



# **Maricopa Community Colleges**

## **Non-Academic Allied Health Program Policies For Students**

**Maricopa Community Colleges  
Non-Academic Allied Health Program Policies For Students**

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# **Maricopa Community Colleges**

## **Non-Academic Allied Health Program Policies For Students**

### **Non-Academic Allied Health Program Policies**

In addition to policies and procedures in the Maricopa Community Colleges catalogs and student 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 Should a student become unable to participate partially or fully in the program's activities he/she may be withdrawn.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.
- c)** Special accommodations for testing will be given only with appropriate documentation of special needs. Individual faculty will not provide extra time, different environments, or dictionaries during testing without sufficient documents in support of an accommodation.
- d)** Pregnant students may want to take special precautions due to the physical requirements and possible exposure to harmful diseases or substances. If a student is pregnant, documentation from the attending physician will be required stating that the student is able to meet all program objectives/expectations. Accommodations will be made if reasonable and

possible. Following delivery, returning to class and clinical assignment will require physician clearance. In Allied Health Programs where students may be routinely exposed to radiation additional requirements for pregnant students must be followed.

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### 2. Health Declaration

The Health and Safety Documentation form (Exhibit A): 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 the Allied Health Program.

- a) The Program Director may require a new health declaration should any alteration in the student's health occur.
- b) Dental programs may also require proof of completion of a Dental Health Form verifying that the student has completed a dental exam in the last 12 months, and a Vision Exam Form verifying that the student has completed a vision exam and necessary corrections have been completed within the last 6 months.

### 3. Immunizations

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. Women of childbearing age should only be vaccinated after review of the circumstances by a health care practitioner. 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. (See Exhibit B Health and Safety Documentation) 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 copied and attached to the Health Declaration form.

- a) **MMR** (measles, mumps and rubella): students born in 1957 or later must provide proof of one of the following: written proof of two MMR immunizations **OR** proof of a positive titer for each of these diseases. According to CDC recommendations students born before 1957 are generally felt to be immune but one dose of MMR vaccine should be given to anyone born before 1957 who does not have proof of positive titers to each of the three diseases.

From Recommendations of the Immunization Action Coalition with technical content reviewed by CDC March 2007

- b) **Varicella** (chickenpox): documented proof of a positive IgG titer **OR** if the titer is NEGATIVE obtain the first varicella vaccination and attach documentation to the Health and Safety Documentation form. The second

varicella vaccination must be obtained 4 to 8 weeks later and proof submitted to the Program Director.

- c) **Tetanus/Diphtheria (Td) or tetanus, diphtheria and cellular pertussis (Tdap)**: proof of an immunization within the past 10 years **OR** proof of a positive titer for each of these diseases.

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- d) Hepatitis B:** The Centers for Disease Control and Prevention have recommended that hepatitis B vaccine be considered for a number of groups including healthcare personnel at high risk for blood or needle stick exposure. Students will be provided with information on protective and standard precautions as part of their Program curriculum, but students are advised to consult with their personal physician about the advisability of receiving the hepatitis B vaccine.

To meet the requirements for Hepatitis B, students must either submit proof of completion of three Hepatitis B (see Exhibit A) injections **OR** a copy of proof of a positive HbsAB antibody titer **OR** a signed declination (see Exhibit B). If a student has not received injections in the past, he/she should receive an initial dose of hepatitis B with second and third vaccinations administered in 1 month and 6 month intervals.

Recommendations from Immunization Action Coalition with technical content reviewed by the CDC march 2007

- e) Influenza:** Health care providers who are clinically or subclinically infected with influenza virus can transmit the virus to other persons including patients whose immune systems are compromised. As such many clinical facilities are requiring that all staff, students, and volunteers show proof of an annual influenza vaccination (see Exhibit A) or a signed declination (see Exhibit B). If a student declines this immunization, and a clinical agency requires such a vaccination there is the possibility that the student may not be permitted to participate in the clinical experience at that agency.

Recommendations of the Healthcare Infection Control Practices Advisory Committee, CDC February 24, 2006

#### 4. PPD Tuberculin Skin Testing

A two step test\* 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.

