



Laramie County Community College

This policy

- b) **Varicella (chicken pox):** A record of two doses of varicella vaccine OR proof of a positive IgG titer.
- c) **Tetanus/Diphtheria (Td) or tetanus, diphtheria and cellular pertussis (Tdap):** Proof of vaccination within the past 10 years.
- d) **Hepatitis B:** students must either submit proof of completion of a three-dose Hepatitis B vaccination series OR a Hepatitis B Vaccine titer indicating immunity OR a signed statement of Hepatitis B vaccine refusal.

- i. Students who received a two-dose series before the age of 18 will be required to submit a titer documenting immunity. If immunity is not established, students will need to complete a three dose series.
- ii. Students receiving the series for the first time in order to meet this requirement must also get an initial titer 1-2 months after completion of the series and submit the results to their LCCC Program Director.
- iii. If the titer results indicate that the student is a non-converter, students are required to visit with a qualified health care provider about options. Students must submit documentation of the resu.2 (t)00.5 (r)25 (qu)0.5 (i)- (s)-2 (2 (.).0.75 (i)- (s)-2 8)J(r)2.2 ()4.5 (t)0.8 (n)0.5 (t)0.8411.-2 (on)11.4

f) If there is a conviction that does not disqualify the applicant/student from a program and subsequent affiliation, the student should be aware that this may not be the case for the professional certifying/licensing

7. **Random Drug Screening:** Random drug testing will take place for LCCC Health Sciences and Wellness School students. Please check your program policies for specifics that may only be required for your program. The random testing will be unannounced. The selection of individuals will be made through a random pool selection process. Notification shall take place at any time prior to test administration. Testing shall be in the form of urinalysis screening with confirmation by a licensed and SAMSHA certified laboratory and will be scheduled within 4 hours of notification. In most instances, the cost of the random testing is covered in the fee paid by students at the time of background check and initial drug screen.

Failure to comply with any aspect of the Random Drug screening requirements is cause for discipline up to and including dismissal from the program. In the event of suspension/dismissal from classes, the student may utilize the process under the Program Handbook and the Student Discipline Adjudication Procedure 3.16P. (Refer to 14.e)

If a student provides a dilute sample, the student will be notified, and the student will need to complete another drug screen at their own expense. Two consecutive negative-dilute results will act as a positive result which will result in suspension from the student's respective program. In the event of a suspension/dismissal from classes, students may invoke their rights under the Student Discipline Adjudication Procedure 3.16P. (Refer to 14.e)

8. **"For Cause" Drug Screening:** The information below refers to the use/misuse of, or being under the influence of: alcoholic beverages, illegal or prescription drugs which impair judgment, or demonstrate behavior consistent with impairment while in attendance on campus for class or other related activities, or at any health care facility, school, institution or other work location as a representative of a Health Sciences Program. If the clinical instructor/clinical site supervisor perceives the student is unable to perform competently, exhibits symptoms of abuse, emits the odor of alcohol or other illegal substances, or exhibits behaviors such as, but not limited to, slurred speech, unsteady gait, or confusion, and these behaviors cause the faculty or clinical instructor to suspect the student is impaired the following steps are taken: or4 (g)0.6 (s)-2 (t)0.7en:

behavior. The student may return to the classroom and clinical setting, and the faculty will provide opportunity for the makeup of missed work and assignments, subject to considerations listed below.

- i. If the indicator was the odor of alcohol or other illegal substances, the student will be mandated to discontinue the use of whatever may have caused the alcohol like odor before being allowed to return to the clinical setting.
- ii. If the indicator was behavioral, consideration must be given to a possible medical condition being responsible for the symptoms. A medical referral for evaluation may be indicated and a Care Team Report filed if applicable.
- iii. Based on the information provided and further medical evaluations if warranted, the Program Director, in consultation with the School Dean, will make a decision regarding return to the clinical setting.

g) If the results of the test are dilute, another for-cause drug screen must be completed within four hours of notification at the student's expense. Two consecutive negative-dilute test results will act as a positive result which will result in suspension from all Health Sciences courses. In the event of a

10. Readmission Guidelines Related to Substance Abuse: Students seeking readmission to Health Sciences programs after dismissal for reasons related to substance abuse should refer to their respective program policies for any specific guidelines. Generally, a student will be required to:

- a) Submit a letter requesting readmission to the Health Sciences program.
 - 1. Include documentation from a licensed therapist specializing in addiction behaviors indicating status of abuse, addiction, or recovery and/or documented rehabilitation related to the alcohol/drug illness.
 - 2. Include documentation of compliance of a treatment program as identified by the therapist including a statement that the student will be able to function effectively and provide safe and therapeutic care for clients in a clinical setting.
- b) Repeat drug screen for alcohol/drugs immediately prior to readmission. If a student, after being readmitted to the Health Sciences program, has positive results on an alcohol/drug screen, the student will receive permanent dismissal from the Health Sciences program.
- c) Complete any other program specific admission actions based on specific program requirements.
- d) Complete any other requirements made by LCCC.
- e) Completion of the requirements above does not guarantee readmission to a program.

