

**COLLEGE OF
SOUTHERN NEVADA**

**ENGELSTAD SCHOOL
OF HEALTH SCIENCES**

**STUDENT HANDBOOK
2023 – 2024**

THE HANDBOOK COMMITTEE

This Student Handbook (the “**Handbook**”) for College of Southern Nevada (“**CSN**”), Engelstad School of Health Sciences programs is applicable for the 2023-2024 academic year. It has been prepared and reviewed by the Handbook committee members listed below:

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CSN’s Notice of Nondiscrimination

CSN is an Equal Employment Opportunity/Affirmative Action institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin, veteran status, sexual orientation, genetic information, gender identity, or gender expression in employment, admissions, educational programs, services, or activities in which it operates.

The CSN is committed to providing a place of work and learning free of discrimination on the basis of a person’s age (40 or older), disability, whether actual or perceived by others (including service-connected disabilities), gender (including pregnancy related conditions), military status or military obligations, sexual orientation, gender identity or expression, genetic information, national origin, race, color or religion (protected classes). Discrimination on the basis of a protected class, including unlawful harassment, which is a form of discrimination, is illegal under federal and state law. Where unlawful discrimination is found to have occurred, CSN will act to stop the unlawful discrimination, to prevent its recurrence, to remedy its effects, and to discipline those responsible. The following individual has been designated to handle inquiries regarding non-discrimination policies at CSN and are responsible for coordinating compliance efforts concerning, Executive Order 11246, Title VI and Title VII of the Civil Rights Act of 1964, Title IX Educational Amendments of 1972, Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1990: Dr. Armen Asherian, Director of Employee Relations, Office of Institutional Equity, & Title IX, Charleston Campus, 6375 West Charleston Blvd.; Bldg. E, Office E-424, Las Vegas, NV 89146, Phone: (702) 651-7481, Email: armen.asherian@csn.edu. For more information, visit <https://www.csn.edu/institutional-equity>

En Espanol

El CSN es una institución de Igualdad de Oportunidades de Empleo / Acción Afirmativa y no discrimina en base a el sexo, la edad, la raza, el color, la religión, la discapacidad, el origen nacional, la condición de veterano, la orientación sexual, la información genética, la identidad de género o la expresión de género en el empleo, las admisiones, los programas educativos, los servicios o las actividades en los que opera.

El CSN se compromete a proporcionar un lugar de trabajo y aprendizaje libre de discriminación en función de la edad de una persona (40 años o más), discapacidad, ya sea real o percibida por otros (incluidas las discapacidades relacionadas con el servicio), género (incluyendo condiciones relacionadas con el embarazo), condición militar u obligaciones militares, orientación sexual, identidad o expresión de género, información genética, origen nacional, raza, color o religión (clases protegidas). La discriminación basada en una clase protegida, incluido el acoso ilegal, que es una forma de discriminación, es ilegal según las leyes federales y estatales. Cuando se descubra que ha ocurrido una discriminación ilegal, CSN actuará para detener la discriminación ilegal, prevenir su repetición, remediar sus efectos y disciplinar a los responsables. La siguiente persona ha sido designada para atender las preguntas relacionadas con las pólizas de no discriminación en el CSN y es responsable de la coordinación de los esfuerzos de cumplimiento en relación con la Orden Ejecutiva 11246, los Títulos VI y VII de la Ley de Derechos Civiles de 1964, Modificaciones al Título IX de Educación de 1972, El Título II de los Americanos con Discapacidades, la Sección 504 de la Ley de Rehabilitación de 1973, la Ley de Discriminación por Edad de 1990: Dr. Armen Asherian, Director de Relaciones con los Empleados, Oficina de Equidad Institucional, y Título IX, Charleston Campus, 6375 West Charleston Blvd.