



ENGELSTAD SCHOOL OF HEALTH SCIENCES



STUDENT HANDBOOK 2020 - 2021

HANDBOOK COMMITTEE

This Student Handbook for the Engelstad School of Health Sciences programs is applicable for 2020-2021 and has been prepared and reviewed by the handbook committee members listed below:

- Eileen Bauer
- Janice Glasper
- Scott Helkaa
- Art Little
- Diane Rhodes
- Carla Wright

Janice Glasper - Interim Dean
Engelstad School of Health Sciences

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The Development and Application of Policies and Requirements

CSN is one of eight institutions governed by the Board of Regents of the Nevada System of Higher Education. The Board of Regents has adopted policies and requirements which are found in its Handbook, which are available for review on the Board's website, www.nevada.edu. CSN has adopted policies and requirements that are specific to its college community and which are in addition to the Board of Regents policies. CSN's policies are available for review on its website, www.csn.edu. The Engelstad School of Health Sciences has adopted policies and requirements that are specific to the students enrolled in Health Sciences programs, and which are contained in this Handbook. Lastly, each Health Sciences program may set and enforce additional requirements and protocols specific to its unique program. Students will be informed about these requirements and protocols by their specific programs in a program handbook or course syllabus.

The Board of Regents and CSN may amend their respective policies and requirements consistent with their procedural rules. The CSN President has the discretion to suspend or rescind all or any part of a CSN policy, and the CSN community will be informed as circumstances require. The Health Sciences Handbook Committee reviews the Handbook annually. The Health Sciences programs welcome recommendations regarding policies and programs. Any suggestions regarding the Handbook can be made to any of the Committee members listed above. No part of these policies is intended to create a contractual obligation between the Engelstad School of Health Sciences and its students.

Questions regarding any part of this Handbook should be referred to Program Directors, Department Chairs, or the Dean of the Engelstad School of Health Sciences.

SECTION I - GENERAL INFORMATION

Welcome to the Health Sciences Programs!

This Handbook provides important information to the students enrolled in the College of Southern Nevada (CSN) Engelstad Health Sciences (Health Sciences) programs. We welcome you and look forward to working with you in this challenging but rewarding endeavor.

A student can register for Health Sciences courses only if all application requirements have been met, all prerequisites are completed and official acceptance is granted by the CSN program. If you have any questions in this regard, please contact the Limited Entry Office or the Program Director.

Classroom and Clinical Education

Your Health Sciences education will include classroom instruction and may have laboratory and/or clinical components. The purpose of clinical education is to provide students the opportunity to directly apply theoretical principles, patient care skills, and departmental procedures through practical, hands-on settings involving actual patients. Clinical education is, of course, conducted under appropriate supervision and is a critical part of your CSN education. You will be graded on clinical performance just as you are classroom learning. While in the clinical facility, the student is required to also observe regulations, procedures and policies imposed by the clinical facility to ensure patient health, safety, and welfare. Sections II and III of this Handbook provide additional information about the clinical experience.

Minimum Academic Level of Achievement

Progression in a Health Sciences program will occur only if all program-required courses are passed with a grade of "C" or better. Course grades can include assessment for clinical assignments including

the required decorum and professionalism in an active medical clinic, while other courses provide separate grades for clinical rotations. CSN has adopted a Grade Appeal Policy which provides limited bases for a grade appeal. It is the student's responsibility to meet with the instructor/faculty advisor regarding academic/clinical concerns. CSN has adopted the following policies: [Grade Appeal Policy](#), [Academic Integrity Policy](#), [Student Conduct Code](#).

Generally, missed classes, labs or clinical rotations cannot be made up.

Professional Conduct

You will interface with other Health Sciences students, educators, practitioners, staff and patients throughout your education and career. Professional conduct is critical and may represent a different standard from that to which you have been accustomed. An important part of your Health Sciences education is to learn and practice professional conduct. Professional conduct is required at all times in classroom, lab and clinical settings, and will include, but is not necessarily limited to, the following:

1. Compliance with the rules, regulations, policies, ethical standards or standards of professional practice of the clinic, the Health Sciences programs and CSN.
2. Compliance with the Nevada Revised Statutes which prohibit being under the influence of intoxicants (without a valid medical reason being under the influence of controlled substances).
3. Compliance with Health Insurance Portability and Accountability Act (HIPAA) rules and regulations protecting the confidentiality of personally identifiable patient health information (HIPAA will be taught and discussed in your course work).
4. Assisting patients to feel more comfortable and secure.
5. Establishing effective rapport with clinical personnel, CSN personnel and peers.
6. Seeking appropriate clarification about responsibilities from appropriate sources.
7. Asking for assistance when uncertain how to proceed.
8. Following through with assignments in a timely manner.
9. Practicing learned skills.
10. Striving for adaptability.
11. Performing tasks that are within the limits of competence and are necessary for the assigned area. If directed to perform any procedure outside your competence or limits of practice, students are to inform the clinical instructor and/or supervisor and the CSN Program Director.
12. Maintaining the cleanliness and safety characteristics of the work area, and stocking appropriate supplies for lab and clinical assignments.
13. Attending class and being prompt to required activities.
14. Compliance with the dress code required by your specific program.
15. Being prepared for class or clinical course work.
16. Contributing to class discussions.
17. Exhibiting the highest standards of integrity and honesty.
18. Exhibiting behavior which inspires the confidence of patients, peers, and supervisors.
19. Treating patients, staff, faculty, and others with kindness, courtesy, respect, and concern for the preservation of their privacy.
20. Maintaining the highest standards of professional ethics at all times.
21. Maintaining the highest standards of health, welfare, and safety for patients, faculty, staff, colleagues and other students.

Challenging Nature of Health Sciences Study

CSN Health Sciences programs are physically, emotionally, and academically demanding. Please be aware that balancing school with home, work and other personal commitments will be challenging.

Physical Requirements

Health Science disciplines, by their very nature, involve interactions with patients that require certain physical capabilities. While CSN makes every effort to make its Health Sciences programs available whenever possible to students with disabilities, a program and the career to which it leads may have requirements for physical abilities. These requirements are documented on each program's advisory sheet obtainable on CSN's website or from the Health Programs Advising Office. Potential students are encouraged to consult these resources and CSN's Disability Resource Center, as appropriate, for complete information on the types of accommodations that may be available to assist the student to meet their educational and professional goals. A student in a program with an approved, documented disability can request reasonable accommodations to meet standards. The College will provide appropriate accommodations, but is not required to substantially alter the requirements of nature of the program, which includes extra time for competency testing.

Personal Business

In today's technology-based society, some students are frequent users of electronic devices. Except during breaks and approved times, usage of personal electronic devices during class and/or clinical hours is prohibited. If it is necessary to receive a message during class or clinical assignments, please make arrangements with your instructor.

If a student is assigned to a clinical facility which permits student use of hand-held point-of-care data access devices, the student may utilize such a device solely for the purpose of accessing training-related data (and only when instructed to do so). CSN students are prohibited from taking photographs at any time in a clinical facility. Data, pictures and images may NEVER be scanned and/or photographed while inside ANY clinical facility.

This includes video or audio recordings. Use of electronic devices that violate HIPAA will result in immediate failure of the course and termination from any Health Sciences program.



Review of Personal Education Records

The Health Sciences programs often receive requests from potential employers seeking to contact graduates of the programs for employment discussions. It is the policy of the Health Sciences programs to release only directory information in accordance with CSN's application of the Family Education Rights and Privacy Act (FERPA).

FERPA gives a student the right to inspect and review his/her education records. If a student requests a review of his/her education record, the following procedure will be followed by the CSN Limited Entry Office and Health Sciences Program Director/Department Chair. The student will complete the *Request to Review Educational Records* form (see appendix) which will be maintained in the student's file. The student's signature will be verified for authenticity using a photo ID. The student may review his/her record in close proximity to the appropriate office.

The student has the right to request correction of records he/she believes to be inaccurate or misleading, and if the records are not amended, the student has the right to a formal hearing. Request for a hearing must be submitted to the Program Director in writing. After the hearing, if the school decides not to amend the record, the student has the right to place a statement in the record setting forth his/her view about the contested information.

Social Media Policy

Social networks and the Internet provide unprecedented opportunities for rapid information exchange and dissemination, but this exchange does not come without risk. Healthcare providers, including students, have an obligation to understand the nature, benefits and consequences of participation in social networking of all types. Online content and behavior has the potential to enhance or undermine not only the individual provider's career, but also the healthcare profession.

The Engelstad School of Health Sciences has adopted the ANA Principles for Social Networking. Violations of the policy may be considered Professional Misconduct and may subject the offending student(s) to disciplinary sanctions as defined in the School handbook.

ANA's Principles for Social Networking

Healthcare providers must:

- not transmit or place online individually identifiable patient information,
- observe ethically prescribed professional patient-provider boundaries,
- understand that patients, colleagues, institutions and employers may view postings,
- take advantage of privacy settings and seek to separate personal and professional information online,
- bring content that could harm a patient's privacy, rights or welfare to the attention of appropriate authorities, and
- participate in developing institutional policies that govern online conduct.

6 Tips to Avoid Problems

1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the patient-provider relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging online remarks about patients, facilities, peers, faculty or the College.
5. Do not take photos or videos of patients on personal devices, including cell phones. This includes "selfies" which may inadvertently include facility staff, patients, family members and/or visitors.
6. Promptly report a breach of confidentiality or privacy.

References:

American Nurses Association. (2011). Principles for social networking and the nurse. Silver Spring, MD.
National Council of State Boards of Nursing. (2011). White paper: A nurse's guide to the use of social media. Chicago, IL.

SECTION II - CLINICAL/LABORATORY INFORMATION

General

Clinical Assignments

When applicable, the dates and times when students are to report to a clinical facility will be announced as soon as possible near the beginning of each semester. Students may be scheduled for day, evening, or night assignments at various locations as determined by the program faculty or clinical instructors. Holidays and weekends may be included.

Hours and days of clinical assignments are subject to change to allow for the best possible experience. All students are required to follow the clinical assignment schedule.

It is your responsibility as a student to make appropriate arrangements for transportation, child care, personal business, etc., *so you are able to attend all assigned clinicals*, and so that your ability to meet requirements of the program is not impacted.

Background Check

Clinical sites require each student to submit to a criminal background check. Upon acceptance into the program, the student will receive instruction on how to submit the information for the background check. Following assignment to a clinical facility, the facility will review the background and decide to accept or reject the student for assignment to their facility. If the student is rejected, the clinical education coordinator will attempt to make alternate placement at another clinical facility. The student will have the opportunity to explain or provide further information to the appropriate authority at the facility in an effort to overcome the rejection of the student for placement at the facility. If the program is not able to successfully place the student for clinical experience, this may jeopardize the student's opportunity to complete the requirements of the program, and the student may be advised to withdraw.

CPR

Students must at all times be current in Cardiopulmonary Resuscitation and AED usage. *Most healthcare programs will require certification in American Heart Association Healthcare Provider CPR and AED*; however some programs may require Basic Life Support with AED or may require a more advanced form of life support training such as ACLS or PALS. Check with your specific program for details. All training programs must teach American Heart Association CPR skills. Online course components will not be accepted.



Clinic Protocol

Students have the responsibility to be informed of all Health Sciences and clinical policies and procedures for the safe care of patients. Students have the responsibility to inform instructors and/or Program Director/Department Chair should they be directed to perform any procedure outside their competence or scope of practice.

