

POLICIES HANDBOOK

SCHOOL OF HEALTH SCIENCES AND WELLNESS

STUDENTS WITH CLINICAL ASSIGNMENTS

Version 13, 8/15/2023

1. General Health Requirements.....3
2. Health Physical Form.....3
3. Immunizations / Screening.....3
4. CPR Certification.....4
5. Background Checks.....5

... Td8600 (...1

a) Students must provide proof of one of the following: written proof of two MMR immunizations given after the age of 15 months, at least 30 days apart, OR proof of a positive

5. All Health Sciences students must undergo a criminal background check performed by the Health Sciences & Wellness (HSW) School vendor at the student's expense for most programs. In most cases, your acceptance into a Health Sciences program at LCCC will not be final until LCCC has received background check information from the reporting agencies and the background check is clear of disqualifying offenses. (See below.) If applicable to your program, once provisionally accepted into the program, no clinical assignment will be made until the criminal background check has been cleared. To facilitate completion of the background check, the student will provide a seven year history of all names used during that time, all residences and work history. The background check includes the following elements:

ii. The on-

i.

Appendix A

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “Release”) by the individual signing below (“Volunteer”) releases Laramie County Community College (“College”), a Community College District existing under the laws of the State of Wyoming and each of its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers regarding any and all claims arising in direct relation to Volunteer’s assumption. For purposes of this waiver, “volunteer” does not mean a guest speaker or lecturer providing services of a nominal duration.

Name of Volunteer: _____

Name of Activity/Event/Class: _____

Name of Department: _____

Department Supervisor: _____

Supervisor Phone: _____ Supervisor Email: _____

Approximate Volunteer Hours per Week: _____

Dates of Volunteer Service: START: _____ THROUGH: __ JUNE 30, 20____

Annual Renewal _____ Intermittent _____

1. Volunteer Status. The Volunteer desires to provide volunteer services for College and engage in activities related to serving as a volunteer. Volunteer understands that the scope of Volunteer’s relationship with College is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that College will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to College. Volunteer is performing these services for civic, charitable or humanitarian reasons and as more fully defined by 29 C.F.R. 553.101.

Initials of Volunteer:

_____ By my initials indicated, Volunteer hereby states that Volunteer has not received a promise, expectation or receipt of compensation for services to be rendered;

_____ By my initials indicated, Volunteer hereby states that Volunteer’s services are being offered freely and without pressure or coercion, direct or implied from College;

_____ By my initials indicated, Volunteer is not currently employed by the College to perform the same type of services being offered in a volunteer status.

2. Waiver and Release. Volunteer hereby releases and forever discharges and hold harmless College and its successors and assigns from any and all liability, claims, and demands of whatever

kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to College. Volunteer understands and acknowledges that this Release discharges College from any liability or claim that Volunteer may have against College with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to College or occurring while I am providing volunteer services.

3. Assumption of Risk. Participation in the aforementioned campus activity carries with it certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks may include, but are not limited to: 1) minor injuries such as but not limited to, scratches, bruises, and sprains; 2) major injuries such as but not limited to eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including but not limited to paralysis and death. I understand, and acknowledge that these and other unforeseeable risks are inherent to participation in the above

8. College Rules. Volunteer agrees to abide by College policies and procedures and any further amendments to the same that govern the operation and activities of the College. Volunteer agrees to comply with any specific instruction or request given by the College

I hereby certify that I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this Release. I am aware that by signing this Release, I assume all risks and waive and release certain substantial rights that I may have. I acknowledge that this Release is binding upon myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

_____ >_____

Appendix C

COMPLIANCE WITH POLICIES

These Policies prescribe standards of conduct for students enrolled in LCCC Health Sciences Programs. The standards are in addition to those prescribed for students under LCCC policies and administrative regulations. Violation of any such standard may serve as grounds for program dismissal, suspension, or other discipline. Every student is expected to know and comply with all current policies, rules, and regulations as printed in the college catalog, class schedule, college student handbook, and specific LCCC Health Sciences Program student handbook.

