating dependent(s) with a written notice describing rights granted under COBRA. For any questions about COBRA contact the Human Resources Manager.

Acupuncture Care

All regular part-time and full-time employees, their spouse and dependent children are eligible to receive acupuncture care at a discounted rate of \$10 per treatment through the DULA Health Center upon hire.

Employees interested in receiving acupuncture care must schedule their appointments during non-working hours.

Oriental Herbal Medicine

All regular part-time and full-time employees, their immediate family members are eligible to receive up to 40% discount from any oriental herbal medicine purchased at the DULA Health Center upon hire.

9. State Mandated Insurance Benefit Programs

State Disability Insurance

By state law, we are required to deduct a certain amount from your pay to provide State Disability Insurance (“SDI”). SDI benefits are payable when you cannot work because of illness or injury unrelated to your employment. For information concerning these benefits, contact the Employment Development Department of the State of California, which administers the SDI program.

Family Temporary Disability Insurance

In addition, we are also required to withhold a certain percentage of your wages pursuant to the Family Temporary Disability Insurance Act (“FTDI”) in order to fund the Paid Family Care Leave Program. FTDI is another disability benefits program that is administered by California’s Employment Development Department which allows you to receive compensation for lost wages, for up to six (6) weeks in a twelve-month period, if you take time off work to provide care for a seriously ill child, spouse, parent, domestic partner, grandparent, grandchild, sibling, parent-in-law, or to bond with a new child.

Despite its name, the FTDI is not a “leave” program; it does not provide you with any entitlement to leave beyond that to which you are entitled pursuant to University policy. You will be required to use up to two (2) weeks of accrued vacation prior to receiving FTDI benefits during any twelve (12) month period. You may also elect to use your sick leave during receipt of FTDI benefits. You must notify the University if you intend to file for FTDI benefits.

All claims for FTDI benefits must be submitted directly to the Employment Development Department of the State of California. The Employment Development Department ultimately determines whether you receive FTDI benefits based on the serious health condition of certain family members that require your care. You may not be eligible for FTDI benefits if you are receiving State Disability Insurance, Unemployment Compensation Insurance, or Workers' Compensation benefits.

Workers' Compensation Insurance

The University pays the entire amount of the Workers' Compensation insurance premium, which provides benefits to employees who experience injury or illness that arises out of the course and scope of employment. Benefit entitlements are governed by law, but it is essential that you report all work-related accidents, injuries, and illnesses immediately. You should be aware that California law makes it a crime to knowingly file a false or fraudulent claim for Workers' Compensation benefits, or to knowingly submit false or fraudulent information in connection with any Workers' Compensation claim. Such conduct is also against University policy and will result in disciplinary action up to and including termination of employment.

10. Leaves of Absence

Civic Duties

The University encourages each of you to accept your civic responsibilities. We are a good corporate citizen, and we are pleased to assist you in the performance of your civic duties.

Jury Duty: If you receive a call to jury duty, please notify your supervisor immediately so he/she may plan the department's work with as little disruption as possible. Unless otherwise required by state or federal law, time spent serving on jury duty will be unpaid.

Exempt employees will continue to receive their regular salary when they work partial weeks while on jury duty, pursuant to state and federal law.

Employees who are released from jury service before the end of their regularly scheduled shift or who are not asked to serve on a jury panel are expected to call their supervisor as soon as possible and report to work if requested.

Witness Duty: If you receive a subpoena to appear in court, please notify your supervisor immediately. You are expected to return to work as soon as your service as a witness is completed.

Voting: If you would like to vote in a public election, but do not have sufficient time to vote during non-work hours, you may arrange to take up to two (2) hours off from work with pay to

vote. To receive time off for voting, you must obtain advance approval from your supervisor and must take the time off to vote either at the beginning or end of your work shift. The University reserves the right to request a copy of your voter's receipt following any time off to vote.

Leave for Emergency Rescue Personnel

To the extent required by law, employees who are volunteer firefighters, reserve peace officers, or emergency duty personnel may receive unpaid leave to perform emergency duty as a volunteer firefighter, reserve peace officer, or emergency rescue personnel. Such employees may also take a temporary, unpaid leave of absence, not to exceed a total of fourteen (14) days per calendar year, in order to engage in fire, law enforcement, or emergency rescue training.

If you are participating as a volunteer firefighter, reserve peace officer, emergency rescue personnel, or an officer, employee, or member of a disaster medical response entity sponsored or requested by the state, please alert your supervisor so that he/she is aware of the fact that you may have to take time off for emergency duty and/or training. In the event that you need to take time off for emergency duty and/or training, please alert your supervisor in writing as far in advance as possible. You must provide the University with appropriate documentation evidencing your performance of emergency duty and/or attendance at training upon returning to work. If you are a healthcare provider, you must notify the University at the time you become designated as "emergency rescue personnel" and when you are notified that you will be deployed as a result of our "emergency rescue personnel" designation.

You may choose to use any accrued vacation or sick leave time, if available, for an absence described above.

Leave for Victims of Felony Crimes

To the extent required by law, employees who are victims of certain specified felony crimes, or who are an immediate family member of a victim, a registered domestic partner of a victim, or the child of a registered domestic partner of a victim, may receive unpaid time off from work to attend judicial proceedings related to that crime. Additionally, employees who are victims of such crimes may take unpaid time off from work to be heard at any proceeding, including any delinquency proceeding, involving a post-arrest release decision, plea, sentencing, post-conviction release decision, or any proceeding in which a right of the victim is at issue. To take this leave, you must provide the University in advance with a copy of the notice of the proceeding. If advance notice is not possible, you must provide the University with appropriate documentation evidencing your attendance at the judicial proceeding upon returning to work.

Leave for Victims of Domestic Violence, Sexual Assault, or Stalking

If you are a victim of domestic violence, sexual assault or stalking you may receive unpaid leave to attend legal proceedings or obtain or attempt to obtain any relief necessary, including a restraining order, to ensure your own health, safety, or welfare, or that of your child or children.

You may also receive unpaid leave to: (1) obtain services from a domestic violence shelter or rape crisis center; (2) seek medical attention for injuries caused by domestic violence or sexual assault; (3) obtain psychological counseling for the domestic violence or sexual assault; or (4) take action, such as relocation, to protect against future domestic violence or sexual assault. To take this leave, you must provide the University with advance notice of your need for leave. If advance notice is not possible, you must provide the University with the following certification upon returning back to work: (1) a police report showing that you were a victim of domestic violence or sexual assault, (2) a court order protecting you from the perpetrator or other evidence from the court or prosecuting attorney that you appeared in court, or (3) documentation from a medical professional, domestic violence or sexual assault victim advocate, health care provider, or counselor showing that your absence was due to treatment for injuries from domestic violence or sexual assault.

You may choose to use any [accrued vacation or sick leave] time, if available, for an absence described above.

In addition, employees who are victims of domestic violence, sexual assault or stalking are entitled to a reasonable accommodation for the employee's safety while at work. A reasonable accommodation may include: the implementation of safety measures, including a transfer, reassignment, modified schedule, changed work telephone, changed work station, installed lock; assistance in documenting domestic violence, sexual assault, or stalking that occurs in the workplace; an implemented safety procedure; or another adjustment to the employee's job duties and position. If you require such an accommodation, please notify your supervisor or the Human Resources Manager. The University will engage the employee in a timely, good faith, and interactive process to determine effective reasonable accommodations.

Unpaid Family School Partnership Leave

The University encourages its employees to be involved in the education of their children. Parents, guardians, step-parents, foster parents, grandparents, or individuals standing in loco parentis with custody of school age children (K-12) are eligible for up to forty (40) hours of unpaid leave each year, not to exceed eight (8) hours in any calendar month, to participate in school related activities of their children or their registered domestic partner's children. Employees may take leave to find, enroll, or reenroll his or her child in a school or with a licensed childcare provider, or to participate in activities of the school or licensed child care provider, or to address child care provider or school emergencies.

You must personally notify your supervisor and the Human Resources Manager as soon as you learn of the need for the planned absence. You will not be allowed time off if you do not provide your supervisor with adequate notice. The University may require verification of the school-related activity. You are requested to schedule activities such as parent/teacher conferences during non-work hours. Employees who request leave for unauthorized purposes will be subject to disciplinary action, up to and including termination.

Leave for Organ and Bone Marrow Donors

An employee who has been employed for at least ninety (90) days and who provides written verification to the University that he/she is an organ or bone marrow donor (required for medical necessity) is entitled to receive a job protected paid leave of absence that may be taken in one or more periods in order to donate. Eligible organ donors are entitled to a leave of absence not to exceed thirty (30) business days in any one-year period of time. Eligible bone marrow donors are entitled to a leave of absence not to exceed five (5) business days in any one-year period. Employees will be required to use up to five (5) days of their vacation for bone marrow donor leave and up to two (2) weeks of their vacation for organ donor leave.

Pregnancy Disability Leave of Absence

Female employees may take a leave of absence up to four (4) months for disabilities relating to pregnancy, childbirth or related medical conditions (meaning a physical or mental condition intrinsic to pregnancy or childbirth). For the purposes of leave under this policy, “four (4) months” means the number of days the employee would normally work within four (4) calendar months (one-third of a year equaling 17 1/3 weeks), if the leave is taken continuously, following the date the pregnancy leave commences.

Prior to the start of your pregnancy disability leave, the University will require a statement from your health care provider indicating that you are unable to perform your job and the anticipated date of your return. In the event your leave exceeds the anticipated date of return, it is your responsibility to provide further verification from your health care provider that you are unable to perform your job and the revised anticipated date of return. Depending on your eligibility, medical insurance may be continued during the leave in accordance with the applicable plan document, COBRA, or provisions of federal/state law relating to unpaid medical leave.

Employees granted leaves for pregnancy will be returned to their same or similar position to the extent required by state law. Upon the advice of your health care provider, you may also be entitled to reasonable accommodation, to the extent required by law, for conditions related to pregnancy, childbirth or related medical conditions. In addition, a transfer to a less strenuous or hazardous position or duties may be available pursuant to your request, if such a transfer is medically advisable. You should promptly notify the Human Resources Manager of your need for a reasonable accommodation as soon as reasonably possible.

Medical Leave of Absence

Employees who are ineligible for leave under the Family and Medical Leave Act and California Family Rights Act as provided below are nonetheless eligible for medical leave according to the following policy:

Employees are eligible for unpaid leaves of absence for medical reasons. Medical reasons may include illness, injury, medical and surgical procedures, and related medical conditions. You must request a leave of absence if you will be unable to work for medical reasons for a period in excess of three (3) consecutive days. Such requests are subject to management approval and must be made as soon as possible. Each request must be accompanied by a certification from your treating physician or University approved physician that is acceptable to the University, which indicates that you are unable to work. The University reserves the right to have employees on a medical leave of absence examined by a physician of the University's choice. The University may require periodic physician's verification of your inability to work. Misrepresenting the reason for applying for a leave of absence may result in disciplinary action, up to and including termination.

During a leave of absence, the University's medical insurance plan may allow covered employees and their eligible dependents to maintain medical insurance benefits by electing and paying for continuation coverage. The employee and his/her eligible dependents must pay the monthly premiums for any continuation coverage as elected. It is the applicable plan document that ultimately governs your eligibility and entitlement to these benefits.

Upon your return from a medical leave of absence, we will attempt to return you to your regular job if it is available. If it is not available, you will be placed in a similar job for which you are deemed by management to be qualified if such a job is available. If no jobs are available at the time, you will be given preferential consideration for any position for which you apply and for which you are deemed by management to be qualified following your notifying the University in writing that you are ready and able to return to work.

Failure to report to work as scheduled following a leave of absence can result in dismissal. Employees who are out on leaves of absence will not accrue such benefits as vacation or holiday pay during their leaves of absence.

You should speak directly with the Human Resources Manager prior to taking a leave to ensure your understanding of all of your obligations to the University while on leave, such as reporting and verification obligations. Failure to comply with University policy may substantially affect your ability to return to work.

Family and Medical Leave Act/California Family Rights Act

The Family and Medical Leave Act and California Family Rights Act ("FMLA/CFRA") provide eligible employees the opportunity to take unpaid, job-protected leave for certain specified reasons. The maximum amount of leave you may use is either twelve (12) or twenty-six (26) weeks within a twelve (12) month period depending on the reasons for the leave.

Employee Eligibility

To be eligible for FMLA/CFRA leave, you must:

- have worked at least twelve (12) months for the University in the preceding seven (7) years (limited exceptions apply to the seven-year requirement);
- have worked at least 1,250 hours for the University over the twelve (12) months preceding the date your leave would commence; and
- currently work at a location where there are at least fifty (50) employees within seventy-five (75) miles.

All periods of absence from work due to or necessitated by service in the uniformed services are counted in determining FMLA eligibility.

Conditions Triggering Leave

FMLA and/or CFRA leave may be taken for the following reasons:

- Birth of a child, or to care or bond with a newly-born child including incapacity due to pregnancy or prenatal medical care;
- Placement of a child with the employee and/or the employee's registered domestic partner for adoption or foster care or to care or bond with the child;
- To care for an immediate family member (employee's spouse, registered domestic partner, child, registered domestic partner's child, or parent) with a serious health condition;
- Because of the employee's serious health condition that makes the employee unable to perform the employee's job;
- To care for a Covered Servicemember with a serious injury or illness related to certain types of military service (see Military-Related FMLA Leave for more details); or,
- To handle certain qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on duty under a call or order to active duty in the Uniformed Services (up to 12 weeks) (see Military-Related FMLA Leave for more details).

The maximum amount of leave that may be taken in a twelve (12) month period for all reasons combined is twelve (12) weeks, with one exception. For leave to care for a Covered Servicemember, the maximum combined leave entitlement is twenty-six (26) weeks, with leaves for all other reasons constituting no more than twelve (12) of those twenty-six (26) weeks. Also, in addition to leave available under the FMLA and CFRA, female employees may be eligible for leaves of absence during periods of disability associated with pregnancy or childbirth. Please see the Pregnancy Disability Leave of Absence Policy for further information on this type of leave.

Definitions

A "Serious Health Condition" is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the

functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement includes an incapacity of more than three full calendar days and two visits to a health care provider or one visit to a health care provider and a continuing regimen of care; an incapacity caused by pregnancy or prenatal visits, a chronic condition, or permanent or long-term conditions; or absences due to multiple treatments. Other situations may also meet the definition of continuing treatment.

Identifying the 12-Month Period

The University measures the twelve (12) month period in which leave is taken by the "rolling" twelve (12) month method, measured backward from the date of any FMLA/CFRA leave with one exception. For leave to care for a covered servicemember, the University calculates the twelve (12) month period beginning on the first day the eligible employee takes FMLA leave to care for a Covered Servicemember and ends twelve (12) months after that date. FMLA/CFRA leave for the birth or placement of a child for adoption or foster care must be concluded within twelve (12) months of the birth or placement.

Using Leave

Eligible employees may take FMLA/CFRA leave in a single block of time, intermittently (in separate blocks of time), or by reducing the normal work schedule (including the elimination of required overtime) when medically necessary for the serious health condition of the employee or immediate family member, or in the case of a Covered Servicemember, his/her injury or illness. Eligible employees may also take intermittent or reduced-scheduled leave for military qualifying exigencies. Intermittent leave is generally not permitted for birth of a child, to care for a newborn child, or for placement of a child for adoption or foster care; such leave must be taken in at least two-week increments. Employees who require intermittent or reduced-schedule leave for planned medical treatment must try to schedule their leave so that it will not unduly disrupt the University's operations. Intermittent leave is permitted in increments of at least one hour.

Use of Paid Leave

Depending on the purpose of your leave request, you may choose (or the University may require you) to use accrued paid leave (such as sick leave, vacation, or PTO), concurrently with some or all of your FMLA/CFRA leave. In order to substitute paid leave for FMLA/CFRA leave, an eligible employee must comply with the University's normal procedures for the applicable paid leave policy (e.g., call-in procedures, advance notice, etc.). An employee receiving Paid Family Leave is not on "unpaid leave," and therefore cannot use paid leave (such as sick leave, vacation, or PTO) during this time. An employee who receives Paid Family Leave benefits and wishes to receive paid leave after those benefits cease, must notify the University of the cessation of Paid Family Leave benefits and their request for paid leave. Additionally, depending on the purpose of your leave request, you may choose to take leave pursuant to a short- or long-term disability leave plan, during the otherwise unpaid portion of your FMLA/CFRA leave. This paid disability leave runs concurrently with FMLA/CFRA leave and may continue longer than the FMLA/CFRA leave if permitted by the disability leave plan.

However, paid disability leave cannot run concurrently with other paid leave (sick leave, vacation, or PTO).