- a)** If the reaction to the first test is classified as negative, a second test is to be done 1-3 weeks later.
- b)** A positive reaction to the second test probably represents a boosted reaction (past infection or prior BCG vaccination). On the basis of this second test result, the person should be classified as previously infected and cared for by a health care provider. This would not be considered a skin test conversion. If the second test result is negative, the person should be classified as

uninfected. In these persons a positive reaction to any subsequent test is likely to represent new infection with M tuberculosis (skin test conversion). Two step testing should be used for the initial skin testing of adults who will be retested periodically, such as health care workers.

- c)** Students with a history of positive reactions to TB skin tests must provide a report of a negative chest x-ray. Further TB screenings may be required by a health care provider.

\*Core Curriculum on tuberculosis What the Clinician should know, Department of Health and Human Services, Centers for Disease Control for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination, Atlanta Georgia, 4<sup>th</sup> Edition, 2000.

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#### **5. CPR Certification**

Students must present a valid CPR card indicating health care provider certification which includes infant, child, adult and 1 and 2 man rescuer techniques. The certification must remain current throughout the clinical experience.

#### **6. Background Checks**

Many clinical agencies contracted with the Maricopa Community Colleges care for children, elderly, or vulnerable adults and require fingerprint/background clearance.

- a) It is the responsibility of the student to obtain a Fingerprint Background Clearance Card. The Fingerprint Clearance Card must remain current and valid throughout enrollment in the program. Students must apply for a new card prior to the expiration date.
- b) All allied health students must also undergo a background check to verify identity, social security number, and to show proof that they do not appear on the Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) database.
- c) In the event that a fingerprint clearance card is suspended and/or if the student is placed on the OIG Exclusion List, the student must notify the Program Director within five (5) school days. Failure to do so will result in dismissal from the program.
- d) The student has a duty to report any action that occurs prior to or during clinicals that might have an impact on his/her background or Exclusion List standing. Failure to do so will result in dismissal from the program.

#### **7. Preclinical Drug Screening**

All allied health students are required to submit to a pre-clinical urine drug screen according to policy of the specific Allied Health Program.

- a) Students will receive a form authorizing the contracted laboratory to perform the test. This form will include the student's name, college name, program

designation, program account number and the time frame required for the testing to occur.

- b) The drug screen is completed at the student's expense and must be paid for at the laboratory at the time of testing. Private health insurance will not pay for this screening. The lab will provide the student with a receipt upon

payment. It is important that students understand that they may not take a prescription to the lab to be evaluated during the testing process. The laboratory will conduct the urine screening and will mail all negative results to the Allied Health Program Director or designee indicated by the program account number.

- c) If a student provides a diluted sample, an additional test must be performed on the sample at an additional cost to the student.

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- d)** If a student tests positive for substances, the lab will contact the Medical Review Officer (MRO) contracted by the Maricopa Community Colleges. 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 clinical courses. In the event that a student is withdrawn from classes the student may invoke their rights under the MCCC Student Conduct Code. Students who are licensed or certified in a health profession by the State of Arizona and test positive for these drugs will be reported to their respective Boards.
- g)** Students testing positive and needing an MRO evaluation will be responsible to pay for the cost of the MRO review. In the event a student fails to pay the MRO fee, a financial obligation will be posted to his/her college account.
- h)** Students will **NOT** be allowed to use previous drug screens requested by any person or agency outside the Maricopa Community Colleges to meet these requirements.
- i)** 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 MCCC Student Conduct Code.

### **8. "For Cause" Drug Screening Procedure**

The information below refers to the use/misuse of, or being under the influence of: alcoholic beverages, illegal drugs or drugs which impair judgment 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 odor of alcohol or observes 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 by alcohol or drugs, 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.

