

- incident. A meeting with the student, faculty member and director will be set to:
- i. Review incident and documentation
 - ii. Provide the student with another opportunity to offer further explanation and additional relevant information
 - iii. Discuss procedures to be followed if the policy is carried forward.
 - iv. Discuss academic consequences related to alleged policy violation.
 - v. The meeting is to be documented in writing to include description of the incident, who was present, time, date, place, actions and reactions.
- f) If the results of the test(s) are negative for drugs, alcohol, or other illegal substances, or for non prescribed legal substances, the student shall meet with the Program Director within two working days of the test results to discuss the circumstances surrounding the impaired clinical behavior. The student may return to the classroom and clinical setting, and the faculty will provide opportunity for the make-up of missed work and assignments, subject to considerations listed below.
- i. If the indicator was the odor of alcohol, 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.
 - 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(s) are positive for alcohol or other illegal substances or for non prescribed legal substances, the Program Director will withdraw the student from all didactic and clinical courses for a period of one year. In the event of a withdrawal being made from classes, students may invoke their rights under the Program Handbook and the Student Discipline Adjudication Procedure 3.16P. The student will pay for all costs associated with the For Cause Drug Screening test. The student may request at their own expense, a second sample be tested to rule out false positives. This must be completed the same day. It is the student's responsibility to contact a company and pay for the drug screen.
- h) If the student with positive results holds a certificate or license in a health profession, screening result test will be reported to the applicable Board.
- i) If a Student refuses "For-Cause" Testing:
- i. The instructor will remove the student from the clinical setting pending a full investigation.
 - ii. The instructor will contact a transportation service to request that the student be transported home, at student expense.
- j) Failure to comply with any aspect of the Random or For Cause drug Screening requirements will result in dismissal from the program. In the event there is a withdrawal from classes the student may invoke their rights under the Program Handbook and the Student Discipline Adjudication Procedure 3.16P.

9. Readmission Guidelines Related to Substance Abuse

Students seeking readmission to Health Sciences programs after withdrawal for reasons related to substance abuse will:

- a) Submit a letter requesting readmission to the Health Sciences program.
 - i. 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.
 - ii. 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 re admitted 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.

10. 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 carry health care insurance at all times while enrolled in the program. 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 applicable Program Director's office. Completed forms are submitted to the Health Sciences Program Director for signature and then forwarded according to campus procedure.
- c) Students are responsible for their own transportation and vehicle insurance to and from the clinical agency. No insurance coverage is provided for any vehicle not supervised and provided by the college.
- d) LCCC Health Sciences students are covered under LCCC's medical professional liability and general liability insurance while performing in the clinical setting as part of their Health Sciences course work.

11. Standard Health and Safety Practices

Students are required to follow this list of standard health and safety practices, and any program/facility specific requirements and to complete an Assumption of Risk and Liability form (obtain from Program Director).

- a) All blood and body fluids are considered potentially infectious and are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- b) Contaminated sharps shall be handled per OSHA guidelines, and specific program policy.
- c) Contaminated sharps must be placed in an appropriate container as soon as possible.
- d) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the work area where there is a likelihood of occupational exposure. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- e) When exposure is possible, personal protective equipment (PPE) shall be used. Personal protective equipment includes:
 - i. Gloves shall be worn when it can be reasonably anticipated that the individual may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin, when performing vascular access procedures, and when touching contaminated items or surfaces.
 - ii. Masks, eye protection, and face shields shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
 - iii. Gowns, aprons, and other protective body clothing shall be worn in occupational exposure situations and will depend upon the task and the degree of exposure anticipated.
 - iv. Surgical caps or hoods and shoe covers shall be worn in instances when gross contamination can be reasonably anticipated.
 - v. Hand hygiene shall be performed immediately after removal of gloves or other personal protective equipment.
- f) When exposure to other hazardous materials such as disinfectant solutions is a possibility, appropriate PPE and safe handling protocols shall be used.