Maintenance of Health Benefits

If you and/or your family participate in our group health plan, the University will maintain coverage during your FMLA/CFRA/PDL leave on the same terms as if you had continued to work. If applicable, you must make arrangements to pay your share of health plan premiums while on leave. In some instances, the University may recover premiums it paid to maintain health coverage or other benefits for you and your family. Use of FMLA/CFRA/PDL leave will not result in the loss of any employment benefit that accrued prior to the start of your leave. Consult the applicable plan document for all information regarding eligibility, coverage and benefits.

Notice and Medical Certification

When seeking FMLA/CFRA/PDL leave, you must provide:

- Thirty (30) days advance notice of the need to take FMLA/CFRA leave, if the need for leave is foreseeable, or notice as soon as practicable in the case of unforeseeable leave and in compliance with the University's normal call-in procedures, absent unusual circumstances;
- Medical certification supporting the need for leave due to a serious health condition affecting you or an immediate family member within fifteen (15) calendar days of the University's request to provide the certification (additional time may be permitted in some circumstances). If you fail to do so, we may delay the commencement of your leave, withdraw any designation of FMLA/CFRA leave or deny the leave, in which case your leave of absence would be treated in accordance with our standard leave of absence and attendance policies, subjecting you to disciplinary action up to and including termination. Second or third medical opinions and periodic re-certifications may also be required;
- Periodic reports as deemed appropriate during the leave regarding your status and intent to return to work; and
- Medical certification of fitness for duty before returning to work, if the leave was due to your serious health condition, unless your absence was taken on an intermittent or reduced leave schedule. The University will require this certification to address whether you can perform the essential functions of your position.

Failure to comply with the foregoing requirements may result in delay or denial of leave, or disciplinary action, up to and including termination.

Employer Responsibilities

To the extent required by law, the University will inform you whether you are eligible for leave under the FMLA/CFRA. Should you be eligible for FMLA/CFRA leave, the University will provide you with a notice that specifies any additional information required as well your rights

and responsibilities. The University will also inform you if leave will be designated as FMLA/CFRA protected and, to the extent possible, note the amount of leave counted against your leave entitlement. If you are not eligible for FMLA/CFRA leave, the University will provide a reason for the ineligibility.

Job Restoration

Upon returning from FMLA/CFRA leave, you will typically be restored to your original job or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions.

Failure to Return after FMLA/CFRA Leave

If you fail to return to work as scheduled after FMLA/CFRA leave or you exceed the twelve (12) week FMLA/CFRA entitlement (or in the case of military caregiver leave, the twenty-six (26) week FMLA entitlement), you will be subject to the University's standard leave of absence and attendance policies. This may result in termination if you have no other University-provided leave available to you that applies to your continued absence. Likewise, following the conclusion of your FMLA/CFRA leave, the University's obligation to maintain your group health plan benefits ends (subject to any applicable COBRA rights).

Other Employment

The University prohibits employees from holding other employment while on leave of absence. This policy remains in force during all leaves of absence including FMLA/CFRA leave and may result in disciplinary action, up to and including immediate termination of employment.

Fraud

Providing false or misleading information or omitting material information in connection with an FMLA/CFRA leave will result in disciplinary action, up to and including immediate termination.

Military-Related FMLA Leave

FMLA leave may also be available to eligible employees in connection with certain service-related medical and non-medical needs of family members. There are two forms of such leave. The first is Military Caregiver Leave, and the second is Qualifying Exigency Leave. Each of these leaves is detailed below.

Definitions

A "covered servicemember" is either: (1) a current servicemember of the Armed Forces, including a member of the National Guard or Reserves, with a serious injury or illness incurred in the line of duty for which the servicemember is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list; or (2) a "covered veteran" who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

A “covered veteran” is an individual who was discharged under conditions other than dishonorable during the five (5) year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran. The period between October 28, 2009 and March 8, 2013 is excluded in determining this five (5) year period.

The FMLA definitions of “serious injury or illness” for current servicemembers and veterans are distinct from the FMLA definition of “serious health condition.” For purposes of Military-Related FMLA Leave, the term “serious injury or illness” means an injury or illness incurred by the servicemember in the line of duty while on active duty in the Armed Forces that may render the servicemember medically unfit to perform the duties of the servicemember’s office, grade, rank, or rating, or one that existed before the beginning of active duty and was aggravated by service in the line of duty while on active duty.

With regard to covered veterans, the serious injury or illness may manifest itself before or after the individual assumed veteran status, and is: (1) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember’s office, grade, rank or rating; (2) a physical or mental condition for which the covered veteran has received a VA Service Related Disability Rating (VASRD) of 50 percent or greater and such VASRD rating is based, in whole or in part, on the condition precipitating the need for caregiver leave; (3) a physical or mental condition that substantially impairs the veteran’s ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service or would be so absent treatment; or (4) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

“Qualifying exigencies” include activities such as short-notice deployment, military events, arranging alternative childcare, making financial and legal arrangements related to the deployment, rest and recuperation, counseling, parental care, and post-deployment debriefings.

Military Caregiver Leave

Unpaid Military Caregiver Leave is designed to allow eligible employees to care for certain family members who have sustained serious injuries or illnesses in the line of duty while on active duty. The family member must be a “covered servicemember,” which means: (1) a current member or veteran of the Armed Forces, National Guard or Reserves, (2) who is undergoing medical treatment, recuperation, or therapy or, in the case of a veteran, who was a current member of the Armed Forces, National Guard or Reserves, who was discharged or released under conditions other than dishonorable at any time within five years prior to the treatment which an eligible employee requests; is otherwise in outpatient status; or is otherwise on the temporary disability retired list, (3) for a serious injury or illness that may render current member medically unfit to perform the duties of the member’s office, grade, rank, or rating. Military Caregiver Leave is not available to care for servicemembers on the permanent disability retired list. Serious injury or illness specifically includes, but is not limited to, aggravation of a preexisting condition while in the line of duty.

To be eligible for Military Caregiver Leave, you must be a spouse, son, daughter, parent, or next of kin of the covered servicemember. “Next of kin” means the nearest blood relative of the servicemember, other than the servicemember’s spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the

servicemember by court decree or statutory provisions; brothers and sisters; grandparents; aunts and uncles; and first cousins; unless the servicemember has specifically designated in writing another blood relative as his/her nearest blood relative for purposes of Military Caregiver Leave. You must also meet all other eligibility standards as set forth within the FMLA Leave policy.

An eligible employee may take up to twenty-six (26) workweeks of Military Caregiver Leave to care for a covered servicemember in a “single twelve (12) month period.” The “single twelve (12) month period” begins on the first day leave is taken to care for a covered servicemember and ends twelve (12) months thereafter, regardless of the method used to determine leave availability for other FMLA-qualifying reasons. If you do not exhaust your twenty-six (26) workweeks of Military Caregiver Leave during this “single twelve (12) month period,” the remainder is forfeited.

Military Caregiver Leave applies on a per-injury basis for each servicemember. Consequently, an eligible employee may take separate periods of caregiver leave for each and every covered servicemember, and/or for each and every serious injury or illness of the same covered servicemember. A total of no more than twenty-six (26) workweeks of Military Caregiver Leave, however, may be taken within any “single twelve (12) month period.”

Within the “single twelve (12) month period” described above, an eligible employee may take a combined total of twenty-six (26) weeks of FMLA leave including up to twelve (12) weeks of leave for any other FMLA-qualifying reason (i.e., birth or adoption of a child, serious health condition of the employee or close family member, or a qualifying exigency). For example, during the “single twelve (12) month period,” an eligible employee may take up to sixteen (16) weeks of FMLA leave to care for a covered servicemember when combined with up to ten (10) weeks of FMLA leave to care for a newborn child.

An employee seeking Military Caregiver Leave may be required to provide appropriate certification from the employee and/or covered servicemember and completed by an authorized health care provider within fifteen (15) days. Military Caregiver Leave is subject to the other provisions in our FMLA Leave Policy (requirements regarding employee eligibility, appropriate notice of the need for leave, use of accrued paid leave, etc.). Military Caregiver Leave will be governed by, and handled in accordance with, the FMLA and applicable regulations, and nothing within this policy should be construed to be inconsistent with those regulations.

Qualifying Exigency Leave

Eligible employees may take unpaid “Qualifying Exigency Leave” to tend to certain “exigencies” arising out of the duty under a call or order to active duty of a “covered military member” (i.e. the employee’s spouse, son, daughter, or parent). Up to twelve (12) weeks of Qualifying Exigency Leave is available in any twelve (12) month period, as measured by the same method that governs measurement of other forms of FMLA leave within the FMLA policy (with the exception of Military Caregiver Leave, which is subject to a maximum of twenty-six (26) weeks of leave in a “single twelve (12) month period”). The maximum amount of “Qualifying Exigency Leave” an employee may utilize to bond with a military member on short-term, temporary rest and recuperation during deployment is fifteen (15) days.

Although Qualifying Exigency Leave may be combined with leave for other FMLA-qualifying reasons, under no circumstances may the combined total exceed twelve (12) weeks in any

twelve (12) month period (with the exception of Military Caregiver Leave as set forth above). The employee must meet all other eligibility standards as set forth within the FMLA policy.

Persons who can be ordered to active duty include active and retired members of the Regular Armed Forces, certain members of the retired Reserve, and various other Reserve members including the Ready Reserve, the Selected Reserve, the Individual Ready Reserve, the National Guard, state military, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and Coast Guard Reserve.

A call to active duty refers to a federal call to active duty, and state calls to active duty are not covered unless under order of the President of the United States pursuant to certain laws.

Qualifying Exigency Leave is available under the following circumstances:

- Short-notice deployment. To address any issue that arises out of short notice (within seven days or less) of an impending call or order to active duty.
- Military events and related activities. To attend any official military ceremony, program, or event related to active duty or a call to active duty status or to attend certain family support or assistance programs and informational briefings.
- Childcare and school activities. To arrange for alternative childcare; to provide childcare on an urgent, immediate need basis; to enroll in or transfer to a new school or daycare facility; or to attend meetings with staff at a school or daycare facility.
- Financial and legal arrangements. To make or update various financial or legal arrangements; or to act as the covered military member's representative before a federal, state, or local agency in connection with service benefits.
- Counseling. To attend counseling (by someone other than a health care provider) for the employee, the covered military member, or for a child or dependent when necessary as a result of duty under a call or order to active duty.
- Temporary rest and recuperation. To spend time with a covered military member who is on short-term, temporary rest and recuperation leave during the period of deployment. Eligible employees may take up to fifteen (15) of days of leave for each instance of rest and recuperation. If your spouse or registered domestic partner is a member of the military, you may be entitled to an additional ten (10) days of unpaid leave. Please refer to the Military Leave of Absence below for more details.
- Post-deployment activities. To attend arrival ceremonies, reintegration briefings and events, and any other official ceremony or program sponsored by the military for a period of up to ninety (90) days following termination of the covered military member's active duty status. This also encompasses leave to address issues that arise from the death of a covered military member while on active duty status.
- Mutually agreed leave. Other events that arise from the close family member's call or order to active duty, provided that the University and the employee agree that such leave shall qualify as an exigency and agree to both the timing and duration of such leave.

An employee seeking Qualifying Exigency Leave may be required to submit appropriate supporting documentation in the form of a copy of the covered military member's active duty orders or other military documentation indicating the appropriate military status and the dates of active duty status, along with a statement setting forth the nature and details of the specific exigency, the amount of leave needed and the employee's relationship to the military member, within fifteen (15) days. Qualifying Exigency Leave will be governed by, and handled in

accordance with, the FMLA and applicable regulations, and nothing within this policy should be construed to be inconsistent with those regulations.

Personal Leave of Absence

Additional types of unpaid personal leaves of absence may be granted in the sole discretion and authorization of management, for up to a maximum of thirty (30) days. An extension beyond thirty (30) days will be considered on an individual basis.

Failure to report to work as scheduled following a personal leave of absence may result in disciplinary action, including termination. Time spent on personal leave of absence will not be used for computing benefits such as vacation or holidays.

You should speak directly with the Human Resources Manager prior to taking a leave to ensure your understanding of all of your obligations to the University while on leave, such as your periodic reporting and re-verification obligations. Failure to comply with University policy may substantially affect your ability to return to work under this policy.

Bereavement Leave

Full-time employees are eligible to receive up to three (3) days of paid bereavement leave in the event they miss regularly scheduled workdays due to the death or funeral of a member of the employee's immediate family. Immediate family includes your spouse, registered domestic partner, children, stepchildren, registered domestic partner's children, parents, grandparents, grandchildren, brother or sister, your spouse's parents, or your registered domestic partner's parents.

An employee who is notified of a death in his/her immediate family while at work will be paid for the remainder of the scheduled hours that day. The three-day eligibility for paid bereavement leave will not commence until the next regularly scheduled workday which is lost. All time off in connection with the death of an immediate family member, as defined above, should be scheduled with your supervisor.

Civil Air Patrol Leave

The University will provide eligible employees who are volunteer members of the California Wing of the Civil Air Patrol and are called to emergency operational missions up to ten (10) days of unpaid leave per calendar year. Leave for a single emergency operational mission cannot exceed three (3) days unless an extension is granted by appropriate government entities and approved by the University.

To be eligible, employees must have been employed with the University for ninety (90) days immediately preceding the commencement of leave.

Employees are expected to notify the University of the need for Civil Air Patrol Leave by providing their supervisor with certification from Civil Air Patrol authorities as soon as possible.

The University will restore employees who return from Civil Air Patrol leave to their former position or to a position of equivalent seniority status, employee benefits, pay and other terms and conditions of employment.

Military Leave of Absence

Employees who require time off from work to fulfill military duties will be treated in accordance with applicable requirements of state and federal laws. You are expected to notify the University of upcoming military duty by providing your supervisor with a copy of your orders as soon as possible. In addition, spouses and registered domestic partners of military personnel who are home on leave during a period of military deployment may be qualified for ten (10) days of unpaid leave

11. What We Expect of You

This section discusses your responsibilities to the University as an employee. Please thoroughly familiarize yourself with these policies and apply them in your work.

The following policies focus on basic rules that may not be violated under any circumstances. Violation of any of these basic rules, the policies in this handbook, or any other policy of the University may lead to disciplinary action, up to and including immediate termination. Obviously, this list is not all inclusive and there may be other circumstances for which employees may be disciplined, up to and including immediate termination. If you have any questions about these basic rules, or what we expect of you as one of our employees, please discuss them with your supervisor.

These rules do not alter the at-will nature of your employment. You have the right to terminate your employment at any time, with or without cause or notice, and the University has a similar right.

Employee Conduct

Absenteeism and Tardiness

You are expected to be at your workstation on time each day and to remain there throughout your work day. Absenteeism or tardiness, even for good reasons, is disruptive of our operations and interferes with our ability to satisfy our students' and patients' needs. Absenteeism or tardiness can result in disciplinary action, up to and including termination.

If you are going to be late or absent from work for any reason, you must personally notify your supervisor as far in advance as possible so that proper arrangements can be made to handle your work during your absence. Of course, some situations may arise in which prior notice cannot be given. In those circumstances, you are expected to notify your supervisor as soon as

possible or practicable. Leaving a message, voice mail or sending an email or text message does not qualify as notifying your supervisor - you must personally contact your supervisor. If you are required to leave work early, you must also personally contact your supervisor and obtain his/her permission. Leaving work early without authorization of your supervisor is strictly prohibited.

When absence is due to illness, the University may require appropriate medical documentation in accordance with state and federal law.

Although you may be terminated at any time for failing to report to work without contacting the University, if you fail to report for work or call in for more than three (3) consecutive calendar days, you may be considered to have abandoned your job and may be terminated.

Alcohol and Drug Policy

All employees are prohibited from manufacturing, cultivating, distributing, dispensing, possessing or using illegal drugs (including marijuana regardless of prescription) or other unauthorized or mind-altering or intoxicating substances while on DULA property (including parking areas and grounds), or while otherwise performing their work duties away from DULA's premises. Included within this prohibition are lawful controlled substances, which have been illegally or improperly obtained. This policy does not prohibit the possession and proper use of lawfully prescribed drugs taken in accordance with the prescription.

Employees are also prohibited from having any such illegal or unauthorized controlled substances in their system while at work (including marijuana regardless of prescription), and from having excessive amounts of otherwise lawful controlled substance in their systems. This policy does not apply to the authorized dispensation, distribution or possession of legal drugs where such activity is a necessary part of an employee's assigned duties.

All employees are prohibited from distributing, dispensing, possessing or using alcohol while at work or on duty. Furthermore, off-duty alcohol use, while generally not prohibited by this policy, must not interfere with your ability to perform the essential functions of your job.

Prescription Drugs

With the exception of medically prescribed marijuana, the proper use of medication prescribed by your physician is not prohibited; however, we do prohibit the misuse of prescribed medication. Employees' drug use may affect their job performance, such as by causing dizziness or drowsiness. You are required to disclose any medication that may cause a risk of harm to yourself or to others in performing your job duties. It is your responsibility to determine from your physician whether a prescribed drug may impair your job performance.