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- b)** Upon student's oral consent, the instructor will contact a transportation service and arrange for student transport to a designated medical service facility contracted by Maricopa Community Colleges.
- c)** The student is to have a picture ID in his/her possession.
- d)** After testing, the student may call the transportation service contracted by Maricopa Community Colleges for transport home. (Total Transit 602-200-2077 account 2003)
- e)** If the student admits to alcohol or drug use, he/she will still require drug screening.
- 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 24 hours of the test results to discuss the circumstances surrounding the impaired clinical behavior.
- g)** 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.
- h)** 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.
- i)** Based on the information provided and further medical evaluations if warranted, the Program Director will make a decision regarding return to the clinical setting.
- j)** 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 MCCCC Student Conduct Code. The student will pay for all costs associated with the for-cause drug-screening test.
- k)** If the student with positive results hold a certificate or license in a health profession screening result test will be reported to the applicable Board.
- l)** If a Student refuses "for Cause" Testing:
  - 1) The instructor will remove the student from the clinical setting pending a full investigation.
  - 2) The instructor will contact the transportation service contracted by Maricopa Community Colleges to request that the student be transported home.
  - 3) Failure to comply with any aspect of this policy will result in withdrawal from the program. In the event there is a withdrawal from classes the student may invoke their rights under the MCCCC Student Conduct Code.

## **Maricopa Community Colleges Non-Academic Allied Health Program Policies For Students**

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

Students withdrawn from Allied Health programs for reasons related to substance abuse will:

- a)** Submit a letter requesting readmission to the Allied Health Program.
  - 1) Include documentation from a 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 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.

### **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)** While students are participating in any academic or clinical learning experience, they have limited accident coverage by the Student Accident Insurance Policy. They are not covered in any activity outside of school requirements. The cost of this policy is covered in the student activity fee. Student accident insurance coverage is secondary to the student's primary coverage (for more information on student insurance please see the Student Insurance page on the District Legal web site: (<http://www.maricopa.edu/legal/rmi/stuinsplans.htm>))
  
- c)** If a student is injured or becomes ill during the clinical experience, a Maricopa Community Colleges accident insurance form and verification of other insurance coverage must be completed. Claim forms may be obtained from the Vice President of Student Affairs Office. Completed forms are submitted to the Allied Health Program Director for signature and then forwarded according to campus procedure.
  
- d)** 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.
  
- e)** Maricopa Community Colleges Allied Health students are usually covered for acts of negligence under MCCC's commercial general liability insurance while performing in the clinical setting as part of their Allied Health course work.

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### 11. Standard Health and Safety Practices

Students are required to follow standard health and safety practices 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 not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
- 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:
  - 1) 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.
  - 2) 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.
  - 3) 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.
  - 4) Surgical caps or hoods and shoe covers shall be worn in instances when gross contamination can be reasonably anticipated.
  - 5) Hands shall be washed immediately after removal of gloves or other personal protective equipment.  
*(Excerpts from OSHA Blood borne Pathogens Section 1910.1030)*
- 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 or blood or body fluid comes in contact with mucous membranes or an open wound during a clinical experience the student should:

- a) Cleanse the area with soap and water and flush mucous membranes with water immediately.
- b) Report the incident immediately to the site or clinical instructor.

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- c) The student should call his or her primary care practitioner or other health provider within 15 minutes of exposure to seek triage and treatment from that primary care provider. Banner Occupational Medicine offers a Post Exposure (PEP) line at 602-747-8364. **Students are responsible for costs of treatment at this site.**
- 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 provided by College Safety.
- g) The Clinical Site Supervisor or Program Director must inform the source patient of the incident and encourage the patient to have testing after consent is obtained. The exposed student should be tested for HIV antibodies within 10 days and students would be 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):** 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) **Zero Tolerance:** The Maricopa Community College District Allied Health Programs support Zero Tolerance Policy. 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.
  - 1) 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.
  - 2) Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
  - 3) Unauthorized use, distribution, or possession for purposes of distribution of any controlled substance or illegal drug on the campus or at a clinical site.

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**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.

- 1) 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.
- 2) 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.