12. Exposure Guidelines

If exposed to blood from a needle stick, blood, or body fluid comes in contact with mucous membranes or an open wound during a laboratory or clinical experience, the student should:

- a) Needlestick injury, cuts, scratches, or human bites involving blood or body fluids:
 - i) If near a sink, immediately rinse the injured area in flowing, cold tap water.
 - ii) Wash the injured area for 10 minutes with soap and water or a disinfectant towelette if soap is not available. Rinse with water.
 - iii) Cuts, scratches, or bites contaminated with potentially infectious materials should be pulled apart gently with a gloved hand to open the tissue. Treat as above.
 - iv) Blot the area gently, cover the wound, and seek medical assistance immediately through your clinical facility or program procedure.
- b) Eye, mouth, and mucous membrane exposures:
 - i) Splashes of potentially infectious materials to the face, eyes, nose and/or mouth or to non-intact skin warrants immediate, gentle flushing of the eye, nose, mouth, or skin lesion with large amounts of room temperature tap water for 10 minutes if available. The goal is to promote rapid dilution of the material without irritating the mucous membranes or underlying tissues. The nose or abraded skin, BUT NOT THE EYE, can be rinsed with dilute soap water as a gentle wash solution when feasible. The area should be rinsed with water.
 - ii) Seek medical assistance immediately.
- c) Report the incident immediately to the site supervisor or clinical instructor.
- d) The site or clinical instructor and student must notify the department supervisor at the clinical agency.
- e) The student must complete an incident report for the clinical agency.
- f) The Health Sciences Program Director may assist the student in completing the college student accident report as required by the specific program requirements, and may also include any forms required by the college's insurance company.
- g) The exposed student should be tested for HIV antibodies within 10 days and students are responsible for the costs of this testing. The Clinical Instructor and/or Program Director are to document the exposure accident and provide copies for the student file.
- h) The LCC HSW School will follow CDC recommendations.

13. Professionalism

Students enrolled in a program of study in the School of Health Sciences and Wellness are responsible for conducting themselves in a professional manner at all times. Some specifics of professional behavior include:

- a) **HITECH ACT of 2009 and HIPAA:** All verbal, electronic, and written information relating to patients/clients and contracted agencies is considered confidential and is not to be copied or discussed with anyone or removed from a health care facility unless written permission has been given by the clinical agency to remove such information. Information may be disclosed only as defined in HIPAA guidelines for educational purposes. A breach of confidentiality 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 of the course/program and may lead to immediate suspension and subsequent dismissal. Refer to the Student Confidentiality Agreement (obtain from Program Director).
- b) **Professional staff client relationship and student behavior:** Health Science students strive to inspire the confidence of clients. Students must treat all clients, health care providers, peers, faculty, and staff professionally. Clients can expect those providing Health Sciences services to act in their best interests and respect their dignity.
 - i. The student should abstain from excessive personal disclosure, obtaining personal gain at the client's expense and refrain from inappropriate involvement in the client's personal relationships.
 - ii. In a student role, professional boundaries exist among the student, the instructor, the clinical staff, and the client. Students should abstain from judgmental behavior, intimidation, profanity, defiance, and derogatory comments to all individuals with which the student may have contact through the course of their educational experience. Students unclear of proper behavior or of an appropriate response to an individual should consult the instructor for

- guidance.
- iii. Personal electronic devices: pagers, cellular telephones and other personal electronic devices (PED) must be turned off and out of sight during lectures and labs, unless instructor approval has been provided. Any personal electronic device in sight may be confiscated by the instructor and kept until the end of the day's activities. Any use of a personal electronic device during quizzes, tests, exams and other academic activities will be construed as cheating and treated accordingly. Any response to a PED must only be completed during break only. Violation of this policy is grounds for discipline up to and including dismissal from the program.
 - iv. PEDs must not be carried into patient care areas and/or clinical experiences. At no time may students use a PED to take photographs of any patient or any part of a medical record or other protected health information. Violation of this policy will be grounds for immediate dismissal.
 - v. Students are expected to maintain high standards of academic integrity including completing assignments independently, unless indicated, reporting accurate results when conducting research, and avoiding cheating and plagiarism. A student's first offense will be handled by the instructor, however repeated documented 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.
 - 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.
- c) **Immediate Dismissal:** 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 Procedure 3.16P.
- i. Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or practicing unsafe behaviors that could lead to harm.
 - ii. Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
 - iii. Unauthorized use, distribution, or possession for purposes of distribution of any controlled substance or illegal drug on the campus or at a clinical site.
- d) **Professional appearance:** Proper hygiene and professional appearance are expectations of all Health Science students. Specific requirements will be found in the Program Handbook.
- e) **Student 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 guidelines in the Program Handbook and the Student Discipline Adjudication Procedure 3.16P.

14. 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) school days.
- b) Any student who is placed on the Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) list must notify their Program Director within five (5) school days.
- c) Any student who is charged or convicted of an offense that fall into any category in the disqualifying offenses list in section 6c above, the student must notify the Program Director within five (5) school days or prior to participation in clinical, whichever is sooner.
- d) Failure to report will result in the Program Director's right to dismiss or restrict the student's participation in clinical experiences and /or initiate discipline up to and including dismissal from the program.