Notification of Impairment

It shall be the responsibility of each employee who observes or has knowledge of another employee in a condition which impairs the employee in the performance of his/her job duties, or who presents a hazard to the safety and welfare of others, or is otherwise in violation of this policy, to promptly report that fact to his/her immediate supervisor.

Who is Tested

You may be required to submit to drug/alcohol screening whenever DULA has a reasonable suspicion that you have violated any of the rules set forth in this policy. Reasonable suspicion may arise from, among other factors, supervisory observation, co-worker reports or complaints, performance decline, attendance or behavioral changes, results of drug searches or other detection methods, or involvement in a work-related injury or accident.

Additionally, employees in safety sensitive positions may be tested on a random or periodic basis. In addition, various job classifications are categorically subject to random or periodic drug testing to the extent permitted by applicable state and federal laws.

Discipline

Violation of this policy or any of its provisions may result in disciplinary action, up to and including termination of employment.

Enforcement Policy

In order to enforce this policy and procedures, DULA may investigate potential violations and require employees to undergo drug/alcohol screening, including urinalysis, blood tests or other appropriate tests and, where appropriate, searches of all areas of DULA's physical premises, including, but not limited to work areas, personal articles, employees' clothes, desks, work stations, lockers, and personal and DULA vehicles. You will be subject to disciplinary action up to and including termination of employment for refusing to cooperate with searches or investigations, to submit to screening, or for failing to execute consent forms when required by DULA.

Investigations/Searches

Where a manager or supervisor has reasonable suspicion that an employee has violated the substance abuse policy, the supervisor, or his/her designee, may inspect vehicles, lockers, work areas, desks, purses, briefcases, backpacks, and other locations or articles without prior notice in order to ensure a work environment free of prohibited substances. You may be asked to be present and remove a personal lock from a locker or locked container. A locked locker or container does not prevent DULA from searching such article. Employees therefore should have no expectation of privacy for personal belongings brought onto DULA premises and locked in a locker or locked container. Where the employee is not present or refuses to remove a personal lock, DULA may do so for him or her, and compensate the employee for the lock.

What Happens When an Employee Tests Positive for Prohibited Substances

All employees who test positive in a confirmed substance test will be subject to disciplinary action, up to and including termination.

Attitude

Every employee must display a positive attitude towards his/her job and arrive to work motivated to perform his/her job duties. A bad attitude creates a difficult working environment and prevents the University from providing quality service to our students and patients. If you

consistently fail to approach your job duties with a positive attitude, you may be disciplined or terminated.

Damage to Property

Deliberate or careless damage to the University's property, as well as damage to your coworkers', students' or patients' property, will not be tolerated.

Employee property

Employees are urged not to bring valuables to work. If necessary, to do so, all valuables should be kept in a secure location. The DULA assumes no responsibility for the loss, theft or damage of employees' personal property.

Fraud, Dishonesty and False Statements

Employees and applicants are prohibited from providing false, dishonest or misleading information on any application, medical history record, invoice, paperwork, timecard or time sheet, time entry, investigative questionnaire, workplace injury report or any other University document. Employees are likewise prohibited from making any material dishonest or false statement to an employee, vendor, student or patient with respect to the performance of the employee's job duties. Under the law, an employee may be held personally liable for making misrepresentations to students and patients. It is also against the law and against University policy for an employee to provide, or assist a student or patient in providing, false or misleading information on a credit application or regarding credit status to any financial institution.

Any employee found to have made false, dishonest or misleading statements or omissions as detailed above will be subject to immediate termination of employment. If you observe any such violations, please report them to the President immediately.

Gambling

Gambling is prohibited on University property, or through the use of the University's property such as computers and telephone equipment.

Gifts and Gratuities

Employees may not request or accept any gift or gratuity of any kind from a student, patient or supplier without the express written authorization of the President.

DULA staff, including faculty and clinic supervisors and their immediate family members, shall not solicit, accept, or retain personal benefit from any student, patient, or vendor with whom DULA is engaged or can be engaged in business, or with or from any individual seeking to do be engaged in business with DULA. In this regard, a personal benefit is regarded as any type of gift, gratuity, favor, service, fee or compensation, or anything of monetary value. Specific exceptions to the personal benefit prohibitions may be made if there is no reasonable likelihood of improper influence in the staff member's performance of duties on behalf of DULA. Any personal benefit received is to be reported to the President, who will review all relevant facts and circumstances and instruct the employee as to the appropriate course of action.

Illegal Activity

Employees are not permitted to engage in any kind of illegal activity while on duty or on the University's property, or while off the job which reflects detrimentally on the University's reputation.

Insubordination

We all have duties to perform and everyone, including your supervisor, must follow directions from his/her supervisor or manager. You shall not refuse to follow the reasonable, job related directions of a supervisor or management official or to treat a supervisor or management official in an insubordinate manner in any respect. For example, employees must fully cooperate with University investigations into potential misconduct. Refusal to fully disclose information in the course of a University investigation constitutes insubordination and will not be tolerated.

Misuse of Property

No employee shall misuse, or use without authorization, equipment, vehicles or other property of the University, students, patients, vendors, or other employees of the University.

Off-Duty Use of Facilities

Employees are prohibited from being on University premises or making use of University facilities while not on duty. Employees are expressly prohibited from using University facilities, University property or University equipment for personal use.

Off-Duty Social and Recreational Activities

During the year, the University may sponsor social or recreational activities for its employees. Your attendance at such social activities, however, is completely voluntary and is not required as a condition of employment. Neither the University nor its insurer will be liable for the payment of workers' compensation benefits for any injury that arises out of your voluntary participation in any off-duty recreational, social, or athletic activity that is not part of your job duties.

Outside Employment

There have been times when most of us have had the opportunity or the need to have two jobs at one time. It is important that other employment, as well as outside interests, do not interfere in any way with your job with the University. You should be careful that extra hours of work do not affect the safe performance of your job duties by leaving you tired or distracted. Also, if your second job creates a potential conflict of interest (i.e., working for a competitor) you are required to obtain written approval, in advance, from the Human Resources Manager or the President.

Personal Appearance and Behavior

We expect all employees to use good judgment with respect to their dress and appearance and to present a neat, well-groomed appearance and a courteous disposition. We feel that these qualities go further than any other factor in making a favorable impression on students, patients and your co-workers.

Employees shall dress and present themselves in a businesslike manner that reflects a professional image. Accordingly, DULA considers the following as unacceptable attire:

Athletic wear, sweatpants, cut off pants, mini-skirts, advertisement T-shirts or T-shirts with inappropriate words or pictures, blue denim jeans, spandex or lycra such as biker shorts, tennis shoes, tank tops, tube tops, halter tops with spaghetti straps, beach wear, midriff length tops, provocative attire, off-the shoulder tops, hoodies, workout clothes or shoes, flip flops, see through clothing, jewelry affixed to nose, tongue, cheek, lip or eyebrow, and visible tattoos.

Employees who report to work in unacceptable attire may be requested to leave work and return in acceptable attire. Such time away from work will be without pay. Repeated violations will result in disciplinary action, up to and including termination.

Employees are also expected to behave and conduct themselves in a professional manner at all times in the workplace. Unprofessional behavior in the workplace, such as inappropriate comments, jokes, practical jokes, gestures, distribution of printed materials, sexually related conversations or text messages, inappropriate touching of another employee (such as kissing, hugging, massaging, sitting on laps), and any other behavior of a sexual nature is prohibited. Employees who fail to observe these standards will be subject to disciplinary action, up to and including termination.

Personal Mail

All mail which is delivered to the University is presumed to be related to our business. Mail sent to you at the University will be opened by office personnel and routed to your department. If you do not wish to have your correspondence handled in this manner, please have it delivered to your home or personal mailbox.

University postage meters and letterhead may not be used for personal correspondence.

Personal Telephone Calls and Visits

The University has a limited number of telephone lines, and it is essential that we keep those lines open for business calls. Therefore, we ask our employees to refrain from making or receiving personal calls except in emergencies. Long distance business calls must be cleared by your supervisor unless your job duties include the routine making of long-distance calls. Under no circumstances are you permitted to use University telephones to call “900” lines or similar pay per call services. Employees will be held financially responsible for unauthorized calls and will be subject to disciplinary action, up to and including immediate termination.

Personal visits by friends or relatives during work hours can be disruptive to our operations. If you receive a non-business-related visit from a friend or relative, you must notify your supervisor at the time of your guest’s arrival and departure. Non-employees are strictly forbidden from entering unauthorized areas.

Poor Performance

You are expected to make every effort to learn your job and to perform at a level satisfactory to the University at all times. Consistent failure to do so may result in disciplinary action, up to and including termination.

Romantic or Sexual Relationships with Other Employees

The University has adopted this policy because of the potential problems posed by romantic or sexual relationships between employees. These problems include conflicts of interest, interference with the productivity of co-workers, and potential charges of sexual harassment. Such problems can be particularly serious in situations in which one person has a position of authority over the other, such as in a supervisor-subordinate position.

The University imposes the following restrictions on romantic or sexual relationships between employees:

1. When a supervisor or manager engages in a romantic or sexual relationship with his/her subordinate the supervisor or manager must disclose the existence of such relationship immediately to the Human Resources Manager. The University will take all steps it deems necessary to prevent conflicts of interest and potential legal claims, including but

not limited to transferring one or the other employees and or terminating the employment of the manager or supervisor.

2. All employees must avoid romantic or sexual relationships with other employees that create conflicts of interest, potential charges of sexual harassment, or discord or distractions that interfere with other employees' productivity.
3. All employees are expected to behave in a professional manner and avoid inappropriate displays of affection, arguments over relationship issues, etc., in the work environment.

Questions and clarifications will be addressed by the Human Resources Manager.

Sleeping

Everyone needs to be fully alert while on the job in order to protect the safety of all employees and to properly serve our students and patients. Therefore, we cannot tolerate sleeping or inattention on the job.

Smoking

In keeping with DULA's intent to provide a safe and healthful work environment, smoking in the workplace is prohibited except in all parking areas and open outdoor areas away from entrances to the University buildings. In situations where the preferences of smokers and nonsmokers are in direct conflict, the preferences of nonsmokers will prevail.

This policy applies equally to all employees, students, patients, and visitors.

Solicitation - Distribution Policy

Our primary goal at the University is to provide our students and patients with the best service possible. In order to allow employees to perform their job duties and provide our students and patients with their undivided attention, the solicitation by an employee of another employee for the support of any organization is prohibited during the working time of either employee. In addition, the distribution of paper advertising materials, handbills or other literature is prohibited in all working areas and sales areas at all times. Similarly, non-employees may not come on the University's property at any time to solicit for any cause or distribute material or literature of any kind for any purpose. '

Theft

Theft of money or property from the University, your co-workers, students or patients is strictly prohibited. Employees found to have stolen or misappropriated money or property will be

subject to immediate termination and will also be reported to law enforcement. The University reserves the right to inspect all purses, briefcases, backpacks, packages, lockers and vehicles on the University's property. Failure to cooperate in such a search will result in disciplinary action, up to and including termination.

Workplace Violence Policy

The University has a zero-tolerance policy for violent acts or threats of violence against our employees, applicants, students, patients or vendors.

We do not allow fighting, threatening words or conduct. Weapons of any kind are strictly prohibited and not permitted on University premises.

No employee should commit or threaten to commit any violent act against a co-worker, applicant, students, patients or vendor. This includes discussions of the use of dangerous weapons, even in a joking manner.

Any employee who is subjected to or threatened with violence by a co-worker, students, patients or vendor, or is aware of another individual who has been subjected to or threatened with violence, is to report this information to his/her supervisor or manager as soon as possible.

All threats should be taken seriously. Please bring all threats to our attention so that we can deal with them appropriately.

All threats will be thoroughly investigated, and all complaints which are reported to management will be treated with as much confidentiality as possible.

Attendance and Punctuality

Employees are expected to report to work at their scheduled time. Absenteeism and tardiness place a burden on other employees and puts a strain on the department as a whole. Employees who are unable to report for work due to illness or other justifiable cause must notify their supervisor prior to the absence or within thirty (30) minutes from the regular scheduled starting time. If the supervisor is unreachable, the employee must contact Human Resources Manager and state the reason for the absence and the approximate date of return.

Punctuality is an essential part of the job. When reporting to work and returning from lunch and breaks, employees are expected to report on time and remain at work for the scheduled shift. The attendance terms and guidelines are defined below:

Absence: Any time an employee is scheduled to work but does not report or leaves during work without prior approval.

Tardy: Any incident when an employee has not reported to work when scheduled or has previously agreed to work. This includes reporting to work, returning from lunch or breaks.

Children on Campus

Children of employees and students are not allowed on campus during working or closed hours. On occasion there may be a specific day where children are allowed on campus that will be announced in advance.

Code of Ethics

DULA conducts its business in compliance with all applicable laws and regulations. All employees are expected to act in accordance with the highest standards of business ethics, as set forth in this policy, both on and off DULA premises, and to avoid any appearance of impropriety. It is crucial that all employees observe all applicable laws and regulations while conducting business on DULA's behalf. In the event there is an inconsistency between the requirements and procedures prescribed herein and those in federal or state law, the law shall control.

It is not possible in a general policy statement to define all the other various circumstances and relationships that would be considered "unethical." The following list, some of which may have already described in more detail in this handbook, suggests some, but not all, of the types of activity that would pose a potential conflict or would limit an employee's ability to discharge job duties and responsibilities in an ethical manner:

1. Using one's position, knowledge, or access to DULA records for outside personal gains;
2. Directing the University business to a firm in which the staff member or relative has a substantial financial or management interest;
3. Accepting personal gifts or excessive entertainment from any outside vendor, organization or agency;
4. Falsifying timekeeping records or other University documents;
5. Using University property or equipment for personal tasks;
6. Working under the influence of alcohol or illegal drugs; and
7. Conducting personal business during scheduled work hours.
8. Presenting ideas, representations, or words of others as one's own, or permitting another to present one's work without the customary and proper acknowledgment of sources.
9. Referral to or use of, during work, unauthorized materials, sources, or devices.
Examples include, but are not limited to:
 - a. Books, manuals, written materials, Internet materials, etc.
 - b. Falsification of DULA records or documents, alteration of his/her educational degrees, titles, job positions, etc.
 - c. Inappropriate comments to other employees, visitors, patients, faculty, staff, students, etc.
10. Possession, purchase, sale or use of a copy of confidential internal materials intended for use by DULA. Providing DULA confidential materials or operational materials to outsiders without the written approval of the President
11. Practice of any form of deceit at work or clinical setting, including stealing of the DULA property.

12. Dependence on the aid of others or providing such aid in a manner prohibited by the administration in research, preparation, creation, writing performance, or publication of work submitted for publication or submission to out-side agencies.
13. Attempts to change one's personnel, attendance or academic record, to access DULA computers without proper authorization, and to break and enter DULA for reasons not in keeping with the utmost honesty and integrity.
14. Submitting intentionally misleading travel expenses, to tamper with the time-clock machine, to claim false sickness or injuries at work, etc.
15. Disruptive conduct that infringes the rights of others, or the rights other employees during work.
16. Making verbal or written threats, or any act of physical abuse towards students, faculty, or staff or DULA. These will result in immediate suspension while review is pending.
17. Willful violation or abuse of DULA's canons of ethics or those of the Acupuncture and Oriental Medical profession.

12. Employee Responsibility Regarding DULA Policy Handbook

Each employee is responsible for understanding and familiarizing policies related to his/her job functions and is expected to participate in meaningful discussions to revise the handbook to be compliant with any regulatory changes.

13. Procedures and Guidelines

Bulletin and Message Boards

The University may maintain a bulletin or message board(s) as a source of information for employees. Any such bulletin or message board is to be used solely to post information approved by the University regarding University policies, governmental regulations, and other matters of concern to all employees. No information may be placed on these bulletin or message boards without the prior approval of the Human Resources Manager.

University Keys/Entry Cards

Each employee to whom a key and/or entry card is given is responsible for proper use of that key and/or entry card and will be required to sign for it. A lost or misplaced key and/or entry card must be reported immediately to your supervisor. Never duplicate or loan a key and/or entry card to anyone for any reason. See your supervisor if you need another key and/or entry card. All keys and/or entry cards must be turned in to the Human Resources Manager upon

separation from the University. Employees who take a leave of absence must turn in any keys and/or entry cards prior to beginning their leave.

University Vehicles

Only authorized employees may operate University vehicles. If a University vehicle incurs any damage while under the charge of a particular employee, that employee must report the damage immediately.

You must hold a valid state driver's license for the class of vehicle you are driving. Further, you may never use a motorcycle to conduct either business or provide transportation for a student, patient or fellow employee. All persons in University vehicles are required to use their seatbelts. Not using seatbelts in a University vehicle may lead to disciplinary action, up to and including termination. Only persons authorized by your supervisor can be passengers in University vehicles. Permitting unauthorized passengers may lead to disciplinary action, up to and including termination.

