



**LARAMIE COUNTY  
COMMUNITY COLLEGE**

# **POLICIES HANDBOOK**

**SCHOOL OF HEALTH SCIENCES AND WELLNESS**

**STUDENTS WITH CLINICAL ASSIGNMENTS**

Version 13, 8/15/2024

# Laramie County Community College

## Health Sciences and Wellness School Policies for Students with Clinical Assignments

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*Laramie County Community College (LCCC) is committed to providing a safe and nondiscriminatory educational and employment environment. LCCC does not discriminate, on the basis of race, color, national origin, sex, disability, religion, age, veteran status, political affiliation, pregnancy, sexual orientation, gender identity or other status protected by law in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of their operations. The lack of English language skills shall not be a barrier to admission or participation in activities and programs.*

*The college has a designated person to monitor compliance and to answer any questions regarding the college’s nondiscrimination policies: please contact: Dr. Melissa Stutz, Title IX and ADA Coordinator, Laramie County Community College, 1400 E. College Drive, Cheyenne, WY 82007, 307-778-1144, [NDS@lccc.wy.edu](mailto:NDS@lccc.wy.edu).*

*LCCC does not discriminate based upon any protected status. Please see [lccc.wy.edu/NDS](http://lccc.wy.edu/NDS).*

This handbook of policies is in addition to policies and procedures in the Laramie County Community College catalog, student handbooks and Health Sciences program specific handbooks. It is for the protection of students and patients and covers any Health Sciences program which includes assignment to patient care facilities such as hospitals, ambulatory care clinics, skilled nursing facilities, and other health care or educational settings. Please check your program policies for specifics that may only be required for your program.

**1. General Health Requirements:** Students must be able to fully and successfully participate in all program activities whether in the classroom, laboratory or clinical setting. This includes, but is not limited to, the capacity for sensory and motor functions that allow independent classroom/laboratory/clinical performance and routine and emergency client care. It is essential that students in many Health Sciences programs are able to perform a number of physical activities in the clinical portion of their program. For example, students may be required to physically assist and/or lift patients or equipment, stand for several hours at a time and perform bending activities. The clinical experience places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patient lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. If a student believes that he or she cannot meet one or more of the standards without accommodations, the Health Sciences program must determine, on an individual basis, whether a reasonable accommodation can be made. Students should refer to their respective program policies for required essential skills and functional abilities.

- a) Any student having a temporary medical condition that inhibits or restricts activities must supply a written explanation from his/her physician. Should a student become unable to participate partially or fully in the program's activities he/she may need to withdraw.
- b) Cheyenne campus and online: Students with a documented disability needing educational accommodations should contact the Office of Student Accommodation (OSA) each semester by stopping by the Clay Pathfinder Building PF 207, or by calling (307) 778-1359, or e-mailing [aclubb@lccc.wy.edu](mailto:aclubb@lccc.wy.edu). Laramie Campus: Students with a documented disability needing educational accommodations should contact OSA staff at (307) 772-4254.  
**Accommodations will be provided by instructors only with approval from the OSA.**
- c) Pregnant students may want to take special precautions due to the physical requirements and possible exposure to harmful diseases or substances. Students should refer to their respective program policies for any guidelines.

**2. Health Physical Form:** A health physical form must be completed by a licensed/certified healthcare practitioner (M.D., D.O., N.P., and P.A.) and submitted according to the time specified by your Health Sciences program.

- a) The Program Director may require a new health form should any alteration in the student's health occur.

**3. Immunizations / Screening:** Students must be in compliance with immunization policies of the Health Sciences program in which they are enrolled. The Program Director will provide students with health requirements applicable to that program and the deadline by which students must submit proof of meeting such requirements. Students not meeting the program deadline may be dismissed from the program. Students will be responsible for the costs of completion for all immunization requirements.

*Students are advised that each clinical setting determines their required immunizations and other clinical clearance items. The following is a description of immunizations that may be required and the type of documentation that a student would have to provide to verify the requirements have been met. If there is a communicable disease outbreak, additional vaccinations may be required as specified by the local public health agency. Proof of all immunizations and tuberculin skin tests should be submitted as per requirements on the immunization form; a signature from the physician or nurse is not sufficient.*

a) **MMR (measles, mumps and rubella):** 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 titer for each of these diseases. If a titer does not indicate immunity, a booster and second titer will be required.