15. Forms

The following is a list of forms:

- a) Assumption of Risk
- b) Consent for Release of Information
- c) Consent for drug testing
- d) Compliance with Policies

LARAMIE COUNTY COMMUNITY COLLEGE
HEALTH SCIENCES PROGRAMS
VOLUNTARY ASSUMPTION OF RISK AND RELEASE OF LIABILITY

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND IT BEFORE SIGNING. Laramie County Community College (LCCC) is a non-profit educational institution. References to LCCC include its officers, officials, employees, volunteers, students, agents, and assigns. I (print your name) _____, freely choose to participate in the LCCC Health Sciences Program _____ (specify program). In consideration of my voluntary participation in this Program, I agree as follows:

RISKS INVOLVED IN PROGRAM: I understand that the clinical training environment for the Program in which I am enrolled through LCCC contains exposures to risks inherent in activities of the Program such as but not limited to: Physical lifting of patients or assisting with movement of patients; Standing for several hours at a time; Bending activities; Contact with communicable and infectious disease; Undertaking of responsibilities and duties impacting patient lives which could cause mental or emotional stress; Property damage: (Specify any potential risks of the individual clinical site)

HEALTH AND SAFETY: I have been advised to consult with a health care provider (M.D., D.O., N.P., P.A.) regarding my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations. I recognize that LCCC is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of LCCC to secure emergency treatment if necessary.. LCCC may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release LCCC from any liability for any actions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I hereby knowingly assume all risks inherent in this activity and connected activities. I agree to release, indemnify, and defend LCC and their officials, officers, employees, agents, and volunteers from and against any and all claims, of whatsoever kind or nature, which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

INDEPENDENT ACTIVITY: I understand that LCCC is not responsible for any loss or damage I may suffer when I am doing Program activities and that LCCC cannot and does not guarantee my personal safety. In addition, I specifically acknowledge that in performing Program activities, I am doing so independently in the status of a student of the Program I choose, and not as an employee or agent of LCCC. I further waive any and all claims which may arise from such Program activities, acknowledge that workers' compensation benefits are not provided to me in my capacity as a student, and hold LCCC harmless from any of my negligent acts. I further state that I am not in any way an employee of LCCC in any capacity. I further agree that I am solely responsible for my own equipment, supplies, personal property, and effects during the course of Program activities. In addition, I agree that if I drive or provide my own motor vehicle for transportation to, during, or from the Program site I am responsible for my own acts and for safety and security of my own vehicle. I accept full responsibility for the liability of myself and my passengers, and I understand that if I am a passenger in such a private vehicle, College is not in any way responsible for the safety of such transportation and that LCCC's insurance does not cover any damage or injury suffered in the course of traveling in such a vehicle.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation in this Program and agree to abide by them. I have carefully read this Voluntary Assumption of Risk and Release of Liability and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Voluntary Assumption of Risk and Release of Liability shall be governed by the laws of the State of Wyoming that shall be the forum for any lawsuits filed under or incident to this Form or to the Program. If any portion of this Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Date

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

Date

**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, ("Institution") including all employees, agents, and other persons professionally affiliated with Institution having information related to the results of my background check and credential check(s) as these terms are generically used by background check agencies, hospitals, clinics and similar medical treatment facilities, to disclose the same to such facilities and the appropriate institutional administrators and faculty providing clinical instruction at such facilities, waiving all legal rights to confidentiality and privacy.

I expressly authorize disclosure of this information, and expressly release Institution, its agents, employees, and representatives from any and all liability in connection with any statement made, documents produced, or information disclosed concerning the same.

I understand that a hospital, clinic, or similar medical treatment facility may exclude me from clinical placement on the basis of a background check. I further understand that if I am excluded from clinical placement, I will not be able to meet course requirements and/or the requirements for graduation. I release Institution and its agents and employees from any and all liability in connection with any exclusion that results from information contained in a background check.

Any hospital, clinic or similar medical treatment facility to which I am assigned may be required by the Joint Commission on Accreditation of Healthcare Organizations' policy to conduct an annual compliance audit of five percent (5%) or a minimum of thirty (30) background investigation files. I agree that, upon request from a hospital, clinic or similar medical treatment facility to which I am assigned, I will provide the results of my background check to be used for audit purposes only.

Signature of Program Participant

Date

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

Date

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

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