You must notify the University immediately of any change in the status of your driving record. Any employee whose duties include the operation of University or student or patient vehicles who is convicted of DUI/DWI or for reckless driving will be considered to have an unacceptable driving record and his/her continued employment will be subject to review. Any employee whose duties include the operation of University or student or patient vehicles who becomes uninsurable under the University's liability policy will be considered to have an unacceptable driving record and his/her continued employment will be subject to review.

If you receive a traffic citation while operating a University or student or patient vehicle, you will be responsible for paying any fine or penalty. If you are involved in a traffic accident while operating a University or student or patient vehicle, you are required to call 911 and report the accident. You must also report the accident to the Human Resources Manager immediately.

Conflicts of Interest

Employees of DULA have an obligation to avoid conflicts between their private interests and their employment responsibilities and must avoid situations where there is a reasonable basis for the perception of such a conflict.

In general terms, "conflict of interest" relates to a self-interest that you might have which either (a) influences or (b) may appear to influence, your judgment as an employee of DULA.

Employees must not use their University positions to influence outside organizations or individuals for the direct financial, personal, or professional benefit of themselves, members of their families, or others with whom there is a personal relationship.

Employees should not accept employment outside the University if it interferes with satisfactory job performance in a University position, or if there is a conflict of interest or the appearance of a conflict of interest as a result of the outside employment.

All employees have an affirmative obligation to examine carefully any situation where there is potential for conflict of interest or the appearance of conflict of interest and immediately notify Human Resources Manager. Failure to do so may result in disciplinary action. Employees who are uncertain as to the effect or appearance of their activities should always consult with their supervisor or Human Resources Manager prior to engaging in the activity.

Specific Examples of Conflict of Interest:

The following examples may be determined to be evidence of a conflict of interest:

1. Appropriation or disclosure in any way of DULA documents and/or privileged information to any individual associated in any way to any educational institution, whether associated with Acupuncture and Oriental Medicine or not, without prior written authorization of the President.
2. Directly or indirectly pursuing the interests of other organizations, agencies, associations or employers above those of DULA while employed at DULA. Exceptions may be made after prior full disclosure and approval by the President.
3. Operation of business engaged with DULA or interest and/or direct or indirect participation in any entity that is engaged with DULA while employed at DULA. Exceptions may be made after prior full disclosure and approval by the President.
4. Receiving fees, royalties, bonuses from any business engaged with DULA while employed at DULA.
5. Sales and direct or indirect distribution of instructional materials, books, vitamin supplements, herbal products, educational tools and equipment to DULA students and/or staff if similar items are sold at a DULA related business (i.e., bookstore).
6. Receiving fees and/or any other payment for clinical treatment, loose Herbs, and herbal prescriptions from patients, students or any other persons while employed at DULA.

Any faculty or staff member who is determined to have conducted himself/herself in conflict with the interests of DULA may be subject to reprimand, suspension or termination of employment.

Hiring of Relatives

The employment of relatives in the same area of an organization may cause serious conflicts and problems with favoritism and employee morale. In addition to claims of partiality in treatment at work, personal conflicts from outside the work environment can be carried into day-to-day working relationships. "Relatives" are defined as spouse, mother, father, sister, brother,

child, stepmother, stepfather, stepsister, stepbrother, stepchild, niece, nephew, cousin, uncle, aunt, grandparent, grandchild, and in-laws within these categories.

Relatives of persons currently employed by DULA may be hired only if they will not be working directly for or supervising a relative. Spouses of employees may not be employed under each other's direct supervision and not in the same department. DULA employees cannot be transferred into such a reporting relationship. Employees who marry or should become related by marriage may continue their employment if they do not work in a direct supervisory relationship or otherwise present problems in supervision, safety, security or morale. If there are problems, DULA will attempt to reassign one or both of the employees to an available position for which the employee is qualified to eliminate the problem, but if no such position is available, one of the employees may be asked to leave DULA. The employees will decide which of them will leave. If the employees do not decide, both may be terminated.

Employees shall not initiate, participate in, or exercise any influence over departmental or institutional decisions involving a direct benefit to a relative. Such benefits include but are not limited to, initial appointment, retention, promotion, compensation, leave of absence, or grievance procedure

Housekeeping

Employees must maintain their work areas in a presentable manner. At the close of each business day, ensure that all equipment is cleaned and put away. Employees may not litter or discard such items as cigarettes or food wrappers on the premises. Remember, we want our students and patients to look at us as a professional, neat organization.

Work areas must be maintained in a clean, healthy and orderly fashion to prevent unsafe conditions and potential accidents. If you observe conditions or equipment which are potentially dangerous, report them immediately to your supervisor. It is each employee's responsibility to make sure the work area is clean and orderly at the completion of the scheduled work shift.

Meetings

From time to time, individual or staff meetings may be held for the purpose of providing instruction, training, or counseling or to review University operating policies. You are required to attend all University meetings involving your department or which you have been asked to attend, unless excused by your supervisor.

Parking

So that we will have sufficient and convenient parking for our students and patients, we require all of our employees to park their vehicles in the area designated for employee parking. If you have any questions as to where you should park your vehicle, please ask your supervisor.

Personnel Records

Recognizing the confidential nature of the information in your personnel record, the University limits access to the personnel records to you and those with proper authorization or pursuant to legal process.

No documents contained in your personnel file will be released without your consent, except pursuant to legal process. Any records of medical evaluation results will be maintained in a separate file, in accordance with legal requirements, and may only be reviewed by authorized individuals with the approval of the Human Resources Manager.

You may review your own personnel file with the Human Resources Manager present to answer any questions. You may also correct or clarify personal information contained in your personnel file. Additionally, a manager may review your personnel file if you have a current reporting relationship to that manager or have been interviewed and are being considered for a position reporting to that manager. Your personnel records also are subject to review by investigative agencies, or during periodic internal audits conducted by the University.

Within thirty (30) days of an employee's written request, or the written request of the employee's designated representative, the University will either make personnel records available to the employee for his/her inspection or provide a copy of the employee's personnel records to the employee or the employee's designated representative. The employee shall be responsible for the cost of copying.

Safety

It is our policy to promote safety on the job. The health and well-being of our employees is foremost among the University's concerns. For this reason, you are urged to follow common sense safety practices and correct or report any unsafe condition to your supervisor. Each employee is expected to assist the University in maintaining safe working conditions. Safety is a state of mind and requires constant vigilance and common sense. Safety is everyone's responsibility. Remember: SAFETY FIRST.

To assist in providing a safe and healthful work environment for employees, students, and visitors, DULA has established a workplace safety program.

Every employee is responsible for working safely, both for self-protection and for protection of fellow workers. Some employee safety responsibilities/ rules include but are not limited to:

1. Do not operate any equipment without proper training and authorization.
2. Report any safety hazards or defective equipment to your supervisor or the Campus Enhancement Manager immediately.
3. Do not remove and/or tamper with any guards or safety devices and never use any equipment with inoperative or missing guards or safety devices.

4. Report all accidents and injuries, no matter how minor, to your supervisor and the Human Resources Department within 24 hours.
5. Do not climb on shelves or stand on chairs; you must use a step stool or ladder.
6. Always follow safe lifting procedures when lifting any object and get help for heavy objects.
 - a. Bend knees, not your back
 - b. Keep object close to body
 - c. Lift with legs
7. Do not lift and twist
8. All tools and equipment should be inspected for safe condition, grounding, and operation before using.
9. When required, employees must wear all safety articles and use protective equipment provided to them.

Employees violating any of these rules or practices or engaging in any conduct that creates a safety hazard or disruptive environment, will be subject to disciplinary action up to and including termination of employment.

All accidents -- including those which do not involve serious injury and those involving students and patients - must be reported immediately to your supervisor. It is only through full knowledge of every accident that the University can become a safer, healthier place to work for everyone.

Emergency Closings

If you are advised to evacuate the building, you should:

- Stop all work immediately.
- Contact outside emergency response agencies, if needed.
- Shut off all electrical equipment and machines, if possible.
- Walk to the nearest exit, including emergency exit doors.
- Exit quickly, but do not run. Do not stop for personal belongings.
- Proceed, in an orderly fashion, to a parking lot near the building. Be present and accounted for during roll call.
- Do not re-enter the building until instructed to do so.

Animals on Campus

Animals are not allowed on campus or in the parking lot at any time for the exception of Guide dogs for the visually impaired.

Searches and Inspections

In order to protect the safety and property of all of our employees, the University reserves the right to inspect employees' lockers, desks, cabinets, briefcases, backpacks, toolboxes, purses, personal computers, personal motor vehicles and any other personal belongings brought onto University property. Employees are expected to cooperate in any search. Failure to cooperate will result in disciplinary action up to and including termination of employment. Prior written authorization must be obtained before any DULA property may be removed from the premises.

14. Technology and Information

Cellular Phones, Smart Phones, Tablets, and Other Handheld Electronic Devices

Excessive use of personal cellular phones, smart phones, tablets, and other handheld electronic devices ("handheld devices") during the workday can interfere with employee productivity and be distracting to others. Employees are, therefore, prohibited from using handheld devices for personal purposes during working hours except in an emergency. Employees should ensure that friends and family members are aware of the University's policy.

Employees may not use a handheld device in a manner that violates our Policy Against Harassment, Discrimination and Retaliation, Equal Employment Opportunity Policy, or any other University policies.

The University will not be liable for the loss of handheld devices brought into the workplace.

Personal Use of University-Provided Handheld Devices

Where job or business needs demand immediate access to an employee, the University may issue a business-owned handheld device to an employee for work-related communications. These handheld devices should be used in accordance with this policy. The University reserves the right to deduct from an employee paycheck any charges incurred for an employee's personal or unauthorized use of the handheld devices.

Recording Devices

To maintain the security of our premises and systems, and the privacy of our employees, students and patients, employees are prohibited from taking photographs or making audio or video recordings of other employees during working time. Employees are prohibited from taking photographs or making audio or video recordings of our students and patients at any time. Employees are prohibited from taking photographs or copying for their own use confidential business documents not related to employee wages or working conditions at any time. These prohibitions include the use of handheld devices equipped with cameras and audio and video recording capabilities. Employees who violate this policy are subject to disciplinary action, up to and including immediate termination of employment.

Safety Issues for Handheld Devices

Employees are required to refrain from using handheld devices while driving in connection with their job duties, except as set forth below. Safety must come before all other concerns. You are not permitted to use any electronic wireless communications device to write, send, or read any text-based communication, including text messages, instant messages, and/or emails while driving. Regardless of the circumstances, including slow or stopped traffic, you are required to pull over to the side of the road and safely stop the vehicle before using any handheld device. Under no circumstances are employees allowed to place themselves or anyone else at risk to communicate via handheld devices.

Employees who are charged with traffic violations resulting from the use of handheld devices while driving will be solely responsible for all fines, penalties and liabilities that result from such actions. Employees who violate this policy will be subject to disciplinary action, up to and including termination.

Reimbursement

The University reimburses employees for business expenses reasonably incurred in performing their duties, including employees' mandatory use of their personal cellular phone. If your job requires you to use your personal cellular phone, such usage will generally be reimbursed at a reasonable rate, subject to the approved submission of a copy of your cellular phone bill by the first week after you receive your bill. If you believe that the business that is being conducted via your cellular phone results in an expense to you that is greater than what the University is offering, please contact the Human Resources Manager. To the extent possible, employees should conduct University business by using a University-provided land line rather than by their personal cellular phones.

University Computers, Databases, Email, Voice Mail and the Internet

The following policy governs the use of all University-owned computers, databases, and personal computers used for University business, email and voice mail systems, and Internet access via University computers and/or data lines, hereinafter referred to in this policy as "University computer systems." Personal computers used for University business include laptops, tablets or home computers that are connected with the University's network on a regular or intermittent basis.

The University invests in computer systems to facilitate the business of the University. These tools are intended to assist employees with the execution of their job duties and shall not be abused. Employees should not use or access the University's computer systems in any manner that is contrary to this policy.

University Property

All University computer systems are the University's property. All information that is temporarily or permanently stored, transmitted or received with the aid of the University's computer systems remain the sole and exclusive property of the University.

In addition, all data temporarily or permanently received, collected, downloaded, uploaded, copied and/or created on University computer systems, and all data temporarily or permanently

received, collected, downloaded, uploaded, copied and/or created on non-University computers used for University business that relates in any manner to the University's business is subject to monitoring by the University, is the exclusive property of the University and may not be copied or transmitted to any outside party or used in any manner that violates this policy.

All software that has been installed on University computer systems may not be used in any manner that violates this policy.

Upon termination of employment, an employee shall not remove any software or data from University computer systems and shall completely remove all data collected, downloaded and/or created on non-University computers used for University business that relate in any manner to the University's business. Upon request of the University, a terminating employee shall provide proof that such data has been removed from all personal computers used for University business.

Prohibited Use under Any Circumstances

It is not possible to identify every type of inappropriate or impermissible use of the University's computer systems. The following conduct, however, is strictly prohibited under any circumstances and at any time:

- Employees may not transmit, retrieve, download, or store inappropriate messages or images relating to protected category as defined in the Equal Employment Opportunity Policy, or any other status protected under federal, state and local laws.
- Employees may not use the University's computer systems in any way that violates the University's Policy Against Unlawful Harassment, Discrimination and Retaliation including sexual harassment. By way of example, employees may not transmit messages that would constitute sexual harassment; may not use sexually suggestive or explicit screen savers or backgrounds; may not access, browse, receive, transmit or print pornographic, obscene or sexually offensive material or information; and may not access, browse, transmit, retrieve, download, store or print messages or images that are offensive, derogatory, defamatory, off-color, sexual in content, or otherwise inappropriate in a business environment. Employees are also prohibited from making threatening or harassing statements to another employee, or to a vendor, student, patient, or other outside party.
- Employees may not use the University's computer systems in any manner that violates the University's Rules of Conduct.
- Employees may not use the University's computer systems in any manner that violates the University's Policy on Confidential and Trade-Secret Information.
- Employees may not use or allow another individual to use the University's computer systems for any purpose that is competitive with the University. All such access and use is unauthorized.
- Employees must honor and comply with all laws applicable to trademarks, copyrights, patents and licenses to software and other electronically available information. Employees may not send, receive, download, upload or copy software or other

copyrighted or otherwise legally protected information through the University's computers, email and Internet systems without prior authorization.

- Employees may not engage in gambling of any kind, stream movies or videos, watch television programs or play electronic games through the University's computer systems.
- Employees may not engage in day trading, or otherwise purchase or sell stocks, bonds or other securities or transmit, retrieve, download or store messages or images related to the purchase or sale of stocks, bonds or other securities through the University's computer systems.

Prohibited Use during Working Time

The following conduct is prohibited during an employee's working time, which excludes time spent on an employee's meal or rest break, or before or after an employee's shift:

- Employees may not solicit personal business opportunities or conduct personal advertising through the University's computer systems.
- Employees may not access University computer systems for any purpose which does not advance the employer's legitimate business interests.
- Employees may not download, transmit, stream or retrieve messages, data, or information from multi-network gateways, real-time data and conversation programs including, but not limited to, instant messaging services (e.g. G-Chat and Yahoo Messenger), chat rooms and message boards, unless such activity is necessary for business purposes.

Unsolicited Email

Email has become an extremely important and efficient means of communication. However, the abuse of email systems, as well as the receipt and transmission of unsolicited commercial email places an incredible drain on the University's servers and network and imposes significant monetary costs to filter and remove unsolicited emails from our system. To eliminate the receipt and transmission of unsolicited commercial email, the University complies with the federal "CAN-SPAM" law. Commercial email means email the primary purpose of which is the commercial advertisement or promotion of a commercial product or service. You are responsible for complying with the federal Anti-Spam regulations and therefore you may not use the University's computer systems to transmit unsolicited commercial email:

- Promoting the University's business, goods, products and services without prior authorization.
- Promoting your own personal business, goods, products and services.
- To the University's students and patients who have elected to "opt-out" of receiving the University's electronic advertisements.
- That contains or is accompanied by maliciously false information.

In addition, to help the University eliminate the receipt of unsolicited commercial email from outside parties advertising various websites, products or services and to further prevent the receipt of offensive or undesired outside email, you should: Delete unfamiliar or suspicious email from outside the University without opening it.

Monitoring

Employees should expect that any information created, transmitted, downloaded, received, reviewed, viewed, typed, forwarded, or stored in University computer systems may be accessed by the University at any time without prior notice. Employees should have no expectation of privacy or confidentiality in such data, messages, or information (whether or not password protected), or that deleted messages are necessarily removed from the system.

Employees must provide all passwords and access codes for University computers or personal computers used for University business to the Office Manager. Changing passwords or creating new passwords without notifying the Office Manager is strictly prohibited.

The University's monitoring policy may include, but is not limited to, physical inspection of home drives, memory devices, and handheld devices; review of content passing through the University's network, data lines, and other systems, review of personal email (including personal web-based password-protected email) and text messages accessed using University computers and/or University data connections; key loggers and other input monitoring mechanisms; and use of screen monitoring software, hardware, and video drives.