The student should notify the clinical instructor and/or Program Director regarding concerns prior to accepting a patient assignment. Abrupt refusal to continue patient care could be perceived as patient abandonment.

A student may not refuse to care for a patient or participate in a laboratory exercise unless the student is not physically able (in which case the student must provide documentation from a health care provider), or the student does not possess the proper training in caring for that particular patient or in performing that particular laboratory exercise.

Dress Code

Health Science students are required to present a clean, neat appearance at all times connected with their education. This may include a clean, pressed, regulation uniform. Personal cleanliness and good grooming are mandatory. Students must be dressed according to the standards established by the clinical facility and its specific health program. Please be aware of these requirements:

- daily baths, deodorant
- no use of products with strong odor or perfume, including tobacco products
- shoes neat and polished
- hair clean and off the face; if long, restrained at nape of neck, with no decorative adornment
- CSN name identification worn at all times
- beards and mustaches, if worn, must be clean and neatly trimmed, and may be restricted according to facility/program guidelines
- use of jewelry/jewelry in visible body piercings may be restricted according to facility/program guidelines
- tattoos must be covered per clinical facility policy
- fingernails – clean, neat, trimmed short; nail polish may be limited to clear or neutral shades if permitted by your specific program



Health Insurance Coverage

Each Health Sciences student who will be participating in clinical assignments is required to have an active major medical health insurance policy. Accidents or illness may occur as a result of coming in contact with the clinical and laboratory environment. Medical evaluation, treatment, and follow-up care are the *financial responsibility of the student*. Proof of major medical health insurance coverage is required by CSN and clinical facilities and must be submitted each semester prior to clinical assignment. This insurance may be provided through a parent's policy or purchased through the student's own carrier. When students purchase insurance, it is important to be aware that some insurance plans are primarily for wellness care and do not cover treatment and follow-up care after an illness/incident; such policies are insufficient. Each student must sign the *Acknowledgment of Health Insurance* form and return it to the Program Director (see appendix).

Professional Liability Insurance Coverage

The Nevada System of Higher Education (NSHE) maintains professional liability insurance coverage for all students registered in clinical courses. This insurance covers the student during officially assigned clinical experiences.

Attendance

Attendance and punctuality are mandatory for all students enrolled in clinical practice courses. Some health sciences programs may have different and/or more stringent attendance policies, including impacts on the course grade. Students will be advised of the attendance policy at the outset of their education in each program.

In case of illness or other emergency, the student must notify the assigned clinical instructor or supervisor at least one hour before the time he/she is to report to the clinical facility. Failure to provide one hour advance notice for an absence from a clinical assignment may require documentation from the student. The specific type of documentation required will be indicated in the specific program

handbook or upon direction from the Program Director.

Under no circumstances, after students have reported for clinical assignment, are they permitted to leave their assigned areas without the permission of the clinical instructor/supervisor.

At the end of the clinical assignment and before dismissal, each student must report to the appropriate clinical instructor/supervisor.

Students not performing course-related assignments are not permitted in the clinical assignment areas without permission.

Report of Suspected Child or Elder Abuse

Nevada Revised Statutes (NRS) 432B.220 and NRS 200.5091 require a student to report suspected child or elder abuse or neglect to the clinical instructor. According to these statutes, this includes physical or mental injury of a non-accidental nature, sexual abuse or exploitation, or negligent treatment or maltreatment. Anyone who fails to report these conditions is guilty of a misdemeanor, as indicated in NRS 432B.240 and NRS 200.5099.

Incident Reporting

All accidents, injuries, incidences and unusual occurrences are to be reported immediately, no matter how minor they may seem. Notify the CSN instructor responsible for the course and complete a *Written Statement – Incident Report* (see appendix). The completed *Written Statement-Incident Report* form must be filed with Campus Security, as appropriate. The *Written Statement-Incident Report* will be used by Campus Security to generate a CSN incident report. If the occurrence takes place at an off-campus location, immediately notify the off-campus site supervisor and then notify the course instructor within 48 hours so that appropriate CSN forms can be completed. Medical evaluation, treatment, and follow-up care following an accident or incident are the *financial responsibility of the student*. Student accidents, injuries, incidences are not “work-related” and should not be reported as such. They will not be covered under the clinical facility’s nor CSN’s worker’s compensation program.

Emergency Procedures

It is the student’s responsibility to know and understand the appropriate procedures for handling accidents, emergencies, and fire at each assigned clinical facility. This information may be obtained from procedure guidelines or manuals located in assignment areas, posted emergency procedures, or from the clinical instructor.

CSN is served by a full-time police department consisting of sworn peace officers and a contracted security service. In the event of a campus-based emergency, staff, faculty, and students have a quick and efficient means for communicating with the CSN Police Department. By dialing “7911” on any campus land line telephone you will be put in contact with the CSN Police Department. It should be noted that anyone dialing “911” from a cell phone on campus will be connected directly with the Las Vegas Metropolitan Police Department, and their police dispatchers will connect these calls with the CSN dispatcher. The “911” number should only be used in the case of an immediate emergency or crime in progress. All other calls for non-emergency police assistance should be made by calling the CSN Police Department on their respective campuses.

Contact numbers for Police Services

- In the case of an emergency, call 911 or on a campus phone 9-911
- To reach the CSN Police Department on any campus phone, dial 7-911

To Reach Campus Security:

- Charleston Campus Security: (702) 651-5613

- North Las Vegas Campus Security: (702) 651-4055
- Henderson Campus Security: (702) 651-3113

In addition, there are telephones located in each classroom for emergencies only. They automatically dial campus security. Please do not pick up the receiver, unless you need to speak to campus security.

Safety Procedures

Safety procedures must be followed in all labs and clinical facilities and will be discussed during the first week of instruction. Any student missing this lecture must make an appointment with the instructor for individualized instruction prior to participating in lab or clinical activities.



Ethical Behavior

Students are expected to operate within the ethical boundaries of their chosen profession. The philosophy “DO NO HARM” is expected when dealing with those entrusted into students’ care. Students are expected to function in such a manner that the good of their patients is the primary concern, even above their own personal needs.

Patient Confidentiality/Health Insurance Portability and Accountability Act

A student working in a clinical setting has access to patients’ protected health information. The student must maintain the privacy and confidentiality of patient health information and personal information such as age, address, telephone, marital status, etc. pursuant to federal law; this federal law is known as the Health Insurance Portability and Accountability Act (HIPAA). All students will receive training in these rules. Case reviews conducted at the clinical site, or in CSN classrooms/labs, must not contain personal identifiable patient information. Acknowledging a CSN student as a patient of a clinical facility is also a violation of that student’s personal health information. Patient information may not be removed from the clinical facility. No photocopying of patient records is permitted without written authorization from the patient. Photography is prohibited while in a clinical facility. Postings on any social media site pertaining to patients or clinical activities are prohibited. Any list identifying a patient by name must remain in the hospital/agency.



The violation of these rules could result in significant civil and criminal penalties for the student, particularly if an improper disclosure of information is done knowingly or resulting in personal gain. Violation of these rules may result in discipline up to and including termination from the Health Sciences program, even for a first offense.

In general, however, disclosure of health information to anyone other than the patient typically requires the patient’s written authorization, except in the following situation: (1) employees who need the information for their job, or to a supervisor, (2) to medical providers for treatment purposes, (3) to an insurance company to obtain payment for services.

You will be asked to complete HIPAA training and sign the *HIPAA Letter of Instruction* (see appendix).

SECTION III - CLINICAL/LABORATORY INFORMATION Medical

Potential Risk for Students

Students entering the health sciences programs are informed that certain risks are involved in health care. These risks include, but are not limited to: exposure and contact with infectious/communicable diseases, radiation or hazardous material, and/or physical injury. Students entering the health professions accept the risks involved in dealing with patients with infectious/communicable diseases.

Should pregnancy occur during the course of study, the unborn child will also be exposed to these risks. Each student is encouraged to complete and submit to the Program Director the *Disclosure of Exposure to Potential Health Risks and Waiver of Liability* form (see appendix). Please also refer to the *Pregnancy Notification/Release* form (see appendix).

Physical Examination

As part of the entry requirements, students entering a Health Sciences program must receive a physical examination with the results documented on the CSN health sciences student Health History Questionnaire. The examination may be performed by a medical doctor, a doctor of osteopathic medicine, physician's assistant, or a nurse practitioner. Each Health Sciences program will specify how close the physical exam must be done before entering the program or starting clinicals. Following the initial physical examination, an annual physical examination may be required at the discretion of the program.

Special Considerations in the Clinical Facility

Students must notify the appropriate instructor/supervisor of any existing health conditions that may warrant special consideration in the clinical setting (e.g. exposed herpetic lesions, temperature exceeding 100.2 degrees, physical injury or conditions transmitted via close contact such as rubella, measles, mumps, tuberculosis, etc.). Failure to notify the appropriate instructor/supervisor may result in disciplinary action. The clinical instructor has the authority to dismiss a student whose observed condition renders him/her unfit for the clinical assignment that day. It is the instructor's responsibility to notify the Program Director of any deviation from the clinical schedule.

Drug and Alcohol Testing

The Engelstad School of Health Sciences is committed to protecting the safety, health, and well-being of its students, faculty and staff, and the patients and employees of its affiliated clinics. Recognizing that drug and alcohol abuse pose a threat to this goal, CSN's Engelstad School of Health Sciences is committed to assuring a drug-free working and learning environment. Therefore, the use of intoxicants in violation of NSHE policy, CSN policy, or state or federal law or the use of controlled substances without a legal prescription is prohibited. CSN follows federal guidelines regarding drug and alcohol testing.

In order to participate in the clinical education component of the curriculum, students are subject to a drug and alcohol screen. Any student who violates the substance abuse policy will be administratively withdrawn from a Health Sciences program. Each student must complete and submit to the Program Director the *Substance Abuse Policy Release* form (see appendix). Pre-clinical testing, which is subject to change, currently includes screening for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, marijuana metabolites, methadone, opiates, oxycodones, phencyclidine, propoxyphene, adulterants, and alcohol.



Use of Prescription Drugs

In the event a student is under the care of a physician and is taking a prescribed medication which might impair his/her ability to perform assigned tasks, the student must notify his/her instructor in advance of starting clinical work. It is at the instructor's discretion as to whether the student may continue to perform the normal assignment or be assigned non-safety-sensitive duties (if appropriate). Controlled substances taken by a student must be by authorized prescription approved by the FDA or a current medical marijuana registration card. CSN works with clinical facilities that have a zero tolerance policy regarding the use of medical marijuana. Which may affect clinical site attendance.

Pre-Placement Testing

If a student's pre-clinical test is positive for any illegal or controlled substance without a legal prescription or medical marijuana registration card, alcohol in excess of the legal limit (0.08), or adulterants, he/she will not be permitted to commence, participate in or complete the clinical experience. Participation in and completion of clinical assignments are required for health program courses. A student who tests positive for any illegal substance, controlled substance without a legal prescription, or alcohol in excess of the legal limit will not be permitted to commence or remain in clinical courses.

To ensure excellence in quality and accuracy, a laboratory designated by a CSN approved document management system will perform the drug and/or alcohol testing. The cost of all drug screenings and transportation to the testing lab is the responsibility of the student.

