



**LARAMIE COUNTY  
COMMUNITY COLLEGE**

HEALTH SCIENCES AND WELLNESS  
DIVISION POLICIES FOR  
ALLIED HEALTH STUDENTS

Version 4, 1/25/12

**Laramie County Community College  
Health Sciences and Wellness Division Policies for Allied Health Students**

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## **Health Sciences and Wellness Division Policies for Allied Health Students**

In addition to policies and procedures in the Laramie County Community College catalog, student handbooks and Allied Health program specific handbooks, for the protection of students and patients, any Allied Health program which includes assignment to patient care facilities such as hospitals, ambulatory care clinics, skilled nursing facilities and other health care settings requires students to comply with the following policies.

### **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 Allied Health 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 Allied Health 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 Should a student become unable to participate partially or fully in the program's activities he/she may be withdrawn.
- b) Should a student require any type of special accommodation, the student must contact the college Disability Resource Center well in advance of the first class meeting. No accommodations will be provided by the instructor without approval from the DRC.
- 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., P.A.) and submitted according to the time specified by your Allied Health 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 Allied Health 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.

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 the 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 the series before the age of 18 will submit a two dose series. All others will 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 is required by the Allied Health 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 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) **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 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.

#### 5. Background Checks

All Allied Health students must also undergo a background check performed by American DataBank at the student's expense. Your acceptance into an Allied Health 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.) 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:

- i. Social Security Number Trace (serves as an address /identity verification tool)
  - ii. Criminal History (felony/misdemeanor convictions/pending cases at county, state and Federal level)
  - iii. 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.
  - iv. Nationwide Sex Offender Registry
  - v. 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 withdrawn from the program.

- 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.
- c) The following disqualifying offenses **will** prevent admission:
  - i. A conviction for any felony involving violence, sexual offenses, child abuse, or elder abuse (no time limit)
  - ii. Any felony conviction in the last seven years
  - iii. Any misdemeanor in the last seven years involving violence, sexual offenses, child abuse or elder abuse
  - iv. Registered sex offenders (no time limit)
  - v. OIG/GSA and Medicaid Sanctions (no time limit)
  - vi. 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
  - i. 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 10 working 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 10 working days. It is the applicant's responsibility to produce substantial evidence that proves the background check is inaccurate.
- 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 other healthcare program will be required to complete a new background check and drug screen unless that student has been continuously enrolled in a healthcare program at LCCC.

## **6. Preclinical Drug Screening**

All Allied Health students are required to submit a pre-clinical urine drug screen according to the policy of the Allied Health program at LCCC.

- a) The drug screen is completed at the student's expense and must be paid for at the time of application via the American DataBank website. Vendor is responsible for chain of custody process and collection site identification, lab analysis and review of positive results by a Medical Review Officer.
- b) Students will receive a paper copy of the chain of evidence and will hand carry that form 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 Allied Health Program Director or designee.

- c) If a student provides a diluted sample, an additional test must be performed on the sample at an additional cost to the student.
- 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 Allied Health 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, non-prescribed legal substances, or students deemed unsafe for the clinical setting by the MRO will not be permitted to attend Allied Health didactic and/or clinical courses. In the event that a student is withdrawn from classes the student may invoke their rights under the LCCC Student Conduct Code. Students who are licensed or certified in a health profession by the State of Wyoming and test positive for these drugs will be reported to their respective Boards.
- 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 withdrawn from all Allied Health courses. In the event of a withdrawal being made from classes students may invoke their rights under the LCCC Student Conduct Code.

### **7. Random Drug Screening**

Random testing will take place for all new LCCC Health Sciences and Wellness division students throughout the program beginning Fall, 2010. The random testing will be unannounced. The selection of individuals will be made through the random pool administered by the college's drug screening vendor. 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. 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 is cause for discipline up to and including dismissal from the program at the discretion of the Program Director in consultation with the Dean, Health Sciences and Wellness Division.

### **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 on duty in any health care facility, school, institution or other work location as a representative of an Allied Health 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 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 instructor will remove the student from the patient care or assigned work area and notify the clinical agency supervising personnel. The student will be required to complete a Drug and Alcohol test within four hours of the incident.
- b) Upon student's oral consent, the 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 Allied Health 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) Written documentation will be submitted to the Program Director within two working days of the 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 Division 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 LCCC Student Conduct Code. The student will pay for all costs associated with the For-Cause Drug-Screening test.
- 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 this section (For-Cause Drug Screening) will result in withdrawal from the program. In the event there is a withdrawal from classes the student may invoke their rights under the LCCC Student Conduct Code.

## **9. Readmission Guidelines Related to Substance Abuse**

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

- a) Submit a letter requesting readmission to the Allied Health 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 Allied Health program, has positive results on an alcohol/drug screen, the student will receive permanent dismissal from the Allied Health program.
- c) Complete any other program specific admission actions based on specific program requirements.

- d) 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 Allied Health 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 Allied Health 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 Allied Health students are covered under LCCC's medical professional liability and general liability insurance while performing in the clinical setting as part of their Allied Health 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 Allied Health 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.

### 13. Professionalism

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

- a) Health Insurance Portability and Accountability Act (HIPAA, 1997): 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, up to and including possible dismissal from the program and/or course. Refer to the Student Confidentiality Agreement (obtain from Program Director).
- b) Any Allied Health program student engaging in any of the following behaviors or other misconduct is subject to immediate dismissal from Allied Health classes and disciplinary action as described in the Student Handbook of the college.
  - i. Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such 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.
- c) Professional staff client relationship: students providing Allied Health services strive to inspire the confidence of clients. Students must treat all clients, health care providers, and staff professionally. Clients can expect those providing Allied Health 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 unclear of proper behavior or of an appropriate response to a client should consult the instructor for guidance.
- d) Professional appearance: proper hygiene and professional appearance are expectations of all Allied Health programs.
  - i. Students must dress according to their specific Allied Health program requirements.
  - ii. Dress and appearance for the clinical experience are also found in program specific requirements and include but may not be limited to:
    - 1. If worn, makeup must be minimal.
    - 2. Hair pulled back from face and out of the field of operation, in a professional standard style and, if dyed, be of a “natural” hair color; if hair accessories, such as extenders, are worn they must be conservative and kept clean at all times.
    - 3. If worn, beards and moustaches must be neatly trimmed.
    - 4. Fingernails must be clean and, if performing patient care, must also be short and neatly trimmed. No artificial nails are permitted.
    - 5. Proper hygiene avoiding any offensive body odor or tobacco smell.
    - 6. No body piercing jewelry or tattoos are to be visible or a hindrance to performance in the healthcare setting, with the exception of pierced earrings as per program specific requirements.
    - 7. No perfume or colognes are permitted.
- e) Personal electronic devices: pagers, cellular telephones and other personal electronic devices (PED) must be turned off and out of sight during lectures and labs. 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.
- f) 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. Violation of this policy will be grounds for immediate dismissal.

#### **14. Duty to Report**

All students enrolled in Allied Health 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  
ALLIED HEALTH 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 Allied Health 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 Allied Health faculty and/or Allied Health 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 Allied Health 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 Allied Health 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 Allied Health 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 Allied Health Program student handbook.

I have received a copy of the Non-academic Allied Health Programs Policies. I understand this handbook contains information about the guidelines and procedures of the LCCC Allied Health 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 Allied Health 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 Allied Health Programs Policies and will comply with them.

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Signature of Program Participant

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Date

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

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Date

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Signature Name

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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 Allied Health 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 Allied Health 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 Allied Health 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