System Integrity

Because outside storage devices may compromise the University's computer systems, employees are not permitted to use personal storage devices or copies of software or data in any form on any University computer without first: (1) obtaining specific authorization from the Office Manager, and (2) scanning the data for viruses. Any employee who introduces a virus into the University's system via use of personal software or data shall be deemed guilty of gross negligence and/or willful misconduct and may be held responsible for the consequences, including cost of repair and lost productivity.

Similarly, information is not to be downloaded directly from the Internet onto the University's computer system. All information downloaded from the Internet is to be placed on a disk and scanned for viruses before being introduced into the University's system.

Enforcement

Violations of this policy may result in disciplinary action, up to and including termination. Employees who damage the University's computer system through unauthorized use may additionally be liable for the costs resulting from such damage. Employees who unlawfully

misappropriated copyrighted or confidential and proprietary information, or who unlawfully distribute harassing messages or information, or who unlawfully access the computer systems and information it stores may additionally be subject to criminal prosecution and/or substantial civil money damages.

Fax Machines, Copiers, and Scanners

Any non-business use of the fax machines, copiers, and/or scanner must be approved by management. Employees are prohibited from using these machines for the purpose of scanning, transmitting, receiving or copying materials which may be deemed offensive or insulting or in violation of the University's Policy Against Unlawful Harassment, Discrimination, and Retaliation. Any employee who receives such materials via fax transmission, the mail, email, or from any other source, should report the transmission immediately to the Human Resources Manager.

Protection of the University's Trade Secrets and Confidential Information

In the course of your employment with the University, you may be exposed to and/or provided with trade secrets ("Trade Secrets") and other confidential and proprietary information ("Confidential Information") of the University relating to the operation of the University's business and its students and patients (collectively referred to as "Trade Secrets/Confidential Information").

"Trade Secrets" mean information, including a formula, pattern, compilation, program, device, method, technique or process, that: (1) derives independent economic value, actual or potential, from not being generally known to the public or to other persons or entities who can obtain economic value from its disclosure or use; and (2) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. The University's Trade Secrets are: (1) not generally known to the public or to the University's competitors; (2) were developed or compiled at significant expense by the University over an extended period of time; and (3) are the subject of the University's reasonable efforts to maintain their secrecy.

"Confidential Information" means information belonging to the University, whether reduced to writing or in a form from which such information can be obtained, translated or derived into reasonably usable form, that has been provided to employees during their employment with the University and/or employees have gained access to while employed by the University and/or were developed by employees in the course of their employment with the University, that is proprietary and confidential in nature.

As part of the consideration employees provide to the University in exchange for your employment and continued employment with the University, you agree and acknowledge that all Trade Secrets/Confidential Information developed, created or maintained by you shall remain at all times the sole property of the University, and that if the University's Trade Secrets/Confidential Information were disclosed to a competing business or otherwise used in

an unauthorized manner, such disclosure or use would cause immediate and irreparable harm to the University and would give a competing business an unfair business advantage against the University.

You shall not, except as required in the conduct of the University's business or as authorized in writing by the University, disclose or use during your term of employment or subsequent thereto any Trade Secrets/Confidential Information. Furthermore, all records, files, plans, documents and the like relating to the business of the University you prepare, use or come in contact with shall be and shall remain the sole property of the University and shall not be copied without written permission of the University and shall be returned to the University on termination or cessation of your employment, or at the University's request at any time.

Social Media, Social Networking and Blog Policy

This policy governs employee use of social media, including any online tools used to share content and profiles, such as personal web pages, message boards, networks, communities, and social networking websites including, but not limited to, Facebook, Google+, Twitter, LinkedIn, Tumblr, Instagram, Reddit, and blogs. The lack of explicit reference to a specific site or type of social media does not limit the application of this policy.

The University respects the rights of all employees to use social media. However, because communications by University employees on social media could, in certain situations, negatively impact business operations, customer relations, or create legal liability, it is necessary for the University to provide these guidelines. These guidelines are intended to ensure employees understand the types of conduct that are prohibited. This policy will not be interpreted or applied so as to interfere with the rights of employees to discuss or share information related to their wages, hours, or other terms and conditions of employment. Employees have the right to engage in or refrain from such activities.

Employees engaging in use of social media are subject to all of the University's policies and procedures, including, but not limited to, the University's policies: (1) protecting certain confidential information related to the University's operation; (2) safeguarding University property; (3) prohibiting unlawful discrimination, harassment and retaliation; and (4) governing the use of University computers, telephone systems, and other electronic and communication systems owned or provided by the University.

Employees are prohibited from the following:

- Using or disclosing the University's trade secret information or proprietary and confidential information related to products, production processes, designs, or using or disclosing documents or similar information that has been designated or marked as business sensitive, confidential/private, intellectual property or business use only. Examples of confidential information include student and patient information, trade secrets, non-public financial performance information and strategic business plans, and does not include information related to wages, hours and working conditions.
- Using or disclosing a student's, patient's, vendor's, partner's or supplier's trade secret information or confidential information (as defined above) related to products, production processes, designs, or using or disclosing documents or information that have been

designated or marked as business sensitive, confidential/private, intellectual property or business use only.

- Using social media to post or to display comments about co-workers, supervisors, students, patients, vendors, suppliers or members of management that are vulgar, obscene, physically threatening or intimidating, harassing, or otherwise constitute a violation of the University's workplace policies against discrimination, retaliation, harassment, or hostility on account of any protected category, class, status, act or characteristic.
- Posting or displaying content that is an intentional public attack on the quality of the University's products and/or services in a manner that a reasonable person would perceive as calculated to harm the University's business and is unrelated to any employee concern involving wages, hours, or other terms and conditions of employment.
- Unless authorized and approved by the University, disclosing or publishing any promotional content about the University or its products.
- Engaging in activities that involve the use of social media that violate other established University policies or procedures.
- Using social media while on working time, unless it is being used for University business and with the authorization of the University.
- Posting a photograph of a supervisor, manager, vendor, supplier, student or patient without that individual's express permission.

Violations of this policy may result in disciplinary action, up to and including termination. If you have any questions about this policy, contact your supervisor or the Human Resources Manager.

Employees may not use employer-owned equipment, including University computer systems, University-licensed software or other electronic equipment, nor facilities nor University time, to conduct personal blogging or social networking activities.

Employees should know that the University has the right to and will monitor the use of its computer, telephone, and other equipment and systems, as well as any publicly accessible social media. Employees should expect that any information created, transmitted, downloaded, exchanged or discussed on publicly accessible online social media may be accessed by the University at any time without prior notice.

Social media account ownership: To the extent an employee is authorized as part of his/her job duties to use social media account(s) to advance the employer's interests, the employer, not the employee, owns the account(s) and employees are required to return all logins and passwords for such accounts at the end of employment.

Unauthorized Interviews

Employees should not speak to the media on the University's behalf without contacting the Human Resources Manager or President. All media inquiries should be directed to them.

15. Change in Status

Changes in Personnel Records

To keep your personnel records up to date, to ensure that the University has the ability to contact you, and to ensure that the appropriate benefits are available to you, you are expected to notify the University promptly of any change of name, address, phone number, number of dependents, or other applicable information.

Outside Inquiries Concerning Employees

All inquiries concerning employees from outside sources should be directed to the Human Resources Manager. No information should be given regarding any employee by any other employee or manager to an outside source.

Notice of Resignation

In the event you choose to resign from your position, we ask that you provide at least two (2) weeks' written notice. You are responsible for returning University property in your possession or for which you are responsible.

Exit Interview

Any employee leaving the University may be required to attend an exit interview conducted by the employee's supervisor or Human Resources Manager. The purpose of the interview is to determine the reasons for termination and to resolve any questions of compensation, University property or other matters related to the termination.

16. Employee Grievances

DULA employee may file a complaint with the grievance form regarding any problem raised by the behavior of an instructor, staff, administrator, or another student to the Human Resource (HR) Manager, who also serves as the complaint designee for the employee. The grievance form can be obtained at the DULA front desk. The complaint designee will review the matter. If more information is required before attempting to present a resolution, the complaint designee will investigate the matter thoroughly by having an interview with all individuals (including the

reporting employee) and reviewing all documents that are related or may potentially related to the matter.

The complaint designee will report the matter to the executive committee along with a recommendation for a resolution. If the executive committee acknowledges the recommendation, then the matter will be considered resolved; if not, further discussions will be held until the majority of the executive committee agrees upon a resolution. Resolutions will vary depending on the seriousness of the complaint.

Employee may reopen a complaint case by appealing to another executive committee member; if no members acknowledge the employee's request, the case will be considered closed. Once the case is closed, the employee and other appropriate parties will be notified of the executive committee's decision by HR Manager or any member of the executive committee within thirty (30) days. The details of the case shall remain private and no publication will be made.

Should the reporting employee, or any other affected party, remain displeased with the outcome provided by the university, they may contact:

Accreditation Commission for Acupuncture and Herbal Medicine

ACAHM is located at 8941 Aztec Drive, Eden Prairie, Minnesota 55347; Phone 952-212-2434; fax 301-313-0912. www.acaom.org

Bureau for Private Postsecondary Education

1747 N. Market Blvd, Ste 225, Sacramento, CA 95834 P.O. Box 980818, West Sacramento, CA 95798-0818 Tel. (888) 370-7589 or (916) 574-8900, Fax. (916) 263-1897. www.bppe.ca.gov

California Acupuncture Board

1747 N. Market Blvd, Suite 180, Sacramento, CA 95834 Tel (916) 515-5200, Fax (916)928-2204. www.acupuncture.ca.gov

EMPLOYEE ACKNOWLEDGEMENT AND AGREEMENT

EMPLOYEE ACKNOWLEDGMENT AND AGREEMENT (February 15, 2018)

By signing below, I acknowledge that I have received a copy of the Dongguk University Los Angeles (“University”) Employee Handbook and I will familiarize myself with its contents.

1. I acknowledge that nothing in the Employee Handbook creates or is intended to create a promise or representation of continued employment and that my employment, position, and compensation at the University are at-will, shall be for no specific duration, and may be changed or terminated at the will of the University. Both I and the University have the right to terminate my employment at any time, with or without cause or prior notice. By signing below, I certify that I understand that employment at-will is the sole and entire agreement between myself and the University concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings, and representations (whether written or oral) concerning the duration of my employment with the University and/or the circumstances under which my employment may be terminated. My employment-at-will status may only be changed in a written document signed by the President of the University.

2. I and the University agree to utilize binding individual arbitration as the sole and exclusive means to resolve all disputes that may arise out of or be related in any way to my employment, including but not limited to the termination of my employment and my compensation. I and the University each specifically waive and relinquish our respective rights to bring a claim against the other in a court of law. Both I and the University agree that any claim, dispute, and/or controversy that I may have against the University (or its owners, directors, officers, managers, employees, or agents), or the University may have against me, shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act (“FAA”), in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. sec 1280 et seq., including section 1283.05 and all of the Act’s other mandatory and permissive rights to discovery). The FAA applies to this Agreement because the University’s business involves interstate commerce. Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination, harassment and/or retaliation, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise. The only exception to the requirement of binding arbitration shall be for claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers’ Compensation Act, Employment Development Department claims, or other claims that are not subject to arbitration under current law. I and the University acknowledge that by signing or refusing to sign this Agreement, I make no representation or demonstration of support or rejection of concerted activity. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). By this binding arbitration provision, I acknowledge and

agree that both the University and I give up our respective rights to trial by jury of any claim I or the University may have against the other.

3. All claims brought under this binding arbitration Agreement shall be brought in the individual capacity of myself or the University. This binding arbitration Agreement shall not be construed to allow or permit the consolidation or joinder of other claims or controversies involving any other employees or parties or permit such claims or controversies to proceed as a class or collective action. No arbitrator shall have the authority under this agreement to order any such class or collective action. By signing this agreement, I am agreeing to waive any substantive or procedural rights that I may have to bring an action on a class or collective basis.

4. In addition to any other requirements imposed by law, the arbitrator selected to hear claims under this Agreement shall be a retired California Superior Court Judge, or an otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. Resolution of all disputes shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law.

5. This is the entire agreement between myself and the University regarding dispute resolution, the length of my employment, and the reasons for termination of my employment, and this agreement supersedes any and all prior agreements regarding these issues. Oral representations or agreements made before or after my employment do not alter this Agreement. If any term, provision or portion of this Agreement is determined to be void or unenforceable it shall be severed, and the remainder of this Agreement shall be fully enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS. I FURTHER UNDERSTAND THAT THIS AGREEMENT REQUIRES ME TO ARBITRATE DISPUTES THAT ARISE OUT OF MY EMPLOYMENT.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE ACKNOWLEDGMENT AND AGREEMENT.

Print Full Name : _____

Signature : _____

Date : _____

[RETAIN IN EMPLOYEE PERSONNEL FILE] February 15, 2018

V. OTHER POLICYS

1. DULA EMPLOYEE TRAINING / EDUCATION

Dongguk University Los Angeles encourages employees at all levels to participate in job-related training and development activities to enhance skills, expand knowledge, and grow as professionals.

The responsibility for identifying and participating in training is shared by individual employees, their supervisors, and the university. Employees are responsible for obtaining approval from their supervisor to attend training programs, and supervisors are encouraged, whenever possible and appropriate, to approve employee requests to participate in such programs—especially those offered by the university. Supervisor approval may be dependent on factors such as budget, the ability of the department to function in the employee's absence, and the relevance of the activity to either the employee's current position or their professional development plan. In all cases, participation in development activities should not interfere with the effective performance of job responsibilities.

Employees may be required by the university to attend certain educational or training programs for the following reasons:

- To maintain or improve skills required in the profession or by the position.
- To meet the requirement of employment by the university, applicable law, or regulations.
- To meet the requirement of applicable licensure or certification as needed for the job.

The university will cover the costs of any required training for employees. Other training which is not required but bears a cost may be the responsibility of the employee or shared between the employee and the university. In all cases, the employee and his or her supervisor should make a payment agreement before registering for or attending the training.

If an employee participates in job-related training and professional development activities during a scheduled workday, it will be considered work time. Professional development and training activities outside of and in addition to regular work hours for non-exempt employees require approval in advance from their supervisor; these activities are considered regular work hours for overtime compensation purposes.

Required Training:

- FERPA Training (at the time of hire and thereafter biennially): Any staff/faculty members involved with handling and securing student records and information.
- HIPAA Training (at the time of hire and thereafter annually): Any staff/faculty members involved with handling and securing patient records and information.

- OSHA / Blood Pathogen Training (at the time of hire and thereafter annually): Any staff/faculty members who physically work in the Oriental Medical Clinic (including interns).
- Title IX Training (at the time of hire and thereafter annually): All staff/faculty members.
- Title IX Training (at the new student orientation) and annual online training: DATM and MSOM Students.

Recommended Membership:

- AAAOM (American Association of Acupuncture and Oriental Medicine): Staff and faculty with L.Ac., individually or through institutional membership.
- AACRAO (American Association of Collegiate Registrars and Admission Officers): Registrar, program director, program coordinator, and admissions director.
- AICPA (American Institute of Certified Public Accountants): Accounting manager.
- CASFAA (California Association of Student Financial Aid Administrators): Financial aid officer.
- NAFSA (National Association of International Educators): International student advisor.

2. SELF-MONITORING PROCEDURES WITH THE BPPE

In consideration to the 71760. Self-Monitoring Procedures with the Bureau for Private Postsecondary Education (BPPE), the following activities are implied by DULA:

1. Ongoing:
 - Subscription to BPPE email notification with dean@dula.edu
 - Notification of changes and updates sent to appropriate staff
2. Monthly:
 - Attending BPPE workshopMembers to attend: Academic staff, General Administration staff
3. Quarterly:
 - Updates BPPE information during staff meetings
4. Annually:
 - Updates all standards and regulations at the annual retreat

3. DULA POLICY FOR DISTANCE LEARNING

Guideline to DULA Distance Learning

DULA uses Zoom Meeting as a platform to deliver the online distance learning education. A separate step-by-step guideline to operate the Zoom Meeting has been created for faculty and students. All DULA faculty member and students are subjects to follow and adhere with the information provided in the guideline.

The Zoom Guideline for Faculty and Students are also available at DULA academic department office. Please contact dean@dula.edu, study@dula.edu, AC@dula.edu, and/or ac-kor@dula.edu for more information and inquiries.

Attendance

DULA attendance policy will be followed and counted for distance learning education. All DULA faculty and students are subjects to comply and adhere with the DULA attendance policy. Please refer to the program catalog for the DULA attendance policy.

Copy Right

Video and/or audio recording to the class lecture, including the screenshot capture, are NOT allowed in the DULA distance learning education, unless the related subjects have received the written permission from the person who provides the lecture. All DULA staff, faculty and students are subject to this copy right policy. DULA will not be responsible for any individual who in violation of this policy, all copy right and legal issues related will be subject to the individuals.