The student then goes to the indicated lab to have the test performed. A sample is collected, and the specimen is tested. If a positive test result is confirmed, the positive result is sent by the laboratory to an impartial third party medical review officer to determine whether or not the student has a legal prescription for the drug or some other legitimate reason for testing positive. The medical review officer sends a final report to the Dean for review. If the final result is positive, the Dean will contact the student and request that he/she withdraw from the program. Repeat testing is not permitted unless the medical review officer has reason to believe the results or the process was compromised through no fault of the student.

Random Testing

- 1) Clinical sites: a student suspected of impairment will be removed from clinical site and subjected to the ESHS Substance Abuse policy. The cost of all drug screenings and transportation to the testing lab is the responsibility of the student. The student then goes to the indicated lab to have the test performed within twelve hours of removal from clinical site. Failure to comply within designated timeframe will result in dismissal from course and program. The medical review officer sends a report to the Dean. If the final result is positive, the Dean will contact the student and request that he/she withdraw from the program. Repeat testing is not permitted unless the medical review officer has reason to believe the results or the process was compromised through no fault of the student.
- 2) Classroom/laboratory: If a student is attending a class/laboratory session or a CSN sponsored activity, and if an instructor or other personnel has reasonable suspicion that the student is under the influence of drugs or alcohol, the student will be dismissed from campus-based or clinical activities. The instructor should contact the Student Conduct officer and complete an incident report.



Confidentiality

Only those persons authorized to receive results from the laboratory will be allowed to discuss the

results. Faculty within the Engelstad School of Health Sciences will be notified of the results on a limited need-to-know basis. No test results will appear in a student's file. Some CSN Program Directors are in the mandatory reporting group, and therefore by law must notify the Nevada licensing board of a positive drug test.

Guidelines for Infection Control and Safety

Immunizations and TB Skin Tests

Nevada law requires the protection of students at high risk for exposure to vaccine-preventable diseases. Students enrolled in health sciences programs are subject to the *CSN Immunization Policy and TB Skin Test Policy* according to the specific program requirements: "Vaccination Policy (see Appendix I); TB Skin Test Policy (see Appendix I).

Pregnancy

A student who is pregnant or becomes pregnant while enrolled in a health sciences program is strongly encouraged to notify her Program Director of the pregnancy or suspected pregnancy using the *Pregnancy Notification/Release* form. Providing this notice is voluntary and does not require any change to the student's status or curriculum unless requested by a student with a physician's certification. Upon receiving notice that a student is pregnant, the Program Director will provide counseling regarding possible precautionary measures based on the student's temporary pregnancy status and possible risks to the student and her fetus. Areas of special concern include the effects of strenuous activity, exposure to infectious/communicable diseases, noxious fumes such as nitrous oxide, radiation and other toxic substances, bloodborne pathogens, antineoplastic agents, and other risks unique to the student's specific program.

A student who declares her pregnancy will receive options for continuation in the program from the Program Director. These options include the following:

1. Withdraw from the program and be reinstated after the pregnancy ends. This option may require the student to retake a semester as classes are offered in the normal scheduling process.
2. Withdraw from clinical courses, while completing didactic courses for the semester;
Note: This option is subject to the limitations of individual program requirements and schedules.
3. Continue with all courses until the pregnancy ends. Instructors will attempt to accommodate the student's restrictions, if any, but cannot guarantee alternate clinical assignments.
Note: With the selection of this option, the student assumes all risks of injury or death to either the pregnant student or her fetus.

In programs involving radiation exposure, a student who declares her pregnancy will receive instruction in radiation protection from the Program Director, and exposure history will be reviewed, emphasizing the maximum permissible dose during pregnancy (0.05 rem each month or 500mrem for the entire gestation period). A fetal radiation exposure monitoring badge will be provided for a student who continues in the program. The lower dose limit will remain in effect until the student provides written notice that she is no longer pregnant.

Providing notice of the pregnancy and obtaining permission from a health care provider is the student's responsibility and should be done as soon as possible. Neither the College of Southern Nevada (CSN) nor its clinical affiliates assume responsibility for any harm that might occur to a fetus or a pregnant student.

Radiation

The student may be required to enter areas where access is restricted due to the storage, transfer or use of radiation sources. Prior to extended work in these areas, students will be given appropriate instruction in precautions and protective devices and in the problems which may be encountered in these areas. Students who have potential exposure to radiation shall be provided with appropriate monitoring devices and periodic exposure reports. Students shall comply with requirements of the Nevada Administrative Code and CSN licenses and registrations which may apply in these restricted areas (refer to the CSN Radiation Protection Plan for specific guidelines). Refusal to participate in educational exercises that involve radiation may interfere with timely progression through the curriculum and ultimately graduation from the program.

Standard Precautions

The concept of standard precautions must be followed in all clinical and laboratory settings when there is a potential for exposure to airborne and/or bloodborne pathogens. In order to reduce the potential for transmission of communicable diseases, every student will treat all body fluids, with or without visible blood (excluding sweat) as potentially infectious, regardless of the perceived health status of the source individual. Appropriate personal protective equipment, such as gloves, mask, eye protection, and protective gowns must be worn when there is potential for exposure to airborne and/or blood borne pathogens. Failure to follow standard precautions is considered an act of misconduct.

Regulated Medical Waste Management

The regulated medical waste generated in clinical/laboratory/classroom settings must be handled and disposed according to CSN Regulated Medical Waste Management Program. All sharps contaminated or not, must be disposed in rigid containers appropriately labeled and designed for this purpose. Non-sharp medical waste must be collected in appropriately labeled bags or receptacles for proper disposal. Students will receive appropriate instruction in handling and disposal of medical waste.



Chemical Agents

Working with chemicals requires extra precautions. Students will receive appropriate instruction in handling chemical agents.

Fluid Exposure Incidents

Any direct exposure of a student to the blood or body fluid of a patient or clinical/laboratory partner must be reported to the clinical instructor/supervisor.

The following reports must be made:

- a. *Written Statement – Incident Report* (see appendix) following every injury/accident/exposure). Complete and return to CSN Campus Security
- b. *Report of Exposure to Airborne Contaminants and/or Blood borne Pathogens* (see appendix) following exposures to body fluids via needle sticks; splashes in eyes, nose, mouth). Complete and return to the Program Director.

Exposure to Airborne Contaminants and/or Bloodborne Pathogens Protocol

Following an exposure to airborne/ bloodborne pathogens:

1. STOP the activity
2. WASH / FLUSH the affected area(s)
3. GET FIRST AID
4. IMMEDIATELY REPORT the incident to a supervisor
5. NOTIFY the Program Director as soon as possible
6. SEEK MEDICAL ATTENTION



Fees incurred during medical evaluation and follow-up are the responsibility of the student. Students are not covered under the clinical facility's or CSN's workers' compensation program.

7. COMPLETE NECESSARY REPORTS

Written Statement- Incident Report

Report of Exposure to Airborne Contaminants and/or Bloodborne Pathogens

8. The Dean is available for guidance in obtaining medical evaluation, treatment and follow-up.

Return to Educational Activities Following Illness or Injury

Based on the nature of the illness or injury, the program may require medical clearance before the student may participate in clinical, laboratory or classroom activities.

SECTION IV - WHEN THERE ARE PROBLEMS

As discussed in this Handbook, it is the responsibility of the student in a Health Sciences program to maintain a minimum level of academic achievement and to exhibit appropriate professional conduct. A student may receive an unsatisfactory progress notification if circumstances permit and/or may be withdrawn from a course and/or the program for reasons of academic failure, unsatisfactory clinical performance, and/or professional misconduct, as otherwise described in this Handbook or a program's handbook. See also: <https://nshe.nevada.edu/tasks/sites/Nshe/assets/File/BoardOfRegents/Handbook/T2CH10RulesofConductandProceduresforStudentsoftheNSHE.pdf>

Academic Failure

Faculty and/or the Program Director will counsel students with respect to deficiencies as they occur whenever circumstances permit. Records of such counseling are placed in the student's file and the student receives a copy.

Unsatisfactory Clinical/Lab Performance

CSN reserves the right to remove a student from a clinical/lab rotation at any time. A facility may request the immediate removal of a student from an assigned area if deemed necessary by the facility personnel. The Dean of the Engelstad School of Health Sciences and appropriate Program Directors/Department Chairs must be notified immediately following such action. Unsatisfactory lab performance is a failure to meet key competencies established by each program for lab courses.

Professional Misconduct

All acts of misconduct shall be reported immediately in writing to the Program Director or Department Chair and Dean of the Engelstad School of Health Sciences.

Professional Misconduct includes, but is not limited to:

- Actions which place patients, families, oneself or other humans at risk for physical or emotional harm.
- Refusal or failure to follow School/Program, clinical site or agency protocols.
- Violation of Health Insurance Portability and Accountability Act (HIPAA) regulations.
- Illegal use (or being under the influence) of drugs, alcohol or other mind-altering substances.
- Providing or reporting untrue or inaccurate information (dishonesty); falsification of documentation.
- Deliberately attempting to cover up any error or negligent clinical performance.
- Unsafe, unethical and/or illegal practices or behavior.

Classroom Behavior



Instructors have the responsibility to set and maintain standards of classroom behavior appropriate to the discipline and method of teaching. Students may not engage in any activity which the instructor deems disruptive or counterproductive to the goals of the class. Instructors may remove offending students from class and take follow-up action as required by this Handbook and other CSN policies (i.e. CSN Student Conduct Code). Such action may impact the student's grade or compliance with conduct expectations, either of which can also impact the course grade and/or may result in withdrawal from the course and program. The CSN [Disruptive and Abusive Student Policy](#) may also apply and is available for review on the CSN website.

Academic Dishonesty

Honesty is expected of all students. Acts of academic dishonesty, including such activities as plagiarism or cheating, are regarded by CSN as serious offenses. In the event that cheating, plagiarism or other forms of academic dishonesty are discovered, each incident will be handled pursuant to the CSN Academic Integrity Policy, www.csn.edu/policies-procedures. If a failing course grade is given as a sanction under that Policy, this will qualify for administrative withdrawal from the Health Sciences program for failure to achieve a "C" grade.

Clinical Misconduct

A faculty member may immediately remove a student from the clinical assignment either by request of the clinical facility or when, in his/her own judgment, it is prudent and reasonable to do so. When removing a student from a clinical assignment, the faculty member will inform the student of the reason for the action and of any conditions applicable to the situation. A written report of this action will be filed in the office of the Program Director or Department Chair and Dean of Engelstad School of Health Sciences within 72 hours. As appropriate, discipline may also be initiated pursuant to NSHE or CSN policies. The written report shall be signed by the complainant, and shall, to the extent reasonably possible, specify the date, time, place, person or persons involved. The circumstances of the alleged prohibited conduct, including the name or names of persons who may have witnessed the alleged prohibited conduct shall also be documented in writing. Removal from a clinical assignment continues until the offending condition is corrected (such as lack of preparation for the assignment or improper dress or grooming). Removal from a clinical assignment may negatively affect a student's course grade.