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 results of that visit, and any subsequent action taken in accordance with current CDC recommendations, as documented by the health care provider.

e) **PPD Tuberculin Skin Testing:** A two-step test within the last 12 months OR a negative IGRA (Interferon Gamma Release Assay) is required by the Health Sciences programs. Two-step testing is used to reduce the likelihood that a boosted reaction will be misinterpreted as a recent infection.

- i. If the reaction to the first test is classified as negative a second test is to be done 1-3 weeks later.
- ii. Students with a history of positive reactions to TB skin tests or a positive IGRA must provide a report of a negative chest x-ray within the last 12 months. If the chest x-ray is positive, a physician's written statement indicating incapacity to transmit TB will be required.

f) **Influenza vaccination:** Students must provide proof of vaccination or a valid exemption per each clinical site for the current year.

g) **COVID-19 vaccination:** Students may be required to provide proof of vaccination or a valid exemption per each clinical site's protocols for the current year. See the Addendum for additional information regarding COVID-19 immunizations.

g) **Vision Screening:** Record and results of vision screening for color blindness must be submitted. Some programs and/or clinical sites may have restrictions for color-blind individuals – please refer to program specific handbooks for this information.

4. **CPR Certification:** Students must present a valid American Heart Association (AHA) CPR or BLS card indicating **health care provider** certification which includes infant, child, adult and 1-and 2-man rescuer techniques, and AED. The certification must remain current throughout the clinical experience. CPR (Cardiopulmonary Resuscitation) training is essential for students in health science programs because it equips them with the life-saving skills needed to respond effectively in emergency situations. As future healthcare professionals, students are likely to encounter scenarios where immediate intervention can mean the difference between life and death. This knowledge not only enhances their competency and confidence but also upholds the standards of patient care and safety expected in the healthcare field.

**5. Background Checks:** 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:

- Social Security Number Trace (serves as an address /identity verification tool)
- Criminal History (felony/misdemeanor convictions/pending cases at county, state and national level)
- OIG/GSA (searches the Office of Inspector General and General Service Administration for Fraud against any federally funded health care program, i.e. Medicare/Medicaid, etc.
- Nationwide Sex Offender Registry
- Excluded parties list service

a) LCCC requires only one background check prior to final acceptance and subsequent enrollment into an academic program. The student must pay the one-time fee directly to the company performing the background investigation. Please be aware that while most health care facilities with whom LCCC has affiliation agreements will accept this verification of a background check, some may require additional compliance. A student not completing the background check in the timeline required may be dismissed from the program. (Refer to 14.e)

b) Students must accurately provide all names used in the last seven years, all residences, and all sites worked in the last seven years when completing the background check application. Failure to complete the background check application accurately will be considered falsification of records and will result in either or both of the following – students will be required to complete an additional background check at their cost and/or students will be dismissed from the program. (Refer to 14.e)

c) The following disqualifying offenses **will** prevent admission:

1. A conviction for any felony involving violence, sexual offenses, child abuse, or elder abuse (**No time limit**)
2. Any felony conviction in the last seven years
3. Any misdemeanor in the last seven years involving violence, sexual offenses, child abuse or elder abuse
4. Registered sex offenders (**No time limit**)
5. OIG/GSA and Medicaid Sanctions (**No time limit**)
6. Any student who is currently on probation, parole, or under any type of deferred sentencing guidelines. Students who have successfully completed the terms of a deferred adjudication agreement will not be disqualified.

d) The following potentially disqualifying event **may** prevent admission:

1. Except as applies above, any misdemeanor in the last seven years will be evaluated based on the nature of the offense, length of time since the offense occurred, etc. The student may be asked to provide more information which will be evaluated by the Health Sciences and Wellness Dean on a case-by-case basis, and may still prevent admission. **The decision of the Dean is final.**

e) If any applicant believes the criminal background check is inaccurate, the applicant may appeal the decision in writing to the Dean of Health Sciences and Wellness and request a review of the report and/or decision within 7 business days of receipt of dismissal notification. An appeal review committee made up of the Dean and at least two Program Directors, other than the program to which the student seeks enrollment will review the case and make a determination within 7 business days. It is the applicant's responsibility to produce substantial evidence that proves the background check is inaccurate. If the decision to dismiss has been upheld then dismissal proceedings will be followed with notification of the Dean of Students. (Refer to 14.e)

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 agency. It is the student's responsibility to confirm whether or not the conviction will prevent them from taking a certification/qualifying examination or obtaining a license to practice upon completion of an academic program.

g) A student seeking readmission to the same or another LCCC healthcare program will be required to complete a new background check and drug screen unless that student has been continuously enrolled in an HSW healthcare program at LCCC. Please check with your program specific policies as they relate to readmission.