Video Camera

During the online class session, faculty and students should maintain their computer video camera at eye level. Both of the faculty students' video camera have to stayed-on during the whole class hours, if a student leaves his/her computer or turn his/her video camera off, the faculty should assume that the student is not in the class, and it can affect his/her attendance and tardiness.

Hands-on Lecture

Hands-on related coursework is not generally to be offered in DULA Distance Learning platform. However, on some special circumstances where the hands-on related coursework should be offered via distance learning method, the following points should be adhered:

- Only class instructor who are fully licensed to practice acupuncture in the state of California can provide the demonstration of the acupuncture needling technique and Tuina technique.

- Students (who are not licensed to practice acupuncture in the state of California) are not allowed to provide the acupuncture needling intervention to others. However, students may provide the needling to an inanimate object such as orange, apple, cotton pad, etc.
- Students (who are not licensed to practice acupuncture in the state of California) are not allowed to provide the Tuina intervention to others. However, students may provide the Tuina to an inanimate object such as doll.
- Students are allowed to perform the Tai Chi and Qi Gong practice.

Examination and Academic Dishonesty

DULA Academic Dishonesty policy will be followed and counted for this distance learning education. All DULA faculty and students are subjects to comply and adhere with the DULA Academic Dishonesty. Any violation activities such as cheating, plagiarism, etc. will be subject to the Student Code of Professional and Academic Conduct.

Each class instructor will provide the students with more detail information of how they will conduct their class examination and proper evaluation. DULA academic department will be in full support to the educational process to meet the learning outcome. Any special circumstances will be reviewed on a case-by-case basis that may involve the appropriate procedure and approval process.

4. DULA COVID-19 PREVENTION PLAN

INTRODUCTION

Dongguk University Los Angeles (DULA) is committed to providing a safe and healthy environment for all of our students and employees. Accordingly, the following COVID-19 Prevention Plan has been developed to ensure a safe return to campus operations.

Our goal is to mitigate the potential for transmission of COVID-19 in the classroom, workplace, and community. All students, faculty, and staff of DULA are responsible for implementing and complying with all aspects of this COVID-19 Prevention Plan. Leadership, supervisors of staff, and faculty have the full support in enforcing the provisions of this plan.

DULA's COVID-19 Prevention Plan ("Plan") includes how our school will implement, at a minimum, the following:

- infection prevention protocols;
- cleaning, disinfection, and decontamination protocols;
- prompt identification and isolation of sick persons; and
- personnel to ensure implementation of the plan.

This Plan is created to meet the guidelines set forth by local, state, and federal health agencies, and additional state orders in effect where DULA operates physical facilities.

INFECTION PREVENTION PROTOCOLS

All members of DULA community must cooperate in a concerted effort to prevent the spread of illness. At campuses and offices, the following protocols are in effect and must be followed.

Physical Presence Protocols

- To the greatest extent possible, DULA will offer courses in a distance learning modality.
- Student use of campus facilities is limited only to students who have a scheduled on-campus instruction where distance learning is not possible. Student use of campus facilities is limited only to the time of the scheduled course.
- Employees whose physical presence is not necessary to support required on-campus instruction will be expected to continue remote work to the greatest extent possible, excepting employment activities required for minimum business operations, until further notice.
- No community visitors will be allowed entry to the campus until further notice.

Hygiene Protocols

- Avoid touching eyes, nose, and mouth.
- Cover coughs or sneezes with a tissue, then throw the tissue in the trash.

- Wash hands often with soap and water for at least 20 seconds, especially after using the restroom; before eating; and after blowing nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Consider changing clothes when arriving home from school and washing any clothing that has been in public spaces.

Masking Protocols

- Students, faculties and employees are required to wear a face mask to enter the campus.
- A face mask must be worn at all times.
- If a student, faculties and employees arrive to the campus without a face mask, then a mask may be provided by DULA. A reminder will be given that a mask is required for future physical presence at the campus. Repeated attempts to enter the campus or office without a mask may result in academic or workplace attendance ramifications and entry may be denied.
- In cases where a mask cannot be worn due to medical reasons, a disability accommodation must be requested and approved.
- Face masks may include homemade cloth face masks, as long as they meet CDC guidelines and are washed daily when worn. CDC guidelines may be reviewed at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-facecoverings.html>.

Social Distancing Protocols

- Maintain a distance of at least 6 feet (about two arms' length) from other people.
- Eliminate physical contact with others, including but not limited to handshakes, hugs, high-fives, etc.
- Avoid touching high-touch surfaces to the greatest extent possible.
- Follow all directional signs to reduce the flow of traffic in the campus.
- One employ work in one office, where feasible.
- Eliminate face-to-face desk layouts, where possible.
- Assigned seating requirements or workstation requirements by staff, faculty, or supervisors, must be observed and followed.
- No gatherings of greater than 15 people in the same physical space are allowed until further notice.
 - Classrooms and meeting rooms will be organized to allow for the lesser of 15 chairs/personnel stations, or 50% of the maximum occupancy limit for the room, with at least 6 feet of spacing.
 - Sitting or standing positions should not exceed the minimum distance required.
 - Common areas, including but not limited to student and employee break rooms, student lounge, faculty lounge and unused classrooms are closed.

- Certain course work or clinic operation practice of person-to-person skills that do not allow for proper social distancing at all times—such as hands-on course work and internship/residency—may necessitate the instruction to minimize the risk of infection.
- Employee and student will not utilize other’s personal protective equipment, phones, computer equipment, desks, cubicles, workstations, offices or other personal work tools and equipment.

Travel-Based Restrictions

All students and employees of DULA are required to self-disclose recent travel to DULA prior to returning to the campus if the travel meets any of the following conditions:

1. Any international travel outside of the United States.
2. The travel included any time aboard a cruise ship regardless of destination ports.

DULA will impose a 14-Day Travel-Based Restriction on any student or employee meeting any one of the above conditions regardless of whether the individual is symptomatic or asymptomatic; and the 14-day restriction will commence the day following return from the qualifying-conditioned travel. A Travel-Based Restriction will prohibit the student or employee from participating in any activity that requires in-person presence at a DULA campus or that requires in-person presence at off-site events sponsored and controlled by the College.

Non-Essential Business Travel

All non-essential business travel of the College has been cancelled until further notice. DULA will continue to assess its travel planning in consultation with governmental recommendations and health guidelines.

CLEANING, DISINFECTING, AND DECONTAMINATION PROTOCOLS

Cleaning removes dirt and most germs and is usually done with soap/detergent and water. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore risk of spreading infection. Disinfecting kills most germs, depending on the type of chemical (e.g., EPA-registered disinfectants), and only when the chemical product is used as directed on the label. Disinfecting does not necessarily clean dirty surfaces or remove germs, but killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

Cleaning Protocols

- Nightly cleaning services will be conducted by the janitor hired by DULA or third-party janitorial firms per the terms of their contracts with DULA. Cleaning and Disinfecting Protocols after On-Site Activities
- At the end of each on-campus class, students and employees are expected to clean and disinfect high-touch areas in the classroom or laboratory environment, including but not limited to tables, counters, chairs, door handles, etc.

- Employees are expected to regularly clean and disinfect high-touch areas in offices and work stations used by the employee, including but not limited to desks, chairs, keyboards, touch screens, door handles, telephones, etc.

Decontamination Protocol After Facility Exposure to Confirmed COVID-19 Case

- Should a known case of COVID-19 occur on the premises, the location will be closed until an enhanced cleaning has been conducted.
- The enhanced cleaning will follow the most recent recommendations and guidelines on environmental cleaning published by the CDC and Work Health Organization (WHO) and OSHA and may include use of broad spectrum kill disinfectant products and techniques.
- Focus areas will be touch points the infected individual may have come in contact with and common area spaces.

PROMPT IDENTIFICATION OF SICK PERSONS

Assumption of Risk

On-campus instructional activities that cannot be performed in a distance learning modality and on-site employment activities that cannot be performed remotely present a risk of exposure to COVID-19 even when social distancing, hygiene, and other preventative measures are undertaken. Students and employees will be required to read and acknowledge this plan showing an understanding that visiting a campus, office, or other location of DULA to pursue an academic experience or to work is a voluntary decision and operates as an express assumption of risk.

Self-Screening Protocols Prior to Entering to the campus

Students and employees are required to self-screen for signs and symptoms of COVID-19 via a Daily Self-Screening Checklist prior to entering to DULA facility.

1. If you feel healthy and have not been in close contact with a person with COVID-19: Check for symptoms before coming to a College facility. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.
 - a. Complete a Daily Self-Screening Checklist before coming to the DULA facility.
 - b. Consult a healthcare professional and follow CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-aresick/steps-when-sick.html>), if symptoms develop.
2. If you feel healthy, but recently had close contact with an asymptomatic person who had close contact with a person with COVID19 (i.e. a contact of a contact): Check for symptoms before coming to a College facility. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.
 - a. Complete a Daily Self-Screening Checklist before coming to the DULA facility.

This guidance is current as of this publication, but is superseded by any additional CDC guidance published at: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-aresick/end-home-isolation.htm>.

In all cases, follow the guidance of your doctor and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Some people, for example those with conditions that weaken their immune system might continue to shed virus even after they recover.

Development of Symptoms While at the DULA Facility

DUAL shall designate a space as an Isolation Room to be solely used in the event a student or employee becomes ill. The purpose of the room is to provide a holding location for the student or employee to be picked up or attended by emergency services. The Isolation Room will be disinfected after use by a person with COVID-19 symptoms. If a student or employee develops a cough, fever, shortness of breath, or other symptoms identified on the Daily Self-Screening Checklist; receives notification that they have tested positive for COVID-19; or learns that they had been in close contact with an individual diagnosed with COVID-19 while at the DULA facility, then:

- Notify DULA student service coordinator or HR manager, and immediately go to the isolation room on campus.
- Contact health care provider via phone for consultation.
- Do not use public transportation. Either a) drive home, if able; or b) contact a friend/family member(s) for transportation. Remain in the isolation room until campus departure.

After leaving the building:

- DULA will institute appropriate cleaning, disinfecting, or decontamination protocols.
- The sick individual should remain in contact with DULA to ensure proper support is provided to the student or employee.
- Sick individual must self-isolate according to the CDC guidelines.
- For students, the faculty or Academic department will provide, whenever possible, homework make-up assignments. If the student misses clinical, every attempt will be made to provide make-up sessions for the student to ensure success and mastery of objectives. However, depending on the severity and length of the absence, a medical leave may be the best option for the student. The Dean and faculty will collaborate to ensure the best options have been vetted for the student. Existing policies and practices regarding student attendance remain in effect.
- For employees, the employee's supervisor will work with the employee and put the employee in contact with the human resources department for further guidance consistent with DULA employee sick policies.

Documentation of Reported COVID-19 Symptoms and Health Information

Upon notification that a student or employee has been diagnosed with COVID-19, has COVID-19 symptoms, or has had close contact with a person diagnosed with COVID-19, DULA will contact the student/employee to gather necessary information for DULA response.

All COVID-19 health information collected will be kept in a confidential health record separate from the student's academic record or employee's employment record. Access to this information will be granted on a need-to-know basis for purposes of DULA response and planning, and only to the extent allowed under law.

Response to a Confirmed Case of COVID-19

- Upon notification that a confirmed COVID-19 case on campus, DULA will contact the appropriate health officials for required reporting and guidance.
- The location where it was exposed will be closed until an enhanced cleaning has been conducted.
- The enhanced cleaning will follow the most recent recommendations and guidelines on environmental cleaning published by the CDC and Work Health Organization (WHO) and OSHA and may include use of broad spectrum kill disinfectant products and techniques.
- DULA will perform contact tracing to attempt to identify all persons who may have been in contact with the diagnosed individual at DULA. Unless required by the local health authority, the name of the infected individual will not be disclosed.
- DULA will notify individuals when they have been in contact with a diagnosed individual.
- Individuals without close contact with the person who is sick can return to the location immediately after disinfection.

PERSONNEL TO ENSURE IMPLEMENTATION OF THE PLAN

Campus Emergency Directors will supervise, manage and support the ongoing implementation of this plan.

Student service coordinator will be direct contact person to be reached from students regarding this plan: ac@dula.edu, 213-864-1633

HR manager will be direct contact person to be reached from employee regarding this plan: hr@dula.edu, 213-487-0110 #110

All PPE and cleaning supplies must be stored in accordance with product recommendations, and in a secure and locked area. Access to PPE and cleaning supplies is restricted to those persons with responsibilities for distribution and use.

INSTITUTIONAL CERTIFICATION

This COVID-19 Prevention Plan has been certified by DULA executive leadership and will be announced to students and employees. It will be updated as necessary.

On behalf of DULA, I affirm my commitment to implement and follow this COVID-19 Prevention Plan.

Certified/Signed by:

Seung Deok Lee

President of DULA

August 15, 2020

5. DULA DIDACTIC CLASS SAFETY GUIDELINE

All Dongguk University Los Angeles (DULA) employee, faculty and students should adhere and comply with the DULA Didactic Classes Safety Guidance and DULA COVID-19 Prevention Plan at all time.

Didactic Courses

All Didactic Courses Lectures are conducted via zoom distance learning. Final Exams will also be conducted via distance learning.

Only the following courses are to be offered either partially or fully on-site lecture (Hybrid model) in consideration to the hands-on nature of the courses:

1. AC311 Acupuncture Techniques 1
2. AC312 Acupuncture Techniques 2
3. AC422 Acupuncture Orthopedics
4. WM224 Physical Exam in Western Medicine
5. TB111 Tai Chi
6. TB121 Qi Gong
7. TB211 Tui Na
8. PD801-804 Neuromusculoskeletal Acupuncture 1-4
9. PD805 CAM in Anti-Aging Applications

Restriction to Number of Students

With emphasize to the practice of social distance and minimizing the spreading of the illness, the following restriction will be applied to the courses:

1. AC311 / AC312 / WM224 : Restricted only to 12 students / 6 beds
2. TB121 / TB211 : Restricted only to 14 students
3. TB111 : Restricted only to 14 students
4. PD801-804 / PD805 : Restricted only to 12 students / 6 beds

Courses Location and Setting

The following setting and location will be applied:

1. AC311 – AC312 Acupuncture Techniques 1-2; AC422 Acupuncture Orthopedics and WM224 Physical Exam
 - Courses will be held on #315, #317, #319.
 - Course schedule will be arranged to separate the lecture time of each courses for each program. Only 2 of these courses either from English or Korean language will be offered at the course time.

- The course will be set in a hybrid model.
- Depending on the course instructor's decision, the instructor will set the number of hours for the lecture that will be conducted via distance learning and on-site hands on session. Instructor should contact the academic department prior to the first day of the class, to submit their class hours plan and receive approval from the academic administration.
- Distance learning session will cover the theoretical basis of the courses and on-site lecture will cover the practicum part.

2. TB121 Qi Gong and TB211 Tui Na

- Course will be held on DULA Lotus Room 4th floor.
- Should the class instructor require to have a written exam, the exam will not be conducted via on-site. Practicum exam may be offered via on-site
- Depending on the course instructor's decision, the instructor may conduct some hours of the class via distance learning to cover mostly of the theoretical session of the course.
- Instructor should contact the academic department prior to the first day of the class, to submit their class hours plan and receive approval from the academic administration.
- Distance learning session will cover the theoretical basis of the courses and on-site lecture will cover the practicum part.
- DULA will arrange the course schedule properly to separate the course time between TB111, TB121 and TB211.

3. TB111 Tai Chi

- Course will be held on DULA Patio 2nd floor
- Should the class instructor require to have a written exam, the exam will not be conducted via on-site. Practicum exam may be offered via on-site.
- Depending on the course instructor's decision, the instructor may conduct some hours of the class via distance learning to cover mostly of the theoretical session of the course.
- Instructor should contact the academic department prior to the first day of the class, to submit their class hours plan and receive approval from the academic administration.
- Distance learning session will cover the theoretical basis of the courses and on-site lecture will cover the practicum part.
- DULA will arrange the course schedule properly to separate the course time between TB111, TB121 and TB211.

4. WM321 CPR and First Aids

- In considering to the current pandemic situation, for the academic year of 2020 – 2021, DULA will not be offering WM321 course.