Egregious Professional Misconduct

For situations that involve professional misconduct, the faculty, program director and department chair/director (in consultation with the Dean of Health Sciences) have discretion to determine if the

precipitating incident is considered egregious. Examples include (but are not limited to) falsification of documentation, dishonesty, patient endangerment, alcohol or substance use on campus or in the clinical setting, etc. Egregious incidents are grounds for administrative withdrawal from the school and are referred to CSN Student Conduct for follow-up. The subject student may pursue reinstatement to the School. If so, at its subsequent regularly-scheduled meeting, the Reinstatement Committee will consider the situation, including any relevant update or imposed sanction from Student Conduct. The student may submit testimony (in writing or in person) and may be present for the initial discussion. S/he will then be excused from the room while the committee holds an executive session. A formal vote will be taken and recorded, and the student will subsequently be informed by the Dean of the outcome.

The committee may exercise any of the options within its regular purview. Additionally, the committee may recommend that a student's reinstatement request be permanently denied. A student may appeal the committee's decision to the Dean of the School of Health Sciences and, finally, to the Vice-President for Academic Affairs whose decision is final. Denied reinstatement to the School does not preclude the student's pursuit of education through another School at the College of Southern Nevada.

Program Withdrawal

A student may be removed from a health sciences program OR choose to voluntarily withdraw from a health sciences program as defined below.

ADMINISTRATIVE WITHDRAWAL: A student may be removed from a health science program for reasons of academic failure, unsatisfactory clinical/lab performance, professional misconduct, or for not meeting key deadlines or benchmarks as established by each program. It is initiated in writing by the Program Director and communicated to the appropriate Department Chair using the *Recommendation for Removal from a Health Sciences Program form* (see Appendix II). The Program Director will in turn notify the Dean of the Engelstad School of Health Sciences. The Dean will notify the student in writing with respect to his/her program status. In order to be considered for reinstatement, a student must follow the reinstatement process.

VOLUNTARY WITHDRAWAL: A student who withdraws from a health science program while in good academic standing must submit a written letter to the Program Director formally withdrawing from the program. The Program Director must submit a copy of the student's letter to the appropriate Department Chair and to the Dean of the Engelstad School of Health Sciences. In order to be reinstated, a student must follow the reinstatement process.

Student Reinstatement Process

Once withdrawn from a Health Sciences program, a student who wishes to be reinstated must submit a written request for reinstatement to their Program Director no less than 30 days before the Limited Entry Programs Reinstatement Committee meets. Letters requesting reinstatement to the program must be received by the Program Director no later than one calendar year from the date of the letter of program removal. The letter must state the basis of the request and substantiate the request with proper documentation. See "Limited Entry Reinstatement Committee Student Letter" template under Appendix I.

The Program Director is responsible for reviewing the operating procedures for the Limited Entry Programs Reinstatement Committee with the student. The Dean will notify the chair of the Limited Entry Program Reinstatement Committee who will convene the committee in accordance with the established meeting schedule. The chair of the committee will forward the committee recommendation to the Dean of the Engelstad School of Health Sciences. The Dean will inform the student in writing of the action

taken regarding the request for reinstatement. The Program Director may recommend and the Committee may impose requirements to re-take previously completed Health Sciences courses as part of the reinstatement approval. Students may appeal the decision of the Limited Entry Program Reinstatement Committee in writing to the Dean of the Engelstad School of Health Sciences. Students not satisfied with the results of this process may submit a final appeal in writing to the office of the Vice President for Academic Affairs (VPAA). The decision of the VPAA is final.

While second reinstatements are highly disfavored, under truly extraordinary circumstances, a student may petition for such consideration. The same process will apply as for initial reinstatement requests. A copy of the Operating Procedures for the Limited Entry Programs Reinstatement Committee is available in your Program Director's or Department Chair's office.

Resolution Process for Issues of Concern

The School of Health Sciences at CSN is committed to mutual respect among all of its members. This commitment includes students, faculty, staff and administration. We seek to resolve issues and concerns in a fair and informal manner.

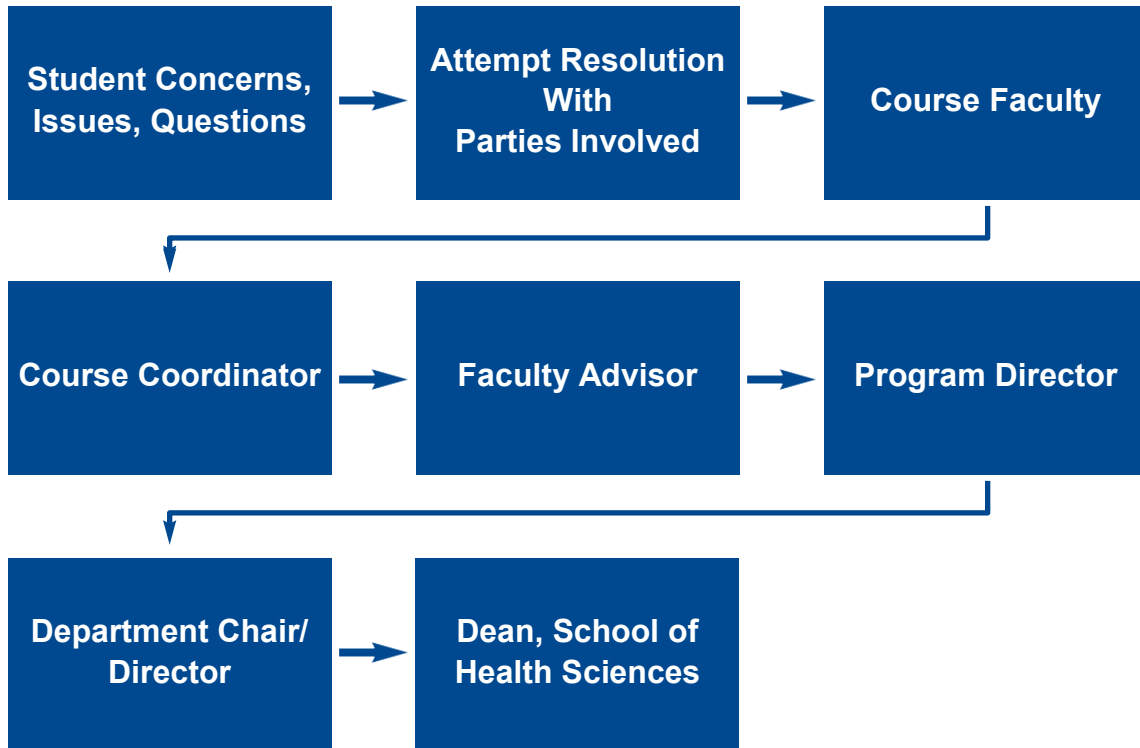
A legitimate issue of concern involves the failure to follow -- or a misapplication or misinterpretation of -- College, School or Program policy, regulation, or rule; or a violation of state or federal law.

Any student in the School of Health Sciences who believes that s/he has a legitimate issue of concern is encouraged to resolve the matter informally. The student must first speak with the person(s) or group(s) directly involved in an attempt to informally resolve the issue. Decisions will be made based upon the evidence presented. In no event shall persons who review an issue of concern substitute their subjective judgment for that of the professor or other party/ies involved.

If an issue is not informally resolved, the student shall have the right to due process in an effort to escalate the process to a formal resolution. The student is expected to behave in a professional manner during this time period. S/he must follow the chain of resolution outlined below, noting the dates, times and outcomes of meetings and other consultations with each member of the School leadership team.

In the event that the issue remains unresolved after the student has met with the respective department chair/director, s/he should contact the Office of the Dean. The student should not attempt to schedule an appointment by phone, email or "office drop-in." To escalate an issue of concern to the dean, the student should complete and submit a written *Request for Review* (see appendix II). Upon receipt of the completed request, the dean's office will initiate an inquiry. The inquiry process can take up to 10 working days, and the student will be contacted *only* if the dean has specific questions or needs additional information. The student can expect to receive a written decision from the dean at the conclusion of the inquiry period.

Student Resolution Process Flow Chart



SECTION V - TIPS FOR SUCCESS

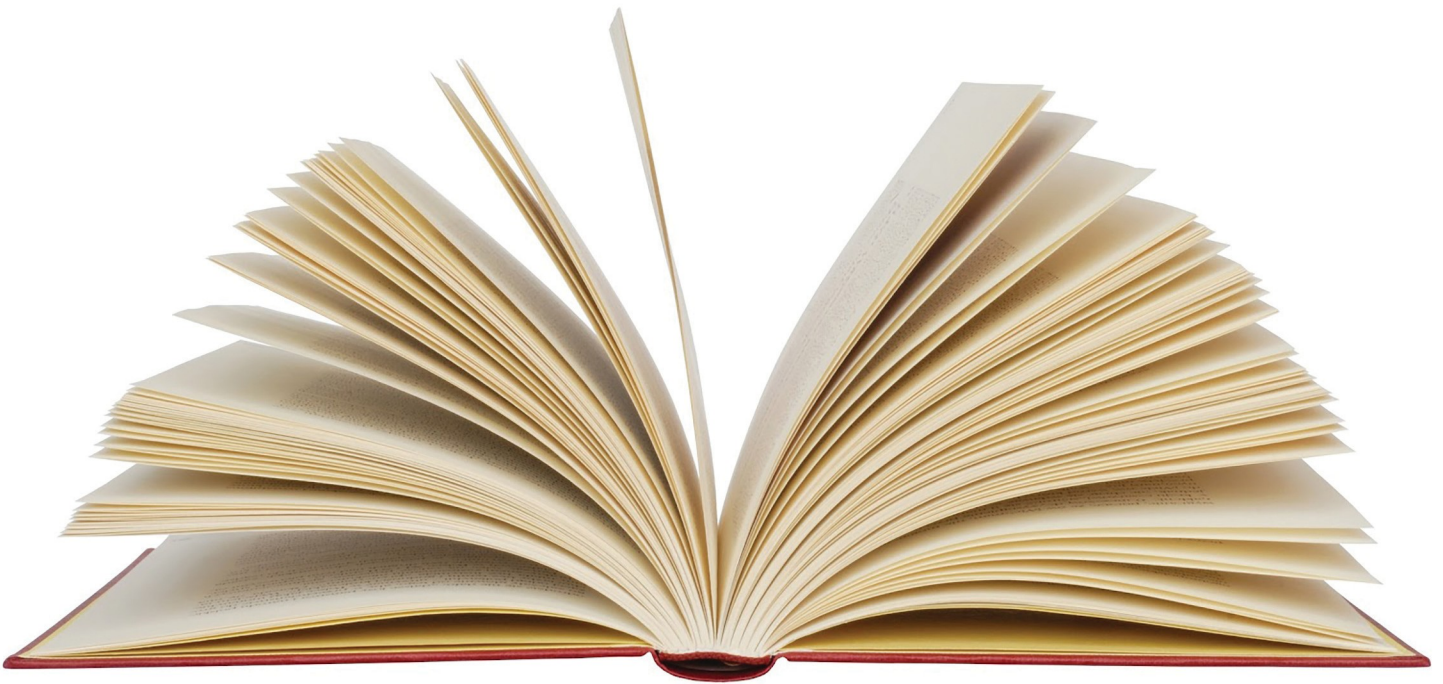
Congratulations! You have been accepted into the health sciences program of your choice. Be prepared to work hard throughout the program. Here are some tips for success previous students have suggested:

- Develop a peer, “buddy” system. Form a study group, but do your own work when that is the requirement for any particular assignment.
- Learn to manage time and make it work for you.
- Plan three hours/week of study time for every credit hour you take. For example, nine credits mean a minimum of 27 hours of study per week.
- Study challenging subjects before tackling less difficult course content.
- Study in short sessions.
- Study at your best time of day. Most people do best during daylight hours.
- Use your waiting time, e.g. between classes or bus travel time.
- Develop a regular study pattern and a specific place to study, such as the library.
- Make agreements with living mates about your study time, and keep to it.
- Avoid noisy distractions such as TV, stereo, kids, traffic, and telephone.
- Don’t allow others to misuse your time.
- Say ‘NO’ to unexpected requests for your attention or time.
- Hang a “Do Not Disturb” sign on your door when studying.
- Study objectives and use the learning activities in the syllabus.
- Come prepared. Complete the readings *before* class or lab.
- Give yourself permission to be human. No one is perfect!
- Allow yourself to be:
 - ◆ joyful, loving, honest, sharing
 - ◆ interested in learning
 - ◆ willing to explore new ideas, attitudes
 - ◆ self-directed
 - ◆ inquisitive – ask questions
 - ◆ willing to be uncomfortable
 - ◆ eager to learn new roles and experiences
 - ◆ creative
 - ◆ willing to laugh
 - ◆ willing to risk
 - ◆ intuitive
 - ◆ reality-oriented
 - ◆ willing to learn
 - ◆ **SUCCESSFUL**



APPENDIX I

General Information



GLOSSARY OF TERMS

Academic failure

A grade less than the required passing grade.