- 1) Students must dress according to their specific Allied Health Program requirements.
- 2) Dress and appearance for the clinical experience are also found in program specific requirements and include but may not be limited to:
  - a) Subtle makeup.
  - b) 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.
  - c) If worn, beards and moustaches must be neatly trimmed.
  - d) Fingernails must be clean and, if performing patient care, must also be short and neatly trimmed.
  - e) Proper hygiene avoiding any offensive body odor or tobacco smell.
  - f) No body piercing jewelry or tattoos are to be visible or a hindrance to performance in the healthcare setting. Pierced earrings may be an exception.

**e) Personal electronic devices:** pagers, cellular telephones and other personal electronic devices (PED) must be turned off and out of sight during lectures, labs and clinical experiences. At no time may students use a PED to take photographs of any patient or any part of a medical record.

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 using the PED or a public telephone.

#### 14. Duty to Report

All students enrolled in Allied Health Programs have the following duty to report:

## **Maricopa Community Colleges Non-Academic Allied Health Program Policies For Students**

- 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 (5) school days.
- c)** Any student who has their fingerprint card revoked or suspended or modified in anyway must notify their Program director within (5) school days.
- d)** The Program Director reserves the right to dismiss or restrict the student's participation in clinical experiences and involvement in patient care until the certificate/ license or fingerprint card is valid and unrestricted or until the student is removed from the OIG Exclusion list.

### **15. Forms**

The follow are a list of forms

- Assumption of Risk
- Consent for Release of Information
- Compliance with Policies
- Health and Safety Documentation
- Vaccination Declination



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
ALLIED HEALTH PROGRAMS

VOLUNTARY ASSUMPTION OF RISK AND RELEASE OF LIABILITY

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND IT BEFORE SIGNING. Maricopa Community Colleges are non-profit educational institutions. References to Maricopa Community Colleges include its officers, officials, employees, volunteers, students, agents, and assigns. I (print your name) \_\_\_\_\_, freely choose to participate in the Maricopa Community College District Allied Health 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 Maricopa Community Colleges 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 medical doctor 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 Maricopa Community Colleges are 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 Maricopa Community Colleges to secure whatever treatment is necessary, including the administration of anesthetic and surgery. Maricopa Community Colleges 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 Maricopa Community Colleges 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 Maricopa Community Colleges 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 College is not responsible for any loss or damage I may suffer when I am doing Program activities and that College 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 College. 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 College harmless from any of my negligent acts. I further state that I am not in anyway an employee of College 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 College'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 Arizona 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

## 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.

\_\_\_\_\_  
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 MCCC CD Allied Health Programs. The standards are in addition to those prescribed for students under Maricopa Community Colleges 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 MCCC CD Allied Health Program student handbook. Copies are available at many sites throughout the college.

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 MCCC CD 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.

\_\_\_\_\_  
Signature of Program Participant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature name

\_\_\_\_\_  
Date

**MARICOPA COMMUNITY COLLEGE DISTRICT ALLIED HEALTH PROGRAMS  
HEALTH AND SAFETY DOCUMENTATION**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Student ID  
Number: \_\_\_\_\_

**A. MMR (Measles/Rubeola, Mumps, Rubella): Requires documented proof of two MMRs in lifetime or a positive titer for each of these diseases.**

1<sup>st</sup> MMR Date: \_\_\_\_\_ 2<sup>nd</sup> MMR Date: \_\_\_\_\_

**OR**

Date and results of titer: Measles/Rubeola \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella  
\_\_\_\_\_

**B. Varicella (Chickenpox): Requires documented proof of two (2) vaccinations or positive IgG titer.**

1<sup>st</sup> Varicella Date: \_\_\_\_\_ 2<sup>nd</sup> Varicella Date: \_\_\_\_\_

**OR**

Date & results of IgG titer: \_\_\_\_\_

**C. Tetanus/Diphtheria (Td) immunization within the past 10 years. Td Date: \_\_\_\_\_**

**D. Tuberculosis:**

Two-Step Testing\*\* for initial skin testing of adults who will be retested periodically

**TWO-STEP TESTING**

Use two-step testing for initial skin testing of adults who will be retested periodically.