- Students are encouraged to take the CPR and First Aids course at another program that offered CPR and First Aids training certified by American Heart Association (AHA) and/or American Red Cross.
 - CPR and First Aids training should cover full on-site training minimum 8-10 hours amount of training covering CPR, AED, First Aids for Adult and Pediatric.
 - Consult with the academic coordinator in advance prior to signing to the CPR course to ensure that your course is set and able to be transferred for credit later.
 - Upon completion of the training, submit your certificate of completion of the training to the office of registrar to process the transfer credit for this course.
5. PD801 – 804 Neuromusculoskeletal Acupuncture 1-4 and PD805 CAM in Anti-aging Applications
- Courses will be held on #315, #317, #319
 - Course schedule will be arranged to separate the lecture time of each courses
 - The course will be set in a hybrid model.
 - Depending on the course instructor's decision, the instructor may conduct some hours of the class via distance learning to cover mostly of the theoretical session of the course.
 - Instructor should contact the academic department prior to the first day of the class, to submit their class hours plan and receive approval from the academic administration.
 - Distance learning session will cover the theoretical basis of the courses and on-site lecture will cover the practicum part.

Notice to Class Instructors

All class instructors of AC311, AC312, AC422, WM224, TB111, TB121, TB211, PD801-804, PD805 should submit the following requirements to the academic department:

1. Submit teaching plan that contain information about the number of hours of the course that will be held via distance learning and on-site hands-on practicum session
2. Submit the teaching and number of hours plan to Academic Coordinator (ac-kor@dula.edu) least 2 weeks prior to the first day of the course
3. The teaching and number of hours will be reviewed by the academic administration, notice of approval will be sent to the course instructor. All instructors should receive the approval from DULA academic administration prior to the deliverance of the class lecture.

Safe and Healthy Protocols

1. All faculty and students should adhere with DULA Covid-19 Prevention Plan at all times.
2. Wear mask at all time while in DULA campus. Entrance to DULA campus is not permitted without wearing a face mask.

3. During the practicum session or on-site lecture, for AC311 and AC312 Acupuncture Techniques 1-2, AC422 Acupuncture Orthopedics, WM224 Physical Exam and TB211 Tui Na, only 2 students are allowed per 1 treatment bed (1 student do the hands-on practice on another student who become the model).
4. For TB111 Tai Chi and TB121 Qi Gong, all students and instructor must maintain 6-feet (about two arms' length) from other people.
5. Each time the students take turn to lie on the treatment bed, before another student can lie on the bed, the bed should be cleaned using Hydrogen Peroxide solution of EPA-approved list "N". Similar for TB121 Qi Gong Class, where mattress will be used, it should be cleaned every time student finished using it.
6. Students are responsible to clean their own treatment bed / mattress every time they take turn with another student. Be sure to wipe properly and leave the surface of the treatment bed / mattress visibly wet for **at least 5 minutes** before you lie on the bed.
7. For the practical courses, all instructors and students must wear hand gloves before they are allowed to touch other person. All instructors and students are required to bring their own set of hand gloves (bring more than 1 set of hand gloves in case you need to change into a new one).
8. Wash hands with soap and water at least 20 seconds, especially after using restroom, coughs, sneezes, blowing noses. Then wear a new pair of hand gloves before continuing the class session.
9. Students who are uncomfortable with hands-on practice may ask the permission to be exempted by the class instructor to prevent tardiness, however, students are still required to observe the whole class session, otherwise class absence may be affected.
10. All windows and doors inside each classroom shall remain opened (if feasible) during lecture session to maintain adequate ventilation.
11. All faculty shall oversee if his/her classroom is maintaining the compliance of this issue.

6. DULA ORIENTAL MEDICAL CENTER SAFETY PROTOCOL

Everyone is screened for COVID-19 symptoms and risk factors as they enter our buildings.

DULA Oriental Medical Center Safety Precautions

Telehealth (Video) Appointments

To prevent the spread of covid-19 and secure the best safety of patients and practitioners, on-site visits will require telehealth consultations which include history taking, physical exams, and evaluation of treatment prognosis. The telehealth consultations prior to the onsite visits will lead to more effective and focused acupuncture treatments.

All appointments are in co-treatment manner that have **1 telehealth consultation/re-evaluation with 4 onsite acupuncture sessions** until further notice.

Patients can meet with the doctor and interns virtually using a tablet, smart phone or computer. When patients call for an appointment, the staff will explain the process and book an appointment. Clinic staff will walk patients through the process so they are prepared and comfortable with using telehealth.

Patients will be refused to enter the clinic at the screening test, if there is any symptoms of possible infection or sicknesses like Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea, Trouble breathing, Persistent pain or pressure in the chest, New confusion, Inability to wake or stay awake, Bluish lips or face.

In-Clinic Patient Precautions

A. Restricting Visitors

DULA Oriental Medical Center restricts visitors to reduce the number of people in our facilities and, therefore, the risk of exposure between patients, visitors and staff.

B. Masks and Hand Sanitizer

- All staff wear masks. It is mandatory to ensure the safety of patients, interns and employees. A mask or face covering is required to be worn by all patients including in parking lots and while in our health care facilities. No masks no entry.
- Hand sanitizer is available at each entrance and at numerous locations throughout each building. Everyone is asked to sanitize their hands when they

enter the building. In addition, each member of our health care staff sanitizes their hands before and after patient encounter.

C. Screening for COVID-19 Symptoms

All patients and employees are screened for COVID-19 symptoms. Each patient will be contacted by a clinic staff prior to an appointment to ask any symptoms. Upon arrival at the clinic, all patients will be asked about any cough, fever and other symptoms of respiratory virus infection.

D. Cleaning, Reorganization and Check-in Options

- Areas such as waiting rooms, lobbies and restrooms are cleaned often with special attention to frequently touched surfaces including doorknobs, armrests and handrails. Exam and Treatment rooms are fully cleaned and disinfected between each patient.
- We have made special arrangements to support social distancing. There are markers on the floors to show where people should stand for check-in and check-out. We have closed nearly half of our treatment areas to create more space between patients, and to ensure that fewer people are in our clinics at any given time.
- Prior to check-in, to further limit your exposure to others, all patients are asked to wait outside or in their vehicle for their appointments to begin.

E. All patients are safely guided by Interns and employees

DULA Oriental Medical Center has taken **a number of steps in addition** to our standard patients care procedures to ensure our facilities remain safe places for interns and employees to confidently provide treatments to patients.

1. All onsite personnel must abstain from physical contact and remain at least 6 feet apart whenever possible.
 - **Figure 1:** Interns open the back door located at the parking lot and let patients in. Interns ask patients to enter and wait in front of the check-in desk while maintaining social distancing, and then close the door.



2. All interns ask patients and visitors to use sanitizer for the safety. (Figure 2)



3. Screen all patients and visitors for COVID-19 symptoms.
 - Figure 3: All interns check patients' temperature and ask about any cough, fever and other symptoms of respiratory virus infection. All interns make sure all patients check the covid-19 symptom checklist and sign the treatment consent form.



4. After screening, interns guide patient to the clinic.
 - Figure 4: All interns ask patients to wait a little to check if the hallway is clear to enter. (If the hallway is occupied by others, wait until they pass.)



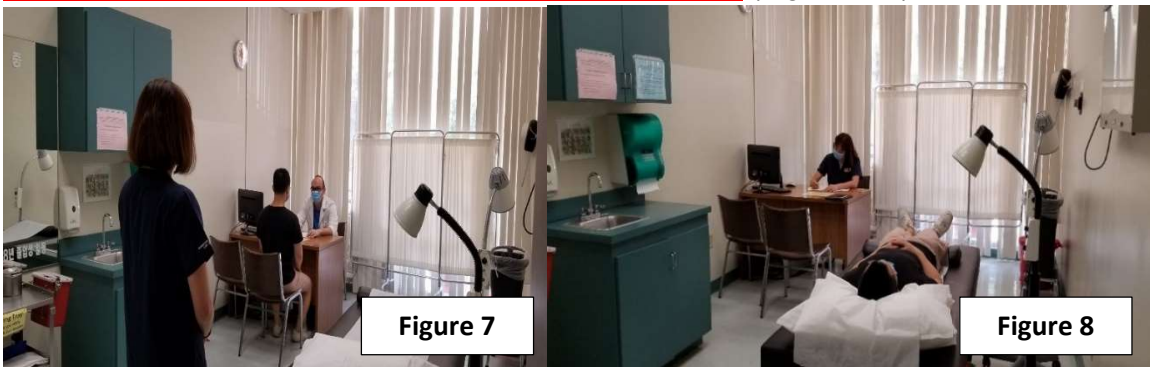
5. Masks or Face coverings are mandatory while doing patient intake. Maintain social distancing. Do not touch your face. (Figure 5)



6. Masks or Face coverings are mandatory while reporting the patients' information to supervisor. Maintain social distancing. Do not touch your face. (Figure 6)



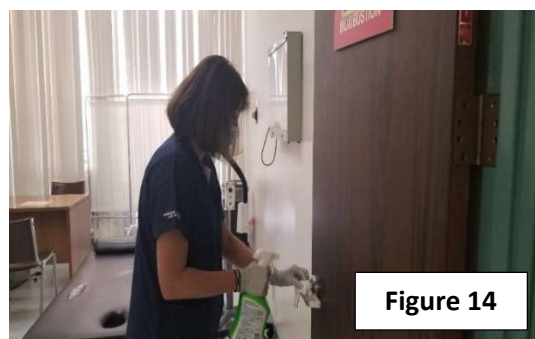
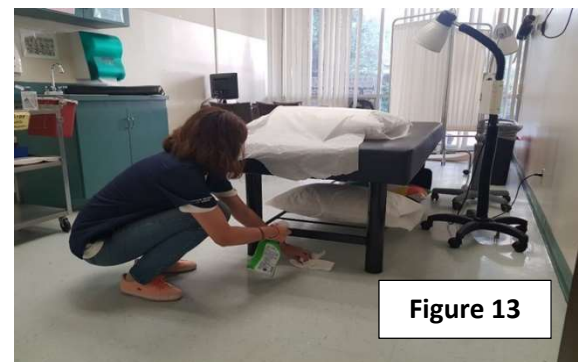
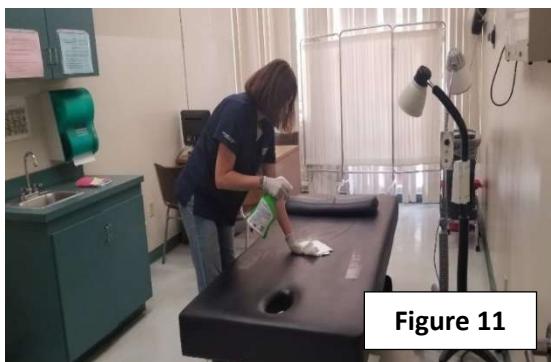
7. During the acupuncture treatment, interns avoid physical contact as much as possible. **Tongue observation is prohibited until further notice.** (Figure 7, 8)



8. After treatment, ask patient to wait a little to check if the hallway is clear to enter. (If the hallway is occupied by others, wait until they pass.) (Figure 9)



9. Clean and disinfect between each patient. Bed sheet, Bed, Desk, Chair, Doorknob, Floor, and any necessary medical device. (Figure 10, 11, 12, 13, 14)



10. Wash your hands thoroughly for at least 20 seconds frequently throughout the day. (Figure 15)



Development of Symptoms While at the DULA Facility

If a student or employee develops a cough, fever, shortness of breath, or other symptoms identified on the Daily Self-Screening Checklist; receives notification that they have tested positive for COVID-19; or learns that they had been in close contact with an individual diagnosed with COVID-19 while at the DULA facility, then:

- Notify DULA student service coordinator or HR manager, and immediately go to the isolation room on campus.
- Contact health care provider via phone for consultation.
- Do not use public transportation. Either a) drive home, if able; or b) contact a friend/family member(s) for transportation. Remain in the isolation room until campus departure.

Interim Clinical Guidance for Management of Patients with Symptoms of COVID-19

If a patient develops a cough, fever, shortness of breath, or other symptoms identified on the Daily Self-Screening Checklist; receives notification that they have tested positive for COVID-19; or learns that they had been in close contact with an individual diagnosed with COVID-19 while at the DULA facility, then:

- The intern should let the patient stay in the treatment room and go notify the supervisor immediately.
- Follow the instructions from the supervisor.
- The patient should leave the building as soon as ready.
- The affected treatment room will be closed until the enhanced cleaning followed.

ADDENDUM TO DULA UNIVERSITY POLICY BOOK

Information of Amendment

Date	Before	After
4/25/2019	<p>Course Pre-requisites</p> <p>OM432 Yellow Emperor: No pre-requisites HB321 Nutrition in OM: No pre-requisites WM181 Pharmacology: No pre-requisites PD100 Research Methodology: No pre-requisites WM211 Survey of Clinical Medicine: No pre-requisites</p>	<p>Course Pre-requisites</p> <p>OM432 Yellow Emperor: OM121, OM211 HB321 Nutrition in OM: HB110, OM121, OM211 WM181 Pharmacology: BS211-214 PD100 Research Methodology: WM110, OM121, OM211 WM211 Survey of Clinical Medicine: WM110</p>
6/1/2019	N/A	<p>New Program</p> <p>DATM program: 243 didactic units and 50 clinical units (1000 clinical hours) to include MSOM / DATM foundational courses and DATM advance doctorate courses</p> <p>DATM completion track: 30 didactic units and 2 clinical units (40 clinical hours)</p> <p>DATM Program, 3 routes for admissions:</p> <ul style="list-style-type: none"> • New enrollment as Dual degree DATM and MSOM • Transfer from other AOM school • DATM completion track <p>Currently DATM program is not accepting new enrollment for International student</p> <p>DATM program currently is not offering federal financial aid availability</p> <p>DATM program is only offered in English language</p> <p>Detail about the DATM program (admissions, academic, etc) can be seen in the current published DULA University Policy Handbook and/or Program Catalog</p>
6/3/2019	N/A	DATM Program Purpose and Goals

		<p>The Statement of Purpose and Goals for the Doctor of Acupuncture and Traditional Medicine (DATM) Programs are:</p> <ol style="list-style-type: none"> 1. To develop competent traditional medicine practitioners through advanced academic and clinical programs. 2. To develop healthcare professionals with clinical competencies, including collaborative care. 3. To develop healthcare professionals with skills and competencies to contribute to the community and to the field. <p>DATM Program Educational Objectives</p> <p>To train healers who are able to:</p> <ol style="list-style-type: none"> 1. Demonstrate an understanding of the theoretical and historical contexts of oriental medicine. 2. Apply this understanding to accurately diagnose patients. 3. Utilize biomedical diagnostic methods and refer to other practitioners as appropriate. 4. Competently plan, perform, assess, and adjust acupuncture treatments for common conditions and patterns. 5. Competently prescribe and modify herbal formulas for common conditions and patterns. 6. Embody and advise on healthy lifestyle choices, and 7. Identify, define, and model best practices for professional success. 8. Apply integrative diagnostic skills to provide effective patient care 9. Obtain familiarity with contemporary community healthcare systems 10. Conduct collaborate care with other healthcare professionals 11. Develop and implement systems and plans for professional development 12. Assess and integrate scholarship, research, and evidence-based medicine, or evidence-informed practice to enhance patient care
6/16/2019	N/A	<p>DATM Tuition Fee</p> <p>Foundation 100 - 400 level didactic courses is \$155 per didactic unit, \$11 per clinic hour. Tuition for the advanced 700 - 800 level courses is \$ 315 per didactic unit, \$18 per clinic hour.</p>

		Total DATM Tuition without additional fees \$53745; Total DATM Completion Track 340 hours of Tuition without additional fees \$10170. Total Estimated DATM dual degree track with MSOM \$59270 Total Estimated DATM completion track \$12150
6/20/2019	N/A	DATM advanced doctoral level courses , tuition refunds will be determined as follows: <ul style="list-style-type: none"> ● Until three days prior to the first day of each module: Full Tuition Refund ● One day prior to the first day of each module: 50% of Tuition ● After completing 25%, but less than 50%: 25% of Tuition ● After completing more than 50%: No refund
7/1/2019	MSOM Tuition Fee \$125 per didactic unit \$9 per clinical hour	MSOM Tuition Fee \$155 per didactic unit \$11 per clinical hour Total MSOM Tuition without additional fees \$43575 Total Estimated MSOM Tuition \$47685
7/25/2019	MCE / CGE Mock System and Passing Score Requirements Mock system is only implemented for MCE practical point location exam Passing score for MCE written / CGE: 140 / 200 (70%)	MCE / CGE Mock System and Passing Score Requirements DULA implements mock questions system to the Institutional Exam (MCE and CGE). Mock questions are defined as but not limited to the new questions that have yet to be determined for their difficulty and appropriateness to the students' capability in either MCE or CGE. From 200 questions that will be tested in MCE and CGE, 20 questions will be considered as mock questions. These 20 questions will not be counted for credit to the final result of the exam. Therefore, only 180 questions in total that will be counted for credit and students have to score at minimum of 70% to pass the exam (Passing score is 126 for MCE written exam and CGE). Mock system is also implemented as before in MCE practical point location exam.
10/10/2019	Grading Policy All required courses must be taken for a letter grade, except for the following, which may be taken pass/fail: Qi Gong, Tai Chi, Tui-na, CNT and Safety Codes, Survey of Clinical Medicine, Clinical Management, Medical Ethics, and CPR/First Aid. Elective courses are also graded as pass/fail. The changing of pass/fail grades may change at any time and may be at the discretion of faculty with prior approval and notification of students.	Grading Policy All required courses including elective courses must be taken for a letter grade, except for the following: Qi Gong, Tai Chi, Tui-na, CNT and Safety Codes, and CPR/First Aid. These courses may be taken as pass/fail. The changing of pass/fail grades may change at any time and may be at the discretion of faculty with prior approval and notification of students.