Alcohol

Beer, wine, and all items containing ethyl alcohol.

Clinic

A health care facility which has agreed to accept students from CSN for clinical education. These may include but not necessarily limited to hospitals, nursing homes, public/private schools, veteran administration clinics, out-patient clinics, private dental offices, and detention centers.

Drug

Any substance that has known mind or function altering effects on a person including psychoactive substances prohibited or controlled by federal or state law.

Plagiarism

Directly quoting, summarizing or paraphrasing the ideas of others without specific identification of the sources; handing in work which is not the student's own; self-plagiarism by reusing previously submitted assignments in another course; or joint work that was directed to be done individually. Cooperative study and peer editing should be limited and as permitted by the course instructor.

Prescribed drugs

Any substance prescribed by a licensed medical practitioner for use by that individual.

Professional misconduct

Failure to adhere to stated objectives as outlined and defined by individual program policies and course syllabi.

Unsatisfactory clinical performance

Failure to meet minimal clinical competencies as defined by individual health programs. Students will be evaluated on their clinical skills, professional behavior and other responsibilities as outlined in this handbook and in their respective program policies and course syllabi.

COLLEGE OF SOUTHERN NEVADA

VACCINATION POLICY

QUESTIONS

Questions regarding this policy should be directed to the appropriate Program Director/Coordinator or Dean of the Engelstad School of Health Sciences.

PROGRAMS AFFECTED

A student enrolled in any of the following health sciences programs is a potential candidate for this policy or portions of this policy, depending on the particular course of study: Cardiorespiratory Sciences, Contact Lens Technician, Dental Assisting, Dental Hygiene, Diagnostic Medical Sonography, Health Information Technology, Medical Coding, Medical Laboratory Scientist, Medical Laboratory Technician, Medical Assisting, Medical Office Practices, Medical Transcription, Nursing (RN), Nursing Assistant, Ophthalmic Dispensing, Optical Laboratory Technician, Patient Registration, Phlebotomy, Physical Therapist Assistant, Practical Nursing, Radiation Therapy Technology, Surgical Technologist, Veterinary Technology.

PROGRAM REQUIREMENTS VARY

Consult with your Program Director and/or advisor for specific program requirements and requirement deadlines.

IT IS THE STUDENT'S RESPONSIBILITY TO KNOW WHAT IS REQUIRED FOR HIS/HER SPECIFIC PROGRAM OF STUDY.

| Vaccine | Required Dosage 4 weeks = 1 month | Alternative |
|--|---|--|
| Hepatitis A <i>(Check with program to determine if needed)</i> | 2 doses <i>minimum 6 months apart</i> | Written <i>documentation*</i> of 2 doses of the vaccine, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider or laboratory blood testing affirming serologic evidence of immunity. |
| Hepatitis B | 2 or 3 doses #1 #2 - <i>minimum 4 weeks after #1</i> #3 - <i>minimum 8 weeks after #2</i> <i>(#3 must be separated from #1 by at least 16 weeks)</i> | Written <i>documentation*</i> of 2 OR 3 doses of the vaccine, a 2-dose (Heplisav-B) or 3-dose (Energix-B or Recombivax HB) series. A written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider or laboratory blood testing affirming serologic evidence of immunity |
| Measles, Mumps, Rubella (MMR) | 2 doses <i>(minimum 4 weeks apart)</i> | Written <i>documentation*</i> of 2 doses of the vaccine, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider or laboratory blood testing affirming serologic evidence of immunity |

-Policy continued next page

| Vaccine | Required Dosage 4 weeks = 1 month | Alternative |
|---|--|--|
| Chicken Pox (Varicella) | 2 doses <i>minimum 4 weeks apart</i> | Written <i>documentation</i> * of 2 doses of the vaccine, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider or laboratory blood testing affirming serologic evidence of immunity. |
| Tetanus/ Diphtheria/ Pertussis (Tdap) <i>As of Jan 2011, Td no longer accepted.</i> | 1 dose <i>within last 10 years</i> | Written, <i>documented</i> * receipt of one dose of vaccine within last 10 years |
| Influenza | Annual | Written documentation* of current vaccination prior to beginning clinical assignment, program deadline or facility guidelines |
| Rabies <i>Veterinary Technology students only</i> | 3 doses <i>admin on day 0, 7 exactly, #3 on 28th day</i> | Written <i>documentation</i> * of 3 doses of the vaccine. |

* **Documentation** requires health records that show specific dates of the disease based on medical diagnosis or specific dates when the vaccine was administered. Health records may be in the form of original vaccination records (or copies of the original records) or the required information may be provided by the original treating physician on an official letterhead, prescription form or the like with signature of the original treating physician. School records or family testimonials are not acceptable.

EXEMPTIONS to Vaccination Policy

- 1) ****Medical Exemption** Requires a signed statement from a licensed physician (MD or DO) that the student has a medical condition that does not permit him/her to be immunized. If the medical condition is temporary, the student will be expected to comply with this immunization policy when the exemption expires. Such an exemption request will be reviewed by the pertinent Program Director and the Dean, Engelstad School of Health Sciences. Documentation will be kept on file in the individual program office.
- 2) ****Religious exemption** - Requires a full explanation of the religious belief. Such an exemption request will be reviewed by a committee chaired by the Dean, Engelstad School of Health Sciences. Documentation will be kept on file in the individual program office.

**** A student claiming a medical or religious exemption may not be able to complete clinical portions of a health sciences program required for graduation. A consultation with the Program Director PRIOR to enrolling in a health sciences program is required of any student claiming a medical or religious exemption.**

NOTE

The MMR and varicella vaccines should not be given BEFORE the TB skin test as these vaccines may cause inaccurate test results. If MMR and varicella are given BEFORE the TB skin test, a minimum of 4 weeks must separate the vaccine from the skin test. MMR and varicella vaccines can be given at the same time, on the same day, or after the TB skin test has been evaluated without interfering with the TB skin test result.

The hepatitis A, hepatitis B, tetanus and rabies vaccines can be given any time and do not interfere with TB skin test results. Consult with your healthcare provider to coordinate services.

Laboratory Diagnostic Codes Blood Titer to Test for Immunity

Blood testing to verify serologic immunity to disease must be ordered by a physician and performed by a licensed clinical laboratory. Confirm with your health insurance company that such testing is covered by your plan. An office visit charge may also be applied for ordering the test.

Once the written test order has been received, contact the laboratory of choice to confirm current pricing and collection site. In addition to the test fee, a collection fee may also be assessed.

Test results must be reviewed and interpreted by a physician. Do not request CSN faculty or staff to interpret test results.

| Test | Quest Diagnostics | LabCorp | Primex |
|---|-------------------|---------|--------|
| Hepatitis A total antibodies | 7285 | 006726 | 786 |
| Hepatitis B surface antibodies | 7292 | 006395 | 790 |
| MMR Immunity Profile | 5259x | 058495 | _____ |
| Measles (Rubeola) IgG antibodies | 964x | 096560 | 815 |
| Mumps IgG antibodies | 64766 | 096552 | 818 |
| Rubella IgG | 4327 | 006197 | 831 |
| Varicella IgG antibodies | 4439 | 096206 | 851 |

**Laboratory Corporation of America (LabCorp)
2801 W. Charleston Blvd., LV, NV, 89102
702-878-4217

Primex Clinical Laboratories
2810 W. Charleston Blvd., LV, NV, 89102
702-258-8826

**Quest Diagnostics
761 S. Rainbow Blvd., LV, NV, 89145
702-733-7866

** Locations listed are closest to the Charleston campus;
There are other locations in Southern Nevada that may be more convenient for you to visit.

COLLEGE OF SOUTHERN NEVADA

TB SKIN TEST POLICY

QUESTIONS

Questions regarding this policy should be directed to the appropriate Program Director/Coordinator or Dean of the Engelstad School of Health Sciences.

PROGRAMS AFFECTED

A student enrolled in any of the following health sciences programs is a potential candidate for this policy or portions of this policy, depending on the particular course of study: Cardiorespiratory Sciences, Contact Lens Technician, Dental Assisting, Dental Hygiene, Diagnostic Medical Sonography, Health Information Technology, Medical Coding, Medical Laboratory Scientist, Medical Laboratory Technician, Medical Assisting, Medical Office Practices, Medical Transcription, Nursing (RN), Nursing Assistant, Ophthalmic Dispensing, Optical Laboratory Technician, Patient Registration, Phlebotomy, Physical Therapist Assistant, Practical Nursing, Radiation Therapy Technology, Surgical Technologist, Veterinary Technology.

PROGRAM REQUIREMENTS VARY

Consult with your Program Director and/or advisor for specific program requirements and requirement deadlines.

IT IS THE STUDENT'S RESPONSIBILITY TO KNOW WHAT IS REQUIRED FOR HIS/HER SPECIFIC PROGRAM OF STUDY.

Each student is responsible for presenting to his/her respective program advisor evidence of non-infectivity to tuberculosis while enrolled in a health sciences program. Methods in which this may be accomplished vary with each student.

CURRENT TST = No more than 365 DAYS SINCE ADMINISTRATION OF A TST. For a two-step TST, the 365 day time interval *starts the day the second test is administered*.

ONE STEP TST = The Centers for Disease Control and Prevention recommends: Administer the test, read results 48-72 hours later.

TWO STEP TST = The Centers for Disease Control and Prevention recommends: Administer step 1. Read results 48-72 hours later. *Minimum 7 days after administration of the first step*, administer step 2. Read results 48-72 hours later. (The Southern Nevada Health District often performs a two-step skin test as follows. Administer step 1. Seven days later, read results and administer step 2. Read results 48-72 hours later. *(This will be accepted by CSN.)*)

A two-step TST consists of two single TSTs performed within 365 days *after administration of the 4 second step*.

CURRENT CHEST X-RAY (CXR) = Take within the past 24 months *as follow up to a documented positive TST*. Must present documentation of a negative CXR results indicating no active pulmonary disease is present.*

QUANTIFERON® TB GOLD IN-TUBE BLOOD TEST = Confirm with respective program that the blood test is accepted in lieu of TST.