- If first test positive, consider the person infected.
- If first test negative, give second test 1-3 weeks later.
- If second test positive, consider person infected.
- If second test negative, consider person uninfected.
- If both parts of Two step test are negative then subsequent testing is done annually with one step procedure

**INITIAL TEST:**

Test Given \_\_\_\_\_ Date Read \_\_\_\_\_ Result \_\_\_\_\_

**SECOND TEST (1-3 weeks after initial test):**

Test Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result \_\_\_\_\_

**OR**

**Annual TB skin test (PPD):**

Test Given \_\_\_\_\_ Date Read \_\_\_\_\_ Result \_\_\_\_\_

**OR**

**Previous Positive PPD test:**

Provide documentation of negative chest x-ray/evidence of TB disease free status

Date of chest x-ray \_\_\_\_\_ Result \_\_\_\_\_

\*If applicant has ever had a positive reaction, the test is not to be repeated. Other evidence that the applicant is free from Tuberculosis will be required.

\*\*Core Curriculum on Tuberculosis What the Clinician Should Know, Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination, Atlanta, Georgia, 4<sup>th</sup> Edition, 2000.

**Maricopa Community Colleges  
Non-Academic Allied Health Program Policies For Students**

(continued)

**E. Hepatitis B: Documented evidence of completed series or positive antibody titer or declination. If beginning series, first injection must be according to your Program's required timeline and the series must be completed within 6 months.**

Date of 1<sup>st</sup> injection: \_\_\_\_\_ Date of 2<sup>nd</sup> injection: \_\_\_\_\_ Date of 3<sup>rd</sup> injection: \_\_\_\_\_

**OR**

Hep B Titer Date: \_\_\_\_\_ Titer Results: \_\_\_\_\_

**OR**

Signed Declination Form attached

**F. Influenza: Documented evidence of influenza vaccination within the past year or declination.**

Date of injection: \_\_\_\_\_

**OR**

Signed Declination Form attached

**G. Clearance for Participation in Clinical Practice**

It is essential that allied health students be able to perform a number of physical activities in the clinical portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement their assigned responsibilities. The clinical allied health experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions.

I believe the applicant \_\_\_\_\_ WILL OR \_\_\_\_\_ WILL NOT be able to function as an allied health student as described above.

If not, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Licensed Healthcare Provider (MD, DO, NP, or PA) Verification of Health and Safety

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_



MARICOPA COMMUNITY COLLEGE DISTRICT  
ALLIED HEALTH PROGRAMS

VACCINATION DECLINATION

(PRINT) Student Name \_\_\_\_\_ Date \_\_\_\_\_  
(complete the sections that are appropriate for this student)

**Hepatitis B Vaccination Declination**

I understand that due to my exposure to blood or other potential infectious materials during the clinical portion of my allied program, I may be at risk of acquiring Hepatitis B virus (HBV) infection. The health requirements for the allied health program in which I am enrolled, as described in the Student Handbook, include the Hepatitis B vaccination series as part of the program’s requirements. I have been encouraged by the faculty to be vaccinated with Hepatitis B vaccine; however, I decline the Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. By signing this form, I agree to assume the risk of a potential exposure to Hepatitis B virus and hold the Maricopa Community College Allied Health Program as well as all health care facilities I attend as part of my clinical experiences harmless from liability in the event I contract the Hepatitis B virus.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

**Influenza Vaccination Declination**

I understand that due to the nature of health care and the volume of individuals that I may come in contact with, I may be at risk of acquiring an influenza virus. The health requirements for the allied health program in which I am enrolled, as described in the Student Handbook, include the current influenza vaccination as identified by the Centers for Disease Control for the current influenza season as part of the program’s requirements. I have been encouraged by the faculty to be vaccinated; however, I decline the influenza vaccination at this time, I understand that by declining this vaccine, I continue to be at risk of acquiring influenza. By signing this form, I agree to assume the risk of potential exposure to influenza and hold the Maricopa Community College Allied Health Program as well as all health care facilities I attend as part of my clinical experiences harmless from liability in the event I contract the virus. I also understand that, due to the contagious nature of the virus, that a health care setting may not accept my placement if I refuse vaccination.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date