<p>11/20/2019</p>	<p>Independent Study</p> <p>The independent study is only offered to the students who are currently in their last academic year prior to graduation.</p>	<p>Independent Study</p> <p>The independent study is only offered to the students who are currently in their last academic year (or have 65 courses unit or less to be completed) prior to graduation.</p>
<p>12/1/2019</p>	<p>Standard Fees</p> <ul style="list-style-type: none"> • Late application for new enrollment \$20 • I-20 re-issue \$20 • Transfer credit evaluation prior matriculation \$0 • Transfer credit evaluation after matriculation \$50 per course • Late registration fees \$15 • Makeup Final Exam \$50 per exam • MSOM Graduation Fee \$100 • Clinic malpractice insurance \$45 per quarter • Certificate of attendance \$5 • Certificate of graduation \$5 • Certificate of clinical training \$5 • Official transcript \$10 • Unofficial transcript \$5 • Tuition verification \$5 • Installment fee (for each installment payment) \$10 (up to \$20) • Late payment fee (for each payment deadline) \$15 (up to \$45) 	<p>Standard Fees</p> <ul style="list-style-type: none"> • Late application for new enrollment \$0 • I-20 re-issue \$50 • Transfer credit evaluation prior matriculation \$100 • Transfer credit evaluation after matriculation \$50 per course • Late registration fees for didactic class (after end of official didactic class registration period) \$100 • Makeup Final Exam \$100 per exam • Graduation Fee (MSOM, DATM, DAOM) \$200 • Clinic malpractice insurance \$55 per quarter • Certificate of attendance \$10 (express \$15) • Certificate of graduation \$10 (express \$15) • Certificate of clinical training \$5 (express \$10) • Official transcript \$15 • Unofficial transcript \$10 • Tuition verification \$10 (express \$15) • Installment payment \$20 per each payment • Late payment fee without prior installment agreement \$100 per each deadline • Late installment payment fee with prior installment agreement \$50 per each deadline <p>New Fees:</p> <ul style="list-style-type: none"> • Quarterly registration fees \$50 • Add didactic class after official registration period \$0 • Drop didactic class after official registration period \$20 per class • Changing clinic shift (add, change, drop) after end of official clinic registration period \$20 per shift • MCE (Initial / Retake) \$50 • Special condition scheduled CGE \$350 • Quarterly facility and technology fee \$50 • Certificate of patient log (including notarization fee) \$60 • Diploma re-issue \$100

		<ul style="list-style-type: none"> • Quarterly student association fee \$0 • Deposit upon notification of acceptance \$0 • Fax service domestic \$1 per page • Fax service international \$3 per page • Scanning \$3 • Mailing domestic and certified \$5 • Mailing international \$5 handling fee plus cost
1/14/2020	N/A	<p>Self-Monitoring Procedures with BPPE</p> <p>In consideration to the 71760. Self-Monitoring Procedures with the Bureau for Private Postsecondary Education (BPPE), the following activities are implied by DULA:</p> <ol style="list-style-type: none"> 1. Ongoing: <ul style="list-style-type: none"> • Subscription to BPPE email notification with dean@dula.edu • Notification of changes and updates sent to appropriate staff 2. Monthly: <ul style="list-style-type: none"> • Attending BPPE workshop Members to attend: Academic staff, General Administration staff 3. Quarterly: <ul style="list-style-type: none"> • Updates BPPE information during staff meetings 4. Annually: <ul style="list-style-type: none"> • Updates all standards and regulations at the annual retreat
3/17/2020	N/A	<p>DAOM Status</p> <p>The Dongguk University Los Angeles advanced practice doctoral (DAOM) program has been granted pre-accreditation status by ACAOM. The University has voluntarily ceased enrolling students in the DAOM program after 01 April 2020 and has instituted an ACAOM-approved teachout plan for all currently enrolled students. During the teach-out period, the program maintains the current pre-accredited status.</p>
2/4/2020	N/A	<p>DATM Status</p>

		<p>The Dongguk University Los Angeles professional doctoral (DATM) program, approved to begin enrolling students, is not yet accredited or pre-accredited by ACAOM. Graduates of this program are not considered to have graduated from an ACAOM-accredited or pre-accredited program and may not rely on ACAOM accreditation or pre-accreditation for professional licensure or other purposes. The DATM program is eligible for ACAOM accreditation, and Dongguk University Los Angeles is currently in the process of seeking ACAOM pre-accreditation/accreditation for the program. However, Dongguk University Los Angeles can provide no assurance that pre-accreditation or accreditation will be granted by ACAOM.</p>
4/3/2020	N/A	<p>DULA Distance Learning Policy</p> <p>DULA does not offer a distance education in ordinary situation. However, due to COVID19 pandemic outbreak, the course works can be delivered via distance learning until further notice to ensure the safety of students, staff, and faculty member. DULA operates the distance learning under the approval of the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The distance learning course works are not pre-recorded, students are required to attend the live course and attendance will be followed in compliance to DULA attendance policy.</p> <p>Detail of DULA Distance Learning Policy is available at DULA university policy handbook.</p>
5/12/2020	<p>Minimum Class Enrollment</p> <p>Each class must have minimum of three (3) students actively enrolled for the class to be kept (not canceled) at the end of add/drop period of the quarter.</p>	<p>Minimum Class Enrollment</p> <p>Effective from Summer Quarter 2020, the minimum class roster number for each didactic class to be kept or not canceled is four (4) at the end of add/drop period of the quarter.</p>

<p>6/1/2020</p>	<p>English Language Requirement</p> <p>All students seeking admissions into the MSOM programs taught in the English language must demonstrate English language proficiency. All students matriculating on or after January 1, 2019 must demonstrate English language competency as a condition of admission.</p> <p>The language proficiency requirement may be demonstrated by one of the following means:</p> <ol style="list-style-type: none"> 1. The student must have completed a two-year (60 semester credits or 90 quarter credits) baccalaureate- or graduate-level, English-based education in an institution accredited by an agency recognized by the U.S. Secretary of Education. English must have been the language of instruction and the language of the curriculum used; 2. For programs taught in English, the student must score a total score of at least 61 on the Test of English as a Foreign Language Internet-Based Test (TOEFL® iBT), including a minimum speaking exam score of 26 and a minimum listening exam score of 22, or an overall band score of level 6 on the International English Language Testing System (IELTS) exam; 3. For programs taught in Chinese or Korean, the student must score a total score of at least 45 on the Test of English as a Foreign Language Internet-Based Test (TOEFL® iBT), including a minimum speaking exam score of 18 and a minimum listening exam score of 15, or an overall band score of level 5 on the International English Language Testing System (IELTS) exam. 	<p>English Language Requirement</p> <ol style="list-style-type: none"> 1. English Language Requirements for MSOM Program English language competency is required of all students seeking admission to the program. This must be demonstrated by <u>one</u> of the following means: <ol style="list-style-type: none"> a) The student must have completed a two-year (60 semester credits or 90 quarter credits) baccalaureate- or graduate-level, English-based education in an institution: <ol style="list-style-type: none"> i. accredited by an agency recognized by the U.S. Secretary of Education, <u>or</u> ii. in the United Kingdom, Australia, Canada (except Quebec), New Zealand, or Ireland. iii. In all cases, English must have been both the language of instruction and the language of the curriculum used; b) Test of English as a Foreign Language Internet-Based Test (TOEFL® iBT) Acceptable scores: TOEFL iBT total score – 61 with minimum speaking score as 20 and minimum listening score as 17; or c) International English Language Testing System (IELTS) Acceptable scores: IELTS overall band score of 6 (Academic Format) with minimum speaking score – 6.5 and minimum listening score – 6. 2. English Language Requirements for DATM Program English language competency is required of all students seeking admission to the program. This must be demonstrated by <u>one</u> of the following means: <ol style="list-style-type: none"> a) The student must have completed a two-year (60 semester credits or 90 quarter credits) baccalaureate- or graduate-level, English-based education in an institution: <ol style="list-style-type: none"> i. accredited by an agency recognized by the U.S. Secretary of Education, <u>or</u> ii. in the United Kingdom, Australia, Canada (except Quebec), New Zealand, or Ireland. iii. In all cases, English must have been both the language of instruction and the language of the curriculum used;
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		<p>b) Test of English as a Foreign Language Internet-Based Test (TOEFL® iBT) Acceptable scores: TOEFL iBT total score – 80; or</p> <p>c) International English Language Testing System (IELTS) Acceptable scores: IELTS overall band score - 6.5 (Academic Format).</p>
6/5/2020	<p>Final Exam Period</p> <p>Final exam is offered in 11th week of the quarter</p>	<p>Final Exam Period</p> <p>Effective from Fall quarter of 2020, all class final exam period is changed into 10th week of the quarter</p>
7/20/2020	N/A	<p>Number of Attempt of DULA Institutional Exams</p> <p>Effective from Fall quarter of 2020, DULA students will be given a maximum of 5 attempts to take and pass the institutional exams (CGE, MCE Practical and Written Parts, CPX). If after 5 attempts of each institutional exams, students still unsuccessfully passed their exams, then the students will be terminated from the program.</p>
8/15/2020	N/A	<p>DULA Covid-19 Prevention Plan</p> <p>DULA is committed to providing a safe and healthy environment for all of our students and employees. Accordingly, the following COVID-19 Prevention Plan has been developed to ensure a safe return to campus operations.</p> <p>DULA’s COVID-19 Prevention Plan (“Plan”) includes how our school will implement, at a minimum, the following:</p> <ul style="list-style-type: none"> • infection prevention protocols; • cleaning, disinfection, and decontamination protocols; • prompt identification and isolation of sick persons; and • personnel to ensure implementation of the plan.

		<p>This Plan is created to meet the guidelines set forth by local, state, and federal health agencies, and additional state orders in effect where DULA operates physical facilities.</p> <p>This COVID-19 Prevention Plan has been certified by DULA executive leadership and will be announced to students and employees. It will be updated as necessary.</p> <p>DULA Covid-19 Prevention Plan in detail can be seen in DULA university policy handbook.</p>
8/28/2020	<p>Non-Matriculated Students</p> <p>All students must meet all admissions requirements and course prerequisites with the exception of the following courses:</p> <ul style="list-style-type: none"> • TB111 Tai Chi Chuan (2/20) • TB121 Qi Gong (2/20) <p>While the above two courses are open to the public, non-matriculated students who are enrolled in courses must meet all admission requirements and demonstrate sufficient prior education and experience to successfully complete those courses.</p> <p>DULA does not accept non-matriculated students into the DATM Completion Track Program.</p>	<p>Non-Matriculated Students</p> <p>Non-matriculated students who are enrolled in courses must meet all of the corresponding program's admission requirements and course prerequisites, or demonstrate sufficient prior education and experience to successfully complete those courses. The program must ensure that participation by non-matriculated students in program courses does not adversely affect the quality of instruction.</p> <p>The enrollment of non-matriculated students in courses shall be entirely determined by Dongguk University Los Angeles (DULA) admissions committee. The application for admissions can be rejected at any time in consideration of the capability of prospective students to successfully complete the courses and/or other circumstances determined by the admissions committee.</p> <p>Tuition Fee for Non-matriculated students:</p> <ul style="list-style-type: none"> • Non-matriculated Student in Master of Science in Oriental Medicine (MSOM) courses or Doctor of Acupuncture and Traditional Medicine (DATM) foundational courses: \$315 per didactic unit and \$18 per clinical hours • Non-matriculated Student in Doctor of Acupuncture and Traditional Medicine (DATM) advanced doctoral level courses: \$640 per didactic unit and \$29 per clinical hours

8/31/2020	N/A	<p>MSOM Chinese Program Status</p> <p>Dongguk University Los Angeles has voluntarily suspended enrolling students in the Master of Acupuncture program with a Chinese herbal medicine specialization delivered in Chinese language and ACAOM has placed the program on “inactive” status. During the period of inactivity, the program maintains the current accredited status.</p>
10/19/2020	<p>Satisfactory Academic Progress (SAP)</p> <p>The previous SAP policy does not give detail information pertaining to the compliance with the federal regulation relates to Title VI financial aid assistance.</p>	<p>Satisfactory Academic Progress (SAP)</p> <p>Update on SAP policy to comply with Federal regulations, relates to financial assistance from Title IV student aid. The updated policy provides more detail on the component of financial aid warning, financial aid suspension, reasons for SAP suspension, minimum GPA, minimum pace-of-progression and maximum time frame.</p>
10/19/2020	N/A	<p>Minimum Academic Performance</p> <p>The minimum academic performance policy is required to be complied by all DULA students. This policy previously put in DULA SAP policy, however, to better give the information and for compliance, this policy was created under the name as minimum academic performance. It included the maximum time to complete the program and minimum GPA requirement, which has already been implemented in DULA program up until now.</p> <p>The minimum academic performance policy includes one new policy known as Minimum Accumulated Completion Pace (MACP). <u>MACP policy is applied to the new student who starts their degree program in DULA from Winter quarter 2021.</u> MACP sets the minimum number of course units that students have to complete in each quarter as they progress throughout their program until graduation. The MACP policy is set so student can complete their program not to exceed the allowed maximum time frame and for DULA compliance to the program accreditation standard, without exception.</p>

3/11/2021	Update on STRF Policy (https://bppe.ca.gov/lawsregs/strf.shtml)	The STRF is a fund administered by the Bureau for Private Postsecondary Education {Bureau} that relieves or mitigates economic loss suffered by a student while enrolled in a qualifying institution- generally, one that is approved or registered by the Bureau. At the time of his or her enrollment, the student must have been a California resident or enrolled in a California residency program, prepaid tuition, and suffered economic loss. Effective February 8, 2021, the Student Tuition Recovery Fund {STRF} assessment rate changed from zero {\$0} per one thousand dollars {\$1,000} of institutional charges to fifty cents {\$.50} per one thousand dollars {\$1,000} of institutional charges. {5, CCR Section 76120).
3/11/2021	N/A	Accommodations for Nursing Mothers Policy is published in DULA university policy handbook
7/1/2021	Update on late payment fee	\$100 of late payment fee – after the 3rd week of each quarter
12/17/2021	MSOM Tuition Fee \$155 per didactic unit \$11 per clinical hour Total MSOM Tuition without additional fees \$43575 Total Estimated MSOM Tuition \$47685	MSOM Tuition Fee \$167 per didactic unit \$12 per clinical hour Total MSOM Tuition without additional fees \$47,091 Total Estimated MSOM Tuition \$51,201 (Effective from 2022 new enrolled students)

4/22/2022	<p>Deleted duplicated contents with the student handbook, course catalog</p> <ol style="list-style-type: none"> 1. MISSION AND PROGRAM EDUCATIONAL OBJECTIVES <ol style="list-style-type: none"> a. Mission b. Statement of Purpose and Goals c. Master of Science in Oriental Medicine (MSOM) Program Educational Objectives (PEOs) d. Doctor of Acupuncture and Traditional Medicine (DATM) Program Educational Objectives 2. ACCREDITATION AND APPROVALS <ol style="list-style-type: none"> a. Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM) b. Bureau for Private Postsecondary Education c. California Acupuncture Board d. Licensure Outside of California e. Additional Approvals 3. NON-PROFIT STATUS 4. MSOM program course listing 5. DATM program course listing 6. ADMISSIONS 7. Tuition Payment Policy 8. FINANCIAL AID 9. STUDENT SERVICES 10. ACADEMIC POLICIES AND PROCEDURES 	Deleted
4/22/2022	<p>Changed title to match ADA regulations</p> <p>American with disability</p>	AMERICANS WITH DISABILITY ACT(ADA)

	<p>Moved under UNIVERSITY POLICY</p> <ol style="list-style-type: none"> 4. OSHA POLICY AND PROSCDURE 5. NON-DISCRIMINATORY POLICY 6. AMERICANS WITH DISABILITY ACT(ADA) 7. REGISTERED SEX OFFENDER 8. DRUG AND ALCOHOL ABUSE POLICY 9. ACCOMODATIONS FOR NURSING MOTHERS 10. HIPAA POLICY 	
	<p>Applied a numeric formula for accessibility and legibility</p> <ol style="list-style-type: none"> III. FACULTY POLICY IV. EMPLOYEES POLICY V. OTHER POLICYS 	
	<p>Retitled for consistency</p> <p>DULA ORIENTAL MEDICAL CENTER (OMC) FACULTY</p>	<p>DULA ORIENTAL MEDICAL CENTER (OMC) POLICY FACULTY POLICY</p>