A CXR will only be accepted as a follow-up to a documented positive TST.

| Vaccine | Required Dosage 4 weeks = 1 month | Required Dosage 4 weeks = 1 month | Alternative |
|---|--|---|--|
| UPON ENROLLMENT | Provide evidence of negative TST within the last year | If no TST within the last year, a two-step TST is required. With documentation of two or more consecutive annual, negative one step TST, a one-step TST is required. | Documented <i>history of positive</i> TST. SEE BELOW. |
| WHILE ENROLLED | Provide evidence of negative TST within the last year | Requires a current TST on file with program while enrolled | Documented <i>history of positive</i> TST. SEE BELOW. |
| NEW POSITIVE TST results | Written documentation by qualified healthcare professional indicating no active pulmonary disease is present | Referral to healthcare provider for evaluation, chest x-ray and/or treatment recommendations. Student must provide advisor/instructor 1) written results of TST 2) written documentation of negative (no active pulmonary disease) CXR. 3) completed <u>Tuberculosis Symptom Screening Questionnaire</u> annually. | None |
| Documented HISTORY of POSITIVE TST | Written documentation by qualified healthcare professional indicating no active pulmonary disease is present | Requires: 1) CXR taken within the past 24 months as follow up to previous positive TST 2) written documentation by healthcare professional indicating no active pulmonary disease is present 3) completed <u>Tuberculosis Symptom Screening Questionnaire</u> annually. <i>Exempt</i> from further TST. If symptoms suggestive of TB develop, an immediate referral to a healthcare provided required.* | A student with documentation of having successfully completed the recommended course of preventive treatment for TB will complete a <u>Tuberculosis Symptom Screening Questionnaire</u> in lieu of a TST or chest x-ray. * SEE BELOW |

continued next page

| Vaccine | Required Dosage 4 weeks = 1 month | Required Dosage 4 weeks = 1 month | Alternative |
|--|---|--|-------------|
| <p align="center">Documented HISTORY of POSITIVE TST WITH documentation of successfully completing the recommended course of preventive treatment</p> | <p>Must complete the <u>Tuberculosis Symptoms Screening Questionnaire</u> annually.</p> | <p>Requires: 1) written documentation of successfully completing the recommended course of preventive treatment (minimum 6 months) 2) completed <u>Tuberculosis Symptom Screening Questionnaire</u> annually.</p> <p><i>Exempt</i> from further TST and CXR.</p> <p>If symptoms suggestive of TB develop an immediate referral to a healthcare provided required.*</p> | <p>None</p> |
| <p align="center">Documented HISTORY of ACTIVE TB WITH documentation of successfully completing the recommended course of therapeutic treatment</p> | <p>Must complete the <u>Tuberculosis Symptoms Screening Questionnaire</u> annually.</p> | <p>Requires: 1) written documentation of successfully completing the recommended course of preventive treatment (minimum 6 months) 2) completed <u>Tuberculosis Symptom Screening Questionnaire</u> annually.</p> <p><i>Exempt</i> from further TST and CXR.</p> <p>If symptoms suggestive of TB develop an immediate referral to a healthcare provided required.*</p> | <p>None</p> |
| <p align="center"><u>*CONFIRMED or SUSPECTED TB INFECTION</u> – Dean and Southern Nevada Health District must be notified immediately.</p> | | | |

COLLEGE OF SOUTHERN NEVADA
REPORT OF EXPOSURE TO AIRBORNE CONTAMINANTS
AND/OR BLOODBORNE PATHOGENS

Following an exposure to airborne contaminants and/or blood borne pathogens incident, please notify the Environmental Health and Safety by phone and by sending this completed form to:

Environmental Health & Safety
College of Southern Nevada
Sort Code HNNT230
702-651-3558 (Phone)
Copies: Dean of Health Sciences

| |
|--|
| <i>Do not write in this space</i> |
| CSN Public Safety Incident Report Number: _____ |
| Exposure Control Report Number: _____ |
| Number of Written Statements Taken for the Incident: _____ |

EXPOSED INDIVIDUAL

Name: (Please Print) _____ Sex: M F

Date of Birth: _____ NSHE ID#: _____

Phone HOME: _____ CELL: _____ WORK _____

Address STREET: _____

CITY: _____ STATE: _____ ZIP: _____

Check one:

- Employee; indicate department _____
- Student; indicate program where enrolled _____
- Campus Visitor _____

SOURCE INDIVIDUAL (Applicable for CSN students and employees only)

Name: (Please Print) _____

Address STREET: _____

CITY: _____ STATE: _____ ZIP: _____

INCIDENT DETAILS

Date of incident: _____ Time of incident: _____ Time incident was reported: _____

Name/Title of person *initially* notified: _____

Location where incident took place: _____

Did the accident/exposure result in any of the following: (*check all that apply*)

- percutaneous exposure (break in skin that caused bleeding)
- mucous membrane contact (eyes, nose, mouth)
- abraded skin, chapped skin, dermatitis
- air borne disease/pathogen exposure (e.g. Tuberculosis)
- other, please explain: _____

Did the incident involve exposure to potentially infectious materials (blood, saliva, body fluids, and contaminated solutions)?

Yes No Describe: _____

EXPOSED INDIVIDUAL'S STATEMENT:

Describe precisely how the incident occurred: _____

Describe what was done immediately after the incident: _____

Describe how this incident could have been prevented: _____

Signature of Person Making Report _____

Date _____

Signature of Supervisor / Witness _____

Date _____

Copies to: Student, Program Director, and Dean of Engelstad School of Health Sciences



WRITTEN STATEMENT

On-Campus Incident Report

Each incident, illness, accident, or injury must be reported no matter how minor. Submit the completed incident report to campus security as soon as possible.

Incident Report Number _____ Date of incident _____ Time of incident _____

Person Writing Statement _____

Address _____

Phone Numbers _____

Location where incident occurred _____

I am: CSN student CSN employee Visitor to CSN campus

Other, explain _____

I am: Victim of Incident Witness of Incident Involved in Incident _____

STATEMENT REGARDING INCIDENT: Please provide details:

Signature of Person Making Report

Date

Signature of Supervisor / Witness

Date

Copies to: Campus Security and Program Director



LIMITED ENTRY REINSTATEMENT COMMITTEE Student Letter

Please complete this form. Type all responses.

Date: _____

Student Name _____ NSHE #: _____

Health Sciences Program you are requesting reinstatement into: _____

Track (if applicable): _____

Reinstatement History

Have you previously applied for and been granted reinstatement to a CSN Health Sciences Program?

Yes No If "Yes", indicate:

Semester and year you were reinstated: _____

Program you were reinstated into: _____

Attach a copy of the Reinstatement letter received from the Dean's Office.

Reapplication History

Have you previously **exited a CSN Health Sciences Program during the first semester and been readmitted by reapplication?**

Yes. No If "Yes", indicate:

Semester and year you were readmitted by **reapplication**: _____

Program you were readmitted by **reapplication**: _____

Attach a copy of the **Withdrawal letter** received from the Dean's Office.

Course(s) to be repeated for the current request for reinstatement: _____

Explanation of the factors which contributed to your inability to successfully complete the course(s):

Explanation of the steps you intend to take to ensure success if reinstated to the program:


Student Signature _____

Date _____

Note: Please attach a copy of a medical release if your withdrawal was related to an illness or injury. Please initial any changes to this form prior to submission. For questions regarding your application, please contact the Limited-Entry office at 702-651-5633.

APPENDIX II

Forms to be signed and returned to the program

A close-up photograph of a hand holding a black fountain pen with a gold nib, writing a signature in blue ink on a document. The document has a line labeled "Signature" and another line labeled "Date". The background is slightly blurred, showing the texture of the paper and the hand holding the pen.

Signature

Date

COLLEGE OF SOUTHERN NEVADA

HEALTH SCIENCES STUDENT HONOR CODE

As a student of the College of Southern Nevada Engelstad School of Health Sciences, I pledge to uphold the values of the college community by treating everyone with dignity and respect as well as respecting the grounds and facilities of the college. In my academic pursuits, I pledge to refrain from engaging in activities or practices that misrepresent my work as genuine and honest and to never accept offers of academically dishonest assistance. I pledge to accept responsibility for my actions and work to be a productive member of the college community through demonstrating behaviors that bring credit to myself and my college and accepting the due consequences of my actions that violate the Student Code of Conduct or any other applicable Federal, state or local laws and policies of the Nevada System of Higher Education and the College of Southern Nevada.

I will uphold these values of respect, integrity and responsibility and maintain the Honor Code at all times during my matriculation with the College of Southern Nevada.

Student Signature

Date

Print Student Name

Student ID# (NSHE)

Copy to: Program Director

COLLEGE OF SOUTHERN NEVADA

ACKNOWLEDGEMENT OF RESPONSIBILITY FOR HANDBOOK REVIEW

I have read and understand the **ENGELSTAD SCHOOL OF HEALTH SCIENCES STUDENT HANDBOOK** and acknowledge that I am responsible for reviewing and applying the information included therein.

Student Signature _____

Date _____

Print Student Name _____

Student ID# (NSHE) _____

Copy to: Program Director

COLLEGE OF SOUTHERN NEVADA

ACKNOWLEDGEMENT OF STUDENT RESPONSIBILITIES

As required by my program of study, I _____ hereby state, represent, and agree to the following:

1. **Physical Examination:** I agree to obtain a physical examination within one year prior to entering into the Training Experience at a clinic facility and to provide proof of the following:
 - a. Drug screen: Negative results to a 10-panel drug screen.
 - b. Tuberculosis: Proof of non-infectivity with pulmonary tuberculosis by completing any of the following:
 - (1) Two-step TB skin test (TST) for students with no history of positive TST or who have not been tested in the last 365 days.
 - (2) One-step TST test for students with proof of a negative TST within the past 365 days.
 - (3) Negative chest x-ray for students with proof of past positive TST.
 - (4) Quantiferon® TB Gold In-tube Blood Test
 - c. Measles (rubeola): documented receipt of two doses, or documented history of the disease, or serological evidence of immunity, or born in the year 1956 or earlier, or statement of religious or medical refusal.
 - d. Mumps: documented receipt of two doses, or documented history of the disease, or serological evidence of immunity, or born in the year 1956 or earlier, or statement of religious or medical refusal.
 - e. Rubella: documented receipt of two doses, or documented history of the disease, or serological evidence of immunity, or born in the year 1956 or earlier, or statement of religious or medical refusal.
 - f. Chicken pox (varicella): documented receipt of two doses, or documented history of the disease, or serological evidence of immunity, or born in the year 1956 or earlier, or statement of religious or medical refusal.
 - g. Hepatitis B: documented receipt of three doses, or serological evidence of immunity, or statement of religious or medical refusal.
 - h. Tetanus and diphtheria: documented inoculation within ten (10) years
 - i. Communicable diseases: Certification from a licensed physician that I am free of any casually transmitted communicable disease in a contagious state.
 - j. Influenza: Documented annual inoculation.
2. **Background check:** I agree to obtain, at my own cost a criminal background check to include, minimally an outstanding warrants search, statewide criminal search, fingerprinting (required by law in Nevada and Arizona), a Department of Motor Vehicle Records search, and civil and criminal public filings for the State of Nevada (hereinafter collectively referred to as the "Background Information"). I agree to provide the Clinical Affiliate with the Background Information for their review prior to my acceptance by the Facility.
3. **Policies, procedures, regulations:** I agree to conform to all applicable Clinical Affiliate policies, procedures, and regulations, and such other requirements and restrictions as may be mutually specified and agreed upon by the Clinical Affiliate and CSN.
4. **Personal support:** I understand and agree that I am responsible for my own support, maintenance and living quarters while participating in the clinical experience and that I am responsible for my own transportation to and from the facility.
5. **Medical care:** I understand and agree that I am responsible for my own medical care needs. I understand that Clinical Affiliate will provide access to emergency medical services should the need

arise while I am participating in the Training Experience. However, I understand and agree that I am fully responsible for all costs related to general medical or emergency care, and that Clinical Affiliate shall assume no cost or financial liability for providing such care.