11. Insurance: Students must be aware of insurance requirements and their responsibilities in relation to insurance.

- a) Given the potential exposure to communicable disease it is highly recommended that students in Health Sciences programs have health care insurance... Some clinical agencies may require those students who come to that facility for clinical learning experiences have health care insurance.
- b) If a student is injured or becomes ill during the clinical experience, an LCCC and/or program incident form and verification of other insurance coverage must be completed. Incident forms may be obtained from the appli

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- vi. Students are expected to act in accordance with all program guidelines while in the classroom, laboratory, and clinical settings. Repeated violations of expected behaviors may result in failure of the course, laboratory, or clinical, and up to dismissal from the program.
- vii. Student professional conduct violations will result in disciplinary action under the guidelines outlined in the Program Handbook and the Student Discipline Adjudication Procedure 3.16P, which may result in possible failure/dismissal from the course and/or program. (Refer to 14.e)

c) **Immediate Suspension:** Any Health Sciences program student engaging in any of the following behaviors or other misconduct is subject to *immediate suspension* from Health Sciences classes and disciplinary action as described in the Program Handbook and the Student Discipline Adjudication

Students are also prohibited from initiating or accepting friend requests from patients/clients of those clinical facilities.

A violation of the privacy of a patient, instructor, clinical affiliate, college faculty/staff member or classmate is extremely serious. This includes violations to HIPAA and the "Family Educational Rights and Privacy Act of 1974" (FERPA) policies and additionally may include disclosure of confidential information related to business practices of clinical affiliates. Such behavior may result in failure of a clinical practice course, dismissal from the program, and may also put the student at risk of legal liability.

Students utilizing social media should make absolutely no reference to patients, clinical sites or clinical instructors, even if names are not given or if the student attempts to remove identifying information from the comment.

Posting/publication/distribution of pictures, audio or video of patients, clinical affiliate facilities/instructors/staff, college facilities/faculty/staff or classmates is prohibited unless the student receives written permission from the subject(s), clinical affiliate, and the Program/college.

Students should use discretion when selecting the appropriate time and place for utilizing social media so as not to interfere with classroom instruction/learning or clinical experience performance. For example, posting "status updates" during class or during the clinical day from a smart phone is prohibited.

Violations of the social media policy are considered professional behavior violations and will result in programmatic counseling or other disciplinary action, up to and including program dismissal.

e) **Student Grade/Dismissal Appeals Processes:** Students have a right to appeal an academic process or sanction imposed on them and must follow the guidelines in the Program Handbook and the Academic Appeals Procedure 2.16P.

Students have the right to appeal a student discipline process or sanction imposed on them and must follow the policies in the Program Handbook and the Student Discipline Adjudication Procedure 3.16P. In all cases the Dean of the HSW School and the Dean of Students will be notified.

15. **Duty to Report:** All students enrolled in Health Sciences programs have the following duty to report:

a) Students holding or receiving certification or licensure in a health profession must remain in good standing with the Board that issues their certification or licensure. Students receiving any disciplinary actions against their certificate and/or license must notify their Program Director within five (5) business days.

Forms

- a) Release and Waiver of Liability- Assumption of Risk
- b) Consent for Release of Information
- c) Compliance with Policies
- d) Consent for drug testing
- e) Confidentiality Agreement

Appendix A

ASSUMPTION OF RISK & WAIVER OF LIABILITY

I, _____ agree to and acknowledge the following:

ASSUMPTION OF RISK & WAIVER OF LIABILITY

I hereby acknowledge and assume the risk of participating in the college's Health Science and Wellness program and its clinical experiences. I hereby acknowledge and assume the risk that it is a dangerous activity involving many risks of injury or even death. I understand that the dangers and risks of being exposed to infectious and communicable diseases and requirements around patient care, these risks include, but are not limited to death, serious neck and spinal injuries which may result in partial or complete paralysis, brain damage, serious injury to vital internal organs, serious injury to all bones, joints, ligaments, tendons, muscles, and other aspects of the musculoskeletal system, and serious injury or impairments to other aspects of my body, general health, and well-being. By signing below, I hereby state that I understand the dangers and risks of participating in the HSW program and the clinical experiences, including but not limited to dangers from infection, disease, patient care and treatment, and that these injuries from these risks could impair my foal Tc 0 Tw Td(a)5 and 4r)10.-.1 (d)i9 (x)1.9 (p)-i8 (n)-4t

either party, except that any ambiguity as to sovereign immunity shall be construed in favor of sovereign immunity.

This release remains valid for the entire duration of my participation at LCCC or until revoked by me in writing. I am 18 years of age or older, and I know of no reason why I cannot execute this document.