I have received a copy of the Non-academic Health Sciences Programs Policies. I understand this handbook contains information about the guidelines and procedures of the LCCC Health Sciences Program in which I am enrolled. I also understand that I can find information about the general college policies in the College Catalog and the College Student Handbook. I can find information specific to each Health Sciences Program from the Program Director and each course in the course syllabus.

By signing this agreement, I certify that I have read and understand the Non-Academic Health Sciences Programs Policies and will comply with them.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (If student is a minor)

Date

Signature Name

Date

Appendix D

ACKNOWLEDGMENT OF LCCC'S SUBSTANCE ABUSE POLICY, CONSENT TO TESTING, AND RELEASE OF INFORMATION AND LIABILITY

I, _____, acknowledge that I have seen and reviewed LCCC's Substance Abuse Policy. I understand that pursuant to the policy I may be required to submit a body fluid sample (such as of my urine, blood, saliva, and/or breath) to a collection and laboratory facility, which LCCC selects, for chemical analysis to determine whether illegal drugs and/or alcohol are present in my system. I further understand that if I fail to pass my test, and/or refuse to abide by all sample collection and chain of custody procedures, I will be subject to disciplinary action as set forth in LCCC's Non-Academic Health Sciences Program Policies for Students. I hereby knowingly and voluntarily consent to LCCC's, the laboratory's, and/or collection facility's (or their respective agents') request for my body fluid sample for chemical analysis. I further authorize the laboratory or collection facility (or their agents) to release to LCCC any information regarding the results of any such chemical analysis of my

For Office Use Only

Incident Report Number: _____

Date Received: _____

Filed By: _____

Note:

Because each clinical agency sets their own immunization standards and requirements with regard to COVID-19 and these are subject to change, these general guidelines have been developed as a supplement to the School of Health Sciences and Wellness' (HSW) Policies Handbook. Each HSW health program will continue to monitor their clinical sites' requirements to ensure that students and faculty remain in compliance with all COVID-19 policies. Please also see the FAQ linked document on the HSW School Website.

General Information

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. This zoonotic virus spread from China to many other countries around the world, including the United States. This resulted in COVID-19 being deemed a pandemic. (cdc.org, 2020)

The primary symptoms of COVID-19, which can occur between 2 and 14 days after exposure, include:

- f* Fever or chills
- f* Cough
- f* Shortness of breath or difficulty breathing
- f* New loss of taste and smell
- f* Sore throat
- f* Fatigue
- f* Muscle or body aches
- f* Headache
- f* Congestion or runny nose
- f* Some digestive symptoms such as nausea, vomiting, or diarrhea have also been reported.

Infection Control Measures

The best methods to fight the spread of this communicable disease are through prevention and strict infection control procedures. For healthcare facilities, these measures include:

- x Requiring current COVID-19 vaccination for staff and other healthcare providers, including visiting students and faculty;
- x Implementing Personal Protective Equipment (PPE) procedures and strategies;
- x Emphasizing hand hygiene;
- x Having all healthcare workers practice respiratory etiquette, including covering coughs, sneezes, and monitoring for COVID-19 symptoms and staying home if ill;
- x Limiting the number of staff providing care for COVID-19 patients;
- x Creating additional barriers as needed, especially when completing aerosol-generating procedures;
- x Adhering to standard and transmission-based precautions;
- x Following approved disinfection protocols after

Clinical Clearance Requirements

In order to ensure the safest environment possible for their patients and staff, many of LCCC's clinical settings have included COVID

Clinical Attendance and Performance Expectations

When students participate in their clinical rotation assignments, students are required to follow the facility's COVID-19 infection control policies with regard to the use of personal protective ex0o2 Tc 0 Tw 3.543 0 Td(i)2.7