6. **Training:** I acknowledge that I have received training in blood and body fluid standard precautions consistent with the guidelines published by the U.S. Centers for Disease Control and Prevention. Documentation of such training shall be provided prior to beginning my Clinical Experience.
7. **Academic credit:** I acknowledge that I will receive academic credit for the Training Experience provided by the Clinical Affiliate and that I will not be considered an employee of the Clinical Affiliate or School, nor shall I receive compensation from either the Clinical Affiliate or School. I further acknowledge that I am neither eligible for nor entitled to workers' compensation benefits under the Clinical Affiliate's or School's coverage based upon my participation in Program. I further acknowledge that I will not be provided any benefit plans, health insurance coverage, or medical care based upon my participation in this Program.
8. **Right to participate:** I understand that the Clinical Affiliate may suspend my right to participate in the Training Experience, if, in its sole judgment and discretion, my conduct or attitude threatens the health, safety or welfare of any patients, invitees, or employees of the Clinical Affiliate or the confidentiality of any information relating to such persons, either as individuals or collectively. I further understand that this action shall be taken by the Clinical Affiliate only on a temporary basis until after consultation with School. The consultation shall include an attempt to resolve the suspension, but the final decision regarding my continued participation at the site of the Clinical Affiliate is vested in the Clinical Affiliate.
9. **Discrimination:** I agree to comply with discrimination regulations and shall not discriminate against any person because of race, color, religion, sex, marital status, sexual orientation, national origin, age, disability, or medical condition as provided by law.
10. **Suspension of use:** I further understand that the Clinical Affiliate has the right to suspend use of their facilities in connection with this Training Experience should their facilities be partially damaged or destroyed and such damage is sufficient to render the facilities untenable or unusable for their purpose while not entirely or substantially destroyed.
11. **Confidentiality:** I recognize that medical records, patient care information, personnel information, reports to regulatory agencies, conversations between or among any healthcare professionals are considered privileged and should be treated with utmost confidentiality. I further understand that if it is determined that a break in confidentiality has occurred as result of my action, I can be held liable for damages that result from such a breach.

I have read the foregoing information and I understand and agree to the terms therein. I recognize that as consideration for agreeing to said terms, the Clinical Affiliate will permit me to participate in the Training Experience at their facility.

Student Signature

Date

Print Student Name

Student ID# (NSHE)

Copy to: Program Director

COLLEGE OF SOUTHERN NEVADA

DISCLOSURE OF EXPOSURE TO POTENTIAL HEALTH RISKS AND WAIVER OF LIABILITY

During the course of clinical or laboratory components of educational programs at the College of Southern Nevada, students may come into contact with diseases, medicines, treatments, and equipment which are potentially hazardous to the students health, or to the health of an unborn fetus, in the case of pregnant students. Educational programs in which clinical activities exist include, but not limited to:

Cardiorespiratory Sciences, Contact Lens Technician, Dental Assisting, Dental Hygiene, Diagnostic Medical Sonography, Health Information Technology, Medical Coding, Medical Laboratory Scientist, Medical Laboratory Technician, Medical Assisting, Medical Office Practices, Medical Transcription, Nursing (RN), Nursing Assistant, Ophthalmic Dispensing, Optical Laboratory Technician, Patient Registration, Phlebotomy, Physical Therapist Assistant, Practical Nursing, Radiation Therapy, Surgical Technologist, Veterinary Technology.

Examples of potential hazards to which exposure may occur include, but are not limited to bacterial diseases (staphylococcal, streptococcal); mycotic diseases (Coccidioidomycosis); tuberculosis; viral diseases (AIDS, Hepatitis); radioactive materials and radiation; and rabies (Veterinary Technology Program). It is possible that exposure to other hazards may occur, as well. Although reasonable efforts are made to avoid and minimize these risks, the exact probability of exposure to these potential hazards is not known.

The student may be required to enter areas where access is restricted due to the storage, transfer or use of radiation sources. Prior to extended work in these areas, students will be given appropriate instruction in precautions, protective devices, and educated about problems which may be encountered in these areas. Students shall comply with requirements of the Nevada Administrative Code and CSN licenses and registrations which may apply in these restricted areas.

Students will be given instruction in infection control procedures, and other techniques for minimizing the risks of exposure to potential hazards. Once this instruction is provided, students will be expected to care for infected clients. Exceptions to this requirement are outlined in the *CSN Student Handbook for Health Sciences Programs*. Refusal to carry out assignments with infected clients would be contrary to both the educational and professional objectives of the clinical programs.

Because of potential health risks to both parent and unborn child, the College of Southern Nevada strongly recommends that pregnancy be disclosed as soon as possible by notifying the Program Director for information and assistance to lessen the risk to both mother and unborn child. Areas of special concern are infectious/communicable diseases, noxious fumes such as nitrous oxide, radiation and antineoplastic agents.

There is also a higher risk of danger to students who have compromised immune systems. Immunosuppression occurs when the body's ability to fight infections and other diseases is impaired due to inhibition of the body's normal immune responses. Typical conditions which result in immunosuppression include HIV infection/AIDS, chemotherapy, steroid therapy, and anti-rejection drug therapy for organ transplantation. Students who suffer immunosuppression may consider withdrawing from the clinical program for so long as the immunosuppressive condition continues.

Each student enrolling in the clinical program must read this disclosure and waiver before instruction begins. Further, as a part of the consideration for the clinical programs and instruction provided, each student must give up any and all claims for injuries which may arise from the potential hazards and risks described above. Each student shall complete and turn in to the Program Director the *Waiver of Liability*.

COLLEGE OF SOUTHERN NEVADA

WAIVER OF LIABILITY

I have received and read the attached *Disclosure of Exposure to Potential Health Risks*. By participating in the clinical or laboratory program, I waive any and all claims and causes of action, present and future, against the Board of Regents of the Nevada System of Higher Education and their respective officers, agents and employees arising out of my participation in clinical or laboratory program and resulting injury, physical or mental illnesses, disability, or death.

I acknowledge that this waiver is made freely, voluntarily and under no compulsion.

Student Signature

Date

Print Student Name

Student ID# (NSHE)

Parent or Guardian Signature*

Date

Print Parent or Guardian Name*

*Students under age of 18

Copy to: Program Director

COLLEGE OF SOUTHERN NEVADA
PREGNANCY NOTIFICATION/RELEASE FORM

I have read and I understand the Engelstad School of Health Sciences Student Handbook provisions regarding pregnancy.

Student Signature _____ Date _____

Print Student Name _____ Student ID# (NSHE) _____

DECLARATION (To be completed by student)

I, _____, am declaring my pregnancy and estimate the due date to be _____.

DOCUMENTATION (To be completed by health care provider)

I certify that _____ is _____ months pregnant and currently under my care.

- She may continue to participate in the laboratory and clinical experiences to meet the objectives of the course(s).* **Student to provide copy of course objectives to health care provider.*
- She may NOT continue to participate in the laboratory and clinical experiences.

Other Recommendations and Restrictions:

Health Care Provider Signature _____ Date _____

Print Health Care Provider Name/Title _____ Phone # _____

PROGRAM OPTIONS (To be completed by Student and Program Director)

I have met with the Program Director and am choosing the following option:

- Withdraw from the program immediately and apply for reinstatement after the pregnancy ends;
- Withdraw from clinical courses, while completing didactic courses for the semester;
- Continue with all courses until the pregnancy ends.

Student Signature _____ Date _____

Print Student Name _____ Student ID# (NSHE) _____

COLLEGE OF SOUTHERN NEVADA

HIPAA LETTER OF INSTRUCTION/CONFIDENTIALITY

As a student of the College of Southern Nevada with access to patients' health information, a student is expected to maintain the privacy and confidentiality of patient and/or student health information, as well as personal information such as age, address, telephone, marital status, etc. The federal Health Insurance Portability and Accountability Act (HIPAA) mandate requirements designed to enhance patient privacy.

The violation of these rules could result in significant civil and criminal penalties for the student and CSN, particularly if an improper disclosure of information is done knowingly and for personal gain. The student will receive training regarding these rules. In general, however, disclosure of health information to anyone other than the patient typically requires the patient's express written authorization except in the following situations: (1) to employees who need the information for their job, or to a supervisor, (2) to medical providers for treatment purposes, or (3) to an insurance company to obtain payment for services.

As part of your responsibilities, you are expected to comply with HIPAA and all procedures developed for its implementation. Violation of these rules may result in discipline up to, and including, termination for a first offense. If you have questions, please discuss it with your instructor or the designated privacy officer.

The undersigned understands that all medical information acquired as a result of their participating in work and/or health care activities at Facility is confidential and that the undersigned is prohibited from disclosing that information to any person or persons not involved in the care or treatment of the patients, in the instruction of Students, or in the performance of administrative responsibilities at Facility. The undersigned agrees to protect the confidentiality of patient information as required by law at all times both during and following his or her relationship with Facility. Conversations between physicians, nurses, and other health care professionals in connection with or in the presence of a patient receiving care or between the undersigned and a patient are also protected and may not be discussed. The undersigned recognizes that other sources of medical information include medical records, emergency room department, and ambulance records, child abuse reporting forms, elderly abuse reporting forms, laboratory requests and results, and x-ray requests and results. The undersigned understands that a breach of this confidentiality by him or her may result in an action for damages against him or her as well as against Facility. Facility may terminate the undersigned's relationship with Facility based upon a single breach of confidentiality by him or her.

Please acknowledge your receipt and your review of the contents of this letter by signing below.

Student Signature

Date

Print Student Name

Student ID# (NSHE)

Copy to: Program Director

COLLEGE OF SOUTHERN NEVADA
SUBSTANCE ABUSE POLICY RELEASE

I have been informed that as a condition of my participation in a College of Southern Nevada (CSN) health sciences program, I must submit to a urine drug screening test, and I accept this condition. I understand that I will be screened for: amphetamines, barbiturates, benzodiazepines, cocaine metabolites, marijuana metabolites, methadone, opiates, oxycodones, phencyclidine, propoxyphene, adulterants, and alcohol. I agree that a drug testing facility, is authorized by me to provide the results of this test to CSN. I agree to indemnify and hold the drug testing facility harmless from and against any and all liabilities or judgments arising out of any claim related to (1) compliance with federal and state law, or (2) CSN's interpretation, use (including health sciences program selection/termination decisions) and confidentiality of the test results, except where the drug testing facility is found to have acted negligently with respect to such matters.

I understand that if I fail to cooperate with a testing procedure, or in the care of a positive test result including an alcohol level at or above 0.08, I may be terminated from a health sciences program.