HSW Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Appendix B

LARAMIE COUNTY COMMUNITY COLLEGE CONSENT FOR RELEASE OF INFORMATION

I (print name) _____ give permission for the Health Sciences faculty and/or Health Sciences Director/Chair of the Program in which I am enrolled to share personal information about me including name, student identification number, date of birth and verification that the Program has evidence that I have met all the health and safety requirements of the Health Sciences Program. This information will be provided to clinical agencies where I am assigned so that I may complete mandated pre-clinical education requirements, obtain entry into the agency's computer system and/or medication administration system, and complete duties necessary in the actual clinical rotations.

This authorization will remain in effect until my Health Sciences Program clinical experiences are completed or until revoked. I understand that signing this consent is voluntary, and that revoking the consent prior to a clinical experience may have impact on my ability to be assigned to a clinical agency. A revocation of this consent must be in writing and be delivered to the Director of the Program in which I am enrolled. I also understand that information disclosed under this authorization might be redisclosed by the clinical agency and that such disclosure may no longer be protected by federal or state law.

Further, I,

_____ hereby authorize Laramie County Community College, (Tnge ()T5.h83 (()0z)2 (a)2 (t)

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

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 body fluid sample. In exchange for participation in the LCCC Health Sciences Program, I also release the LCCC, including any and all of its Board of Trustees, the President, Administrators, Deans, and employees, from any and all claims, suits, charges, causes of action, liability, and damages relating to or arising from (a) the submissions of my body fluid sample for chemical analysis; (b) my refusal to submit a sample; (c) the release of any information to LCCC pertaining to the collection, testing, or test results of my sample; and/or (d) the termination of my participation in LCCC's Allied Health Program based on a positive drug or alcohol test result and/or my refusal to submit to testing. I also understand that this acknowledgment, consent, and release will remain valid, binding, and useable throughout my participation in LCCC's Health Sciences Program whenever LCCC requires that I submit to a drug and/or alcohol test, whether random selection, following a work-related accident or injury, or for some other reason.

CONSENT AND RELEASE:

Signature of Program Participant

Date

Witnessed by

Date

Appendix E

Student Confidentiality & Responsibility Statement

The undersigned hereby acknowledges his/her responsibility under applicable Federal law (HIPAA and FERPA) and the Agreement between Laramie County Community College (LCCC) and the respective clinical facility to keep confidential any information regarding facility patients. The undersigned agrees, under penalty of law, not to reveal or disclose to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal or disclose to any third party any confidential information of the respective clinical facility, except as required by law or as authorized via written instrument by same.

During the term of this Agreement, undersigned may have access to and become acquainted with confidential information and trade secrets of a facility, including information and data relating to contracts and accounts, clients, patients, patient groups, billing practices and procedures, business techniques and methods, strategic plans, operations and related data. All trade secrets are the property of the respective facility and used in the course of their business, and shall be proprietary information protected under the applicable law. The undersigned shall not reveal or disclose to any person or entity, directly or indirectly, at any time, any trade secrets, or use any trade secrets other than in the course of the undersigned's clinical learning experience at the designated clinical facility. All documents prepared by the undersigned, or trade secrets that might be given to undersigned in the course of the clinical training experience are the exclusive property of the respective clinical facility, and, without the prior written consent of the respective facility, shall not be removed from their premises.

For and in consideration of the benefit provided to me in the form of experience in the evaluation and treatment of patients through a "clinical learning experience", I agree to assume the risks and to be solely responsible for any injury or loss I sustain while participating in the Program operated by Laramie County Community College (LCCC) at each designated training facility (or facilities) except to the extent such injury or loss is due to the negligence or willful misconduct of others during the clinical experience. While participating in the clinical program, the students:

- A. Shall not drive or operate any Provider vehicle or apparatus; and,
- B. Shall not directly perform or provide any direct emergency medical assistance or services to any person, but may assist Provider personnel in the rendering of such services; and,
- C. Shall be under the direct supervision and control of the Provider; and,
- D. Shall perform only tasks and duties assigned by Provider; and,
- E. Shall wear all appropriate safety gear and equipment as directed by Provider; and,
- F. Shall conform to all policies & procedures, safety rules, directives, and regulations of the Provider, and all local, state and federal laws and regulations; and,
- G. Shall not receive any compensation for services rendered during the performance of this clinical experience.

Program Participant – Printed Name

Program Participant – Signed Name

Dated this ____ day of _____, 20__

**ADDENDUM:
Health Sciences & Wellness
COVID-19 Information & Guidelines**

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 Hi6678 (m)5 h2 (n)-0.8 (t)-5-6

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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-19 in their list of clinical clearance requirements, along with the list of required immunizations provided on pages 3-4 of this Handbook.

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 equipment (PPE), disinfection protocols, applicable COVID-19 symptom-monitoring and/or other testing requirements, and exposure reporting.

If a student or faculty member develops signs of a respiratory condition (fever, sore throat, cough, or shortness of breath), they should not attend clinical while they exhibit any of -