Please be advised that in addition to this initial background clearance, clinical agencies may still require additional drug screening, abuse clearances and/or criminal background checks prior to allowing students into a clinical setting. Students are advised that the inability to gain clinical educational experiences can result in the inability to meet program objectives and outcomes. These circumstances may prevent progression through the program and ultimately result in dismissal from the program. Additionally, certification agencies may also require applicants to report convictions and other offenses such as this; their role is to protect the public and they may also deny certification regardless of LCCC's background check/drug screens.

**6. Pre-admission and Pre-clinical Drug Screening:** All Health Sciences students are required to submit a pre-clinical urine drug screen.

a) The drug screen is completed at the student's expense and must be paid for at the time of application via the HSW school vendor website. The vendor is responsible for chain of custody processes and collection site identification, lab analysis and review of positive results by a Medical Review Officer.

b) Students will receive an electronic and/or printable copy of the chain of custody form and will need to hand carry that form (either on their personal electronic device or printed) to one of the listed collection sites. A SAMSHA (Substance Abuse and Mental Health Services Administration) certified laboratory will conduct the urine screening and will post all negative results to the Health Sciences Program Director or designee.

c) If a student provides a diluted sample, the student will be notified, and an additional test must be purchased via the vendor website at an additional cost to the student. Two consecutive negative-dilute results will act as a positive result which will result in an investigation of the incident and may include a retest and/or suspension from the program. In the event of a suspension from classes, students may invoke their rights under the Student Discipline Adjudication Procedure 3.16P. (Refer to 14.e)

d) If a student tests positive for substances, the lab will contact the Medical Review Officer (MRO). The MRO will contact the student to elicit any prescriptive drug usage and will subsequently inform the Health Sciences Program Director or designee as to the final results.

e) If a student challenges a result, only the original sample can be retested. The student must request an order for a retest of the sample through the MRO. All positive samples are retained for one year in a frozen state. The student is responsible for the cost of this test.

f) If the MRO determines there are safety sensitive issues/concerns related to a student's drug profile further evaluation by a professional will be required and a student may be on temporary exclusion from the program until the evaluation is completed. Students testing positive for drugs that are illegal substances in Wyoming, non-prescribed legal substances, or students deemed unsafe for the clinical setting by the MRO will not be permitted to attend Health Sciences didactic and/or clinical courses. In the event that a student is suspended from classes the student may invoke their rights under the Student Discipline Adjudication Procedure 3.16P. Students who are licensed or certified in a health profession and test positive for these drugs will be reported to their respective Boards. (Refer to 14.c, 14.e, and 15)

g) Students will NOT be allowed to use previous drug screens requested by any person or agency outside LCCC to meet these requirements.

h) Students failing to test during the date and time documented on the Drug Testing Letter do not meet the requirement for drug testing and may be suspended from all Health Sciences courses. In the event of a suspension from classes students may invoke their rights under the Student Discipline Adjudication Procedure 3.16P. (Refer to 14.c)

**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 invoke his/her rights 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:

a) The on-site clinical instructor will remove the student from the patient care or assigned work area and notify the clinical contact at the site and the LCCC Clinical Coordinator. The student will be required to complete a Drug and Alcohol test within four hours of the incident, or as soon as reasonably possible.

b) Upon student's oral consent, the on-site clinical instructor will assist the student in finding safe transportation to the drug testing site, and following that, home – at the student's expense. If the student insists on leaving the college or health care facility unattended, he/she will be advised that it is against the Health Sciences programs policy and is an unsafe action.

c) The student is to have a picture ID in his/her possession.

- d) Drug screening is required, regardless of admission of the student to use.
- e) An incident report will be submitted to the Program Director within two working days by the on-site clinical instructor. A meeting with the student, faculty member and director will be scheduled to:
- i. Review the incident report
  - 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. Complete a care team report if applicable.
  - 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 Clinical Coordinator and/or 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 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 suspension/dismissal from classes, students may invoke their rights under the Student Discipline Adjudication Procedure 3.16P. (Refer to 14.e)
- h) 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 initiate suspension/dismissal of the student from all didactic and clinical courses. In the event of a suspension/dismissal from classes, students may invoke their rights under the Program Handbook and the Student Discipline Adjudication Procedure 3.16P. (Refer to 14.e)
- i. 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.
- i) 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.
- j) If a student refuses "For-Cause" Testing:
- i. The on-site clinical instructor will remove the student from the clinical setting pending a full investigation.



- ii. The on-site clinical instructor will contact a transportation service to request that the student be transported home, at student expense. If the student insists on leaving the college or health care facility unattended, he/she will be advised that it is against the Health Sciences programs policy and is an unsafe action.

k) Failure to comply with any aspect of a For Cause Drug Screening requirements will result in suspension/dismissal from the program. In the event there is a suspension/dismissal from classes the student may invoke their rights under the Program Handbook and the Student Discipline Adjudication Procedure 3.16P. (Refer to 14.e)

**9. Self-Disclosure:** If a student self-discloses that he or she has an alcohol/substance-abuse problem (past or present), the student is subject to a “For Cause” drug screen at their own expense for the duration of their enrollment in an Allied Health program at LCCC. The Health Sciences and Wellness “For Cause” procedures will be followed for instances of self-disclosure.

Failure to comply with any aspect of the “For Cause” Drug Screening requirements will result in suspension/dismissal from the program. In the event there is a suspension/dismissal from classes, the student may invoke their rights under the Program Handbook and the Student Discipline Adjudication Procedure 3.16P. (Refer 14.e) The Dean of Students and the Care Team will be notified.

**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 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.

**12. 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 a (**Volunteer and Waiver of Liability Form**) included in the appendix of this document or see Program Director.

a) All bodily fluids are considered potentially infectious and are treated as if known to be infectious for HIV, HBV, and other blood borne 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 to pathogens 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 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.

**13. 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) Needle stick injury, cuts, scratches, or human bites involving blood or body fluids:

1. If near a sink, immediately rinse the injured area in flowing, cold tap water.
2. Wash the injured area for 10 minutes with soap and water or a disinfectant wipe if soap is not available. Rinse with water.
3. 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.
4. 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:

1. 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.

2. Seek medical assistance immediately.

c) Report the incident immediately to the site supervisor or clinical instructor.

d) The on-site clinical instructor must notify the Program Director and Clinical Coordinator.

e) The on-site clinical instructor must complete an incident report for the clinical agency and LCCC.

f) The clinical coordinator and/or program director may assist the student in completing the incident 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 on-site clinical Instructor and/or program director are to document the exposure incident and provide copies for the student's file. The incident report needs to be filed at the clinical organization and retained in the student's file at LCCC.

h) The LCCC HSW School will follow CDC recommendations.

**14. Incident Reporting:** For accidents or injuries at the Clinical Site: Students must fill out a written incident report immediately following any accident or injury (see Appendix F). In addition, a hospital incident report form must be completed. Forms vary in the different clinical education sites and the administrative technologist and the Program Director must be notified, no matter how minor the incident may seem. Sending a copy of the clinical site's incident report to the Program Director will satisfy this requirement.

a) If a student is injured and requires treatment, clinical site policy will prevail. All costs for any treatment received will be borne by the student.

b) Students who are injured at the clinical site should immediately report the incident to the supervisor or onsite clinical instructor/preceptor as well as to the Clinical Coordinator and/or Program Director via telephone and/or email. It is the student's responsibility to report the incident. The student must report the following:

1. Date, time and location of the incident.

2. Description of the incident, including how the accident or injury occurred.

3. Name of witnesses, if any.

4. Actions taken immediately following the incident.

c) The Clinical Incident Report Form found in Appendix F must be completed by a clinical instructor/preceptor, or hospital staff, or a clinical supervisor.

d) If the injury requires immediate care or emergency attention of a physician, the student should be directed to the nearest emergency room. If the injury is work or clinically related, the ER should be informed that the student has insurance.

e) If the injury requires urgent or minor care, and the student is safe to travel, the student should go to the nearest health services facility.

f) The Program Director or Clinical Coordinator will inform Starla Mason, Dean of Health Sciences and Wellness, at 307.778.1118 at LCCC, smason@lccc.wy.edu within 24 hours.

g) For any injuries that occur on campus, please contact the Campus Safety Office at 307.778.4317, Pathfinder Building- Room 112, and also notify Dr. James Miller, Dean of Students at 307.637.2490, Pathfinder Building- Room 207E, jamiller@lccc.wy.edu.

## 15. Clinical Rotation Assignment Policy for Students

Clinical rotation assignments will be determined by each respective program based on the availability of clinical instructors or preceptors, the schedule of the clinical facility, and space constraints. Students are not allowed to choose their rotation dates, as all clinical hours and adjustments must ultimately align with the clinical facility's schedule and program accreditation requirements. Students are only assigned to clinical facilities where there is an active, unexpired, clinical affiliation agreement with LCCC.

a) The Clinical Coordinator (CC) will communicate with clinical facilities to determine available dates, instructor availability, and resources for student rotations. The Clinical Coordinator will compile a master schedule or clinical rotation schedule, ensuring that all necessary elements align. The Program Director will review the master schedule or clinical rotation schedule.

b) Student Assignment: Students will be assigned to clinical rotations based on the compiled master schedule for the respective program.

c) Assignments will be made in a manner that ensures all students have equitable access to clinical experiences. Students must adhere to the assigned clinical rotation schedule. Students should not contact the clinical facilities to arrange their clinical assignment.

d) Changes to Assignments: Changes to clinical rotation assignments will only be made in exceptional circumstances, such as unforeseen changes in clinical instructor availability or clinical site operations. Students may request assignment changes. Requests will be reviewed on a case-by-case basis. There is NO guarantee that a request will be approved based on availability of clinical instructors, the schedule of the clinical facility, and space constraints.

16. **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/or subsequent dismissal. (Refer to 14.e)

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: Cell phones, i-watches, Samsung watches and all other personal electronic devices (PED) must be turned off and out of sight during lectures and labs, unless instructor approval has been provided. Any PED in sight may be confiscated by the instructor and kept until the end of the day's activities. Any use of a PED 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 breaks 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 take photographs of any patient or obtain any HIPAA information for personal use. The unauthorized recording of patients or patient information in any format is strictly forbidden.. Violation of this policy is considered grounds for immediate suspension/dismissal from the program.
- v. Students are expected to maintain high standards of academic integrity including; completing assignments independently (unless authorized), reporting accurate results when conducting research, avoid cheating and plagiarism. A student's first offense will be handled by the instructor. 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 of the course and/or suspension/dismissal from the 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. (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 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 and wellness students. Specific requirements will be found in the Program Handbook or provided to students by the program faculty.

e) **Social Media Policy**

Online communication through social media and networking is a recognized form of daily communication. The Health Sciences and Wellness School has expectations for responsible,

professional and ethical behavior with this form of interaction and expression. This policy and guidelines are intended to more clearly define expectations for appropriate student behavior related to social media and to protect the privacy and confidentiality of patients, fellow students, faculty, staff, clinical educators and affiliated facilities. For the purposes of this policy, “social media” include but are not limited to:

- Social networking sites such as Meta (Facebook) or LinkedIn, etc.
- Video and photo sharing websites such as YouTube, Snapfish, Flickr, Snapchat, Instagram, etc.
- Microblogging sites such as “X” (Twitter), Weblogs and online forums or discussion boards
- Any other websites or online software applications that allow individual users to post or publish content on the Internet

Students are expected to understand and abide by the following guidelines for use of social media:

- Students should be aware that there is really no such thing as a private social networking site.
- Comments can be forwarded or copied and search engines can retrieve posts years after the original publication date, even if the post has been deleted.
- Employers are increasingly conducting web searches on job candidates before extending offers. Content posted that is unprofessional or irresponsible may cost students job opportunities.
- Understand that as part of entering a profession, students will interact with individuals who reflect a diverse set of customs, values and points of view.

As a professional, caution should be used to not only avoid obviously offensive comments (ethnic slurs, defamatory comments, personal insults, obscenity, etc.) but also to demonstrate proper consideration of privacy and of topics that may be considered objectionable or inflammatory, such as politics and religion.

- Students are prohibited from initiating “friend-requests” (or the like) with LCCC faculty, staff, and clinical instructors/clinical supervisors/preceptors or other staff of facilities to which they have been assigned.
- If an established relationship already exists between students and LCCC faculty and staff in a respective program on any social media platform, the faculty or staff member will initiate “unfriending,” “unfollowing,” or “blocking” the student in order to preserve the expected professional boundaries between students and LCCC personnel.
- 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 guidelines 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.

17. **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.
- 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 immediately.
- d) Failure to report will result in the Program Director's right to suspend the student's participation in clinical experiences and /or initiate discipline up to and including dismissal from the program.
- e) Laramie County Community College and the School of Health Sciences and Wellness reserve the right to require a new criminal background check at its sole discretion. . The student's participation in clinical experiences may also be subject to interim suspension under Student Discipline Adjudication Procedure 3.16P.

18. . **Forms:** Forms A through E are required to be completed, signed, and submitted to the respective Program Director prior to clinical assignment. Students are advised that additional program-specific forms may also be required.

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
- f) Clinical Incident Report

## 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 activity. I hereby assert that my participation is voluntary and I knowingly assume all such risks. Furthermore, I understand that I will be responsible for any medical or other charges in connection with this activity.

4. Insurance. Further, Volunteer understands that College does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, or disability benefits, unemployment benefits, worker's compensation or any other insurance. Volunteer expressly waives any such claim for compensation or liability on the part of College.

4. Medical Treatment. I hereby Release and forever discharge College from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with College.

5. Release Scope. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wyoming and that this Release shall be governed by and interpreted in accordance with the laws of the State of Wyoming. Volunteer agrees that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. By signing below, Volunteer expresses understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

7. Governmental Immunity. Participant hereby releases, waives, discharges, and covenants not to sue, LCCC, nor any of its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers regarding any and all claims arising in as a result of Participant's participation in the aforementioned campus activity. I further acknowledge that the Wyoming Recreation Safety Act, WYO. STAT. ANN. § 1-1-121 (2012) et seq., and WYO. STAT. ANN. § 1-1-109 (2012) applies irrespective of the age of the person assuming the risk. To the fullest extent permitted by law, Participant shall indemnify, defend, and hold harmless LCCC, its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers from any and all claims, lawsuits, losses, and liability arising out of Participant's involvement in this activity. Further, LCCC does not waive its Governmental/Sovereign Immunity by executing or entering into this Waiver/Agreement and specifically retains all immunities and defenses available to it as a governmental entity pursuant to WYO. STAT. ANN. § 1-39-101 (2011), et seq., and all other applicable laws.

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.

\_\_\_\_\_  
Volunteer's Printed Name                      Volunteer's Signature                      Date

\_\_\_\_\_  
Volunteer's Phone Number    Volunteer's Email Address (Please Print Carefully)

\_\_\_\_\_  
Home Address                                      City, State                                      Zip Code

\_\_\_\_\_  
Emergency Contact                              Phone Number

\_\_\_\_\_  
Supervisor's Signature

**FOR VOLUNTEERS UNDER AGE 18**

I, as the Parent/Guardian of the above-named child (volunteer), hereby give permission for my child to serve as a volunteer. I hereby certify that as the Parent/Guardian of the above Volunteer, 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 Waiver. I am aware that by signing this Waiver, I assume all risks and waive and release certain substantial rights that I may have. I acknowledge that this Waiver/Agreement is binding upon myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

\_\_\_\_\_  
Parent/Guardian's Printed Name                      Date

\_\_\_\_\_  
Parent/Guardian's Signature                      Phone Number

\_\_\_\_\_  
Home Address                                      City, State                                      Zip Code

# 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, (“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

## 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 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\_\_

# Appendix F

## Laramie County Community College Health Sciences & Wellness Clinical Incident Report Form

### 1. Student Information

Name: \_\_\_\_\_ Program of Study: \_\_\_\_\_

Contact Information: Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Incident Details

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

### 3. Description of Incident/Accident

Describe the Incident: (Provide a detailed account of what happened, including how the incident occurred, actions leading up to the incident, and any environmental factors.)

### 4. Injured Person Details

Name of Injured Person(s)/staff/student, and/or patient(s):

### 5. Nature of Injury

Specify the type and extent of the injury, including affected body parts.

### 6. Immediate Actions Taken

First Aid Administered:

Specify if first aid was administered, by whom, and what actions were taken.

### Medical Treatment Required:

(Indicate if further medical treatment was needed and where the injured person was taken for treatment.)

### Other:

EX: equipment deactivated, space vacated, other parties notified, etc.

**7. Witness Information**

**Witness 1 Name:** \_\_\_\_\_

**Contact Information:** Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Statement:** Obtain a brief statement from the witness about what they observed.

**Witness 2 Name:** \_\_\_\_\_

**Contact Information:** Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Statement:** Obtain a brief statement from the witness about what they observed.

**8. Reported By (Person filling up this form)**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**9. Supervisor Review**

(Clinical instructor/preceptor, clinical supervisor, and/or department manager in the facility)

**Comments:** (Provide any additional comments or observations from the supervisor.)

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**10. Follow-Up**

**Follow-Up Actions:** (Document any follow-up actions taken, including monitoring of the injured person's recovery and further safety measures.)

**Follow-Up Date and Time:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_

**Please forward a copy to the program's clinical coordinator and program director at Laramie County Community College (LCCC).**

\_\_\_\_\_



**For Office Use Only**

**Incident Report Number:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Filed By:** \_\_\_\_\_

**Note:** This form must be completed and submitted to the designated authority within 24 hours of the incident. All information provided will be treated confidentially and used solely for the purpose of ensuring safety and compliance.

**Attachments:**

- Photos of Incident Scene (if applicable)
- Medical Reports (if applicable)
- Witness Statements (if additional space is needed)
- Facility's Incident Report (if applicable)

## **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 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:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- New loss of taste and smell
- Sore throat
- Fatigue
- Muscle or body aches
- Headache
- Congestion or runny nose
- 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:

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

## 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. As a result of these clinical partner policy changes, LCCC has added the documentation of COVID-19 vaccination to its list of vaccinations. Individual programs will continue to monitor their clinical sites' requirements and document student COVID vaccinations in a similar manner to the program's other required immunizations using CastleBranch.

In the event that an exemption for the COVID-19 vaccination is requested at a clinical site that has mandated COVID-19 vaccinations and/or booster doses, program faculty will work with the individual to ensure that the proper forms are completed. *It is up to the clinical facility to grant or deny the exemption based on the documentation provided.* If an exemption is granted, individuals may also be asked to follow additional PPE protocols and/or complete regular COVID-19 testing as specified by the clinical facility.

*The failure to comply with the clinical site's policies with regard to vaccination and/or exemption requirements will result in removal from the clinical site and may include further disciplinary action, up to, and including, program dismissal.*

If the facility denies the student's request for an exemption, the program may attempt to place the student at another clinical site, and this is dependent upon the following clinical placement factors, some of which are set by each program's accreditation agency:

- 1) The availability of (an) additional educationally valid clinical site(s) as recognized by the applicable accreditation agency;
- 2) Program clinical capacity requirements and required student supervision ratios;
- 3) The ability of the student to meet the alternative clinical site's COVID-19 policies; and
- 4) Provided no other students' clinical experiences are impacted.

*If the program is unable to place a student, this may delay the student's program completion. Students are advised that the inability to gain clinical education experiences can result in the inability to meet program objectives and outcomes. These circumstances may prevent final acceptance into and/or progression through the program, and ultimately result in dismissal from the program.*

*If a clinical site has other exemption requirements not outlined here, please refer these to the Dean of the School of Health Sciences and Wellness.*

It is important to note that student assignments may still be subject to change if COVID-19 cases begin to increase, if public health orders change, and/or based on individual facility circumstances and resources. Due to this, programs are encouraged to continue to monitor their clinical sites' policies and availability, along with their accrediting bodies' policies in the event that contingency plans are needed so that students can complete their programs as expediently as possible.

## 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 these symptoms, following the normal clinical absence notification procedures of the applicable program. If the individual tests positive for COVID-19, the facility's absence and isolation period and/or face covering policies will be followed. **Student COVID-19 absences will be handled following the published illness and absence policies as outlined in each respective program's handbooks.**

In the event a student is exposed to the COVID-19 virus as a result of their clinical assignment, this should be reported following the facility's procedures, if required, and the respective program's Incident Report or other documentation will be completed; a meeting with the facility's Infection Control and/or Occupational Health staff may also be required. Follow-up testing for the virus will follow the clinical site's protocol for documented COVID-19 exposures.

*Laramie County Community College and the School of Health Sciences and Wellness will continue to monitor the policies of its clinical partners and public health recommendations. It is important to note that HSW COVID-19 policies may still be subject to change based on individual clinical circumstances and resources, if COVID-19 cases begin to increase, or if public health orders change.*

Thank you for your assistance in assuring the health and safety of the LCCC Health Sciences and Wellness community and the patients and stakeholders we serve.