I understand that if a test is positive for a controlled substance, I must be able to produce a prescription for that drug. The drug must be prescribed for me and the prescription must be from the medical doctor, doctor of osteopathy, nurse or physician's assistant licensed to practice in the United States.

Student Signature

Date

Print Student Name

Student ID# (NSHE)

Copy to: Program Director

COLLEGE OF SOUTHERN NEVADA
ACKNOWLEDGEMENT OF HEALTH INSURANCE

I have read the student policy regarding health insurance and acknowledge that health insurance coverage is solely my responsibility as a student of the _____
_____ program at the College of Southern Nevada. I have provided proof of health insurance coverage to the program faculty. I further understand that should this verification be fraudulent or should I allow my coverage to lapse, I am solely responsible for all expenses incurred for all accidents or illnesses which may occur as a result of exposure to the clinical or laboratory environment.

My medical insurance with _____ is currently in effect through
(company)

_____. I have provided proof of health insurance coverage to the program faculty.
Date

Student Signature

Date

Print Student Name

Student ID# (NSHE)

Copy to: Program Director

COLLEGE OF SOUTHERN NEVADA

HEALTH HISTORY QUESTIONNAIRE

(Page 1 - completed by student. Page 2 – completed by the healthcare provider.)

Patient Name _____ Age _____ Sex _____
(Last) (First) (Initial)

Address _____
(Street) (City) (State) (Zip Code)

Telephone # _____ Date of Birth _____ NSHE # _____

In Case of Emergency, Notify:

1. _____ 2. _____
Name Name

Relationship Relationship

Home and/or Cell Phone Home and/or Cell Phone

| |
|---------------------------|
| _____ <i>Physician</i> |
| _____ <i>Telephone</i> |
| _____ <i>Hospital</i> |

Do you have, or have you ever had, the following:

| <u>Yes</u> | <u>No</u> | <u>Unsure</u> | | <u>Yes</u> | <u>No</u> | <u>Unsure</u> | |
|--------------------------|--------------------------|--------------------------|-------------------------------|---|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic fever | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Varicose Veins |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heart murmur | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stomach/Liver/Intestinal trouble |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Swollen or painful joints | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gall Bladder/Gall Stone trouble |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Frequent/Severe headaches | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Jaundice or Hepatitis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dizziness or fainting spells | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reaction to serum/drugs/medicine/latex |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eye Trouble/Corrective lenses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Broken bones |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Color blindness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tumor, growth, cyst, cancer |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ear, Nose, Throat trouble | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rupture or hernia |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hearing loss or hearing aid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Frequent or painful urination |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alcohol abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Kidney stones or blood in urine |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drug abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sugar or albumin in urine |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hay Fever/Sinusitis/Colds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Animal allergy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VD/Syphilis/Gonorrhea |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Head injury | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recent gain or loss of weight |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Skin disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthritis/Rheumatism/Bursitis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thyroid trouble | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bone, joint or other deformity |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recurrent back pain |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coughed up blood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Brace or back support |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | “Trick” or locked knee |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foot trouble |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pain or pressure in chest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any disease of glands |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chronic cough | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Depression or excessive worry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Palpitation or pounding heart | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Loss of memory or amnesia |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heart trouble | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nervous or mental disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High or low blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chickenpox |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neuritis | <i>In an emergency, I authorize the CSN personnel in charge to use their discretion regarding the College's emergency procedures.</i> | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paralysis (include infantile) | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy or seizures | | | | |

Explain “YES” answers as necessary: _____

 _____ Signed: _____

Current Medications: _____ Student or Parent / Legal Guardian*

 _____ Date: _____ *Students under age of 18

PHYSICAL EXAMINATION

(Page 1 - completed by student. Page 2 – completed by the healthcare provider.)

Patient Name: _____ DOB: _____ Date: _____

| | | | | | |
|--|---|---|--|------------------------------------|---|
| Constitutional <input type="checkbox"/> NAD <input type="checkbox"/> WDNW Allergies | | | | | |
| Temp | BP | HR | RR | Height | Weight |
| HEAD | | | | | COMMENTS |
| Eyes | <input type="checkbox"/> NC/AT | <input type="checkbox"/> NL | <input type="checkbox"/> ABN Gross Hearing | | |
| Ears | <input type="checkbox"/> Ears, nose appear NL | <input type="checkbox"/> PERL | | | |
| Nose | <input type="checkbox"/> Trachea central | <input type="checkbox"/> Anicteric sclera | <input type="checkbox"/> Oropharynx clear | | |
| Throat | <input type="checkbox"/> Neck supple, no masses <input type="checkbox"/> NL conjunctiva <input type="checkbox"/> N <input type="checkbox"/> Y Supraclavicular, cervical nodes | | | | |
| CARDIOVASCULAR | | | | | COMMENTS |
| Rate: | <input type="checkbox"/> Reg | <input type="checkbox"/> Tachy | <input type="checkbox"/> Brady | | |
| Rhythm: | <input type="checkbox"/> Reg | <input type="checkbox"/> Irreg | | | |
| PMI: | <input type="checkbox"/> NL | | | | |
| JVD: | <input type="checkbox"/> N | <input type="checkbox"/> Y | | | |
| Murmur: | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> Systolic | <input type="checkbox"/> Diastolic | |
| LUNGS | | | | | COMMENTS |
| Auscultation: | <input type="checkbox"/> Clear | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Rales | <input type="checkbox"/> Rhonchi | |
| Breath Sounds: | <input type="checkbox"/> NL | <input type="checkbox"/> Decr | <input type="checkbox"/> L | <input type="checkbox"/> R | <input type="checkbox"/> B |
| | <input type="checkbox"/> Bases | <input type="checkbox"/> Apical | | | |
| | <input type="checkbox"/> L | <input type="checkbox"/> R | <input type="checkbox"/> Bilateral | | |
| ABDOMINAL | | | | | COMMENTS |
| <input type="checkbox"/> Soft, non-tender, w/o rebound, guarding, HSM, +BS | | | | | |
| <input type="checkbox"/> Surgical scar | | | | | |
| <input type="checkbox"/> Other _____ | | | | | |
| EXTREMITIES | | | | | COMMENTS |
| <input type="checkbox"/> No cyanosis, clubbing, ischemia | | | | | |
| Edema | <input type="checkbox"/> None | <input type="checkbox"/> Tr | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| SKIN | | | | | COMMENTS |
| <input type="checkbox"/> Redness <input type="checkbox"/> Vesicles <input type="checkbox"/> Hyperpigmentation <input type="checkbox"/> Latex allergy | | | | | |
| NEUROLOGICAL | | | | | COMMENTS |
| <input type="checkbox"/> No focal deficits | | <input type="checkbox"/> Appropriate affect and intact judgment | | | |
| <input type="checkbox"/> Cranial nerves grossly intact | | <input type="checkbox"/> Gait normal | | | |
| <input type="checkbox"/> Motor strength WNL | | <input type="checkbox"/> Reflexes symmetrical | | | |
| <input type="checkbox"/> Sensory exams WNL | | Romberg | <input type="checkbox"/> - | <input type="checkbox"/> + | |

Does this individual require any special accommodations?
 Yes No If yes, please explain.

Are there any limitations to the patient's full participation in school or work?

Yes No If yes, please explain.

Please Return To:

Healthcare Provider:

Print Name: _____

Signature: _____

Date: _____

COLLEGE OF SOUTHERN NEVADA
AUTHORIZATION TO RELEASE INFORMATION

As a student enrolled at the College of Southern Nevada (CSN), I give permission for CSN to release the following documents if requested by my assigned Clinical Affiliate.

- Immunization Records
- Verification of Health Insurance
- CPR Card
- Drug Screen
- Background Check
- Other (please specify) _____

This information may also be released if requested for the purpose(s) of:

- Recruitment
- Employment
- Other (please specify) _____

This authorization is valid for two (2) years and may be revoked at any time. Revocation of this authorization must be made in writing to CSN. CSN is not liable for release made prior to revocation.

Student Signature

Date

Print Student Name

Student ID# (NSHE)

Copy to: Program Director

COLLEGE OF SOUTHERN NEVADA
REQUEST TO REVIEW EDUCATION RECORDS

I understand I have the right to review my personal education file for accuracy and completeness.

I, hereby request access to my personal education file for review.

Student Signature _____

Date _____

Print Student Name _____

Student ID# (NSHE) _____

Copy to: Program Director

COLLEGE OF SOUTHERN NEVADA
UNSATISFACTORY PROGRESS NOTIFICATION

Print Student Name _____ Student ID# (NSHE) _____

Course/Section _____ Semester/Year _____ Instructor Name _____

This Notice of Unsatisfactory Progress is issued for the following reasons:

- _____ 1. Academic failure: a grade less than the required passing grade
- _____ 2. Unsatisfactory clinical performance: failure to meet minimal clinical competencies
- _____ 3. Professional misconduct: failure to adhere to professional standards and requirements as outlined and defined by individual program policies, course syllabi, clinical sites, etc.

We are concerned that the deficiencies indicated above endanger your standing in the program and may prevent you from continuing. Please indicate below how you intend to resolve these problems.

I have read and discussed the above with the appropriate faculty member. I understand these deficiencies must be corrected to remain in the program. These corrective measures are indicated above.

Student Signature _____ Date _____

Program Director or Department Chair Signature _____ Date _____

Print Program Director or Department Chair Name _____

Instructor's Signature _____ Date _____

Print Instructor's Name _____

Copies to: Student, Program Director, Department Chair

COLLEGE OF SOUTHERN NEVADA

ADMINISTRATIVE WITHDRAWAL FROM A HEALTH SCIENCE PROGRAM

Student Name _____ Program _____

Student ID Number _____

Reason For Removal

A. Academic Failure

Nature of Problem _____

B. Unsatisfactory Clinical Performance Not Included In Academic Failure

Nature of Problem _____

C. Professional Misconduct Not Included In Academic Failure

Nature of Problem _____

D. Voluntary Program Withdrawal

Nature of Problem _____

I have read and discussed the above with the Program Director. I have been informed of the reinstatement process.

Student Signature _____

Date _____

Program Director Signature _____

Date _____

Print Program Director Name _____

Copies to: Student, Program Director, Department Chair, and Dean of Engelstad School of Health Sciences

COLLEGE OF SOUTHERN NEVADA

REQUEST FOR REVIEW

Student Name _____ NSHE ID _____

Email Address _____ Request Date _____

Description of Concern

(must include dates, times, locations and names of those involved/contacted):

Describe all attempts to informally resolve concern/issue:

Chain of Resolution Verification (must be able to check EVERY box);

| Meeting Completed | Position Name | Name(s) | Date/Time | Outcome |
|--------------------------|--|---------|-----------|---------|
| <input type="checkbox"/> | Person(s) directly involved in issue/concern | | | |
| <input type="checkbox"/> | Faculty/Advisor | | | |
| <input type="checkbox"/> | Program Director | | | |
| <input type="checkbox"/> | Department Chair/Director | | | |

I certify that the information reported above is true and accurate to the best of my knowledge. I understand that I am bound by the policies and procedures of the School of Health Sciences, including those policies of my Program, the code of ethics and the student code of conduct.

Student Signature _____ Date _____

Submit this form by email to jo.casselmann@csn.edu. Allow 7-10 working days for review and response, which will be send via email to the address you indicated above. Do not call or otherwise contact the Dean's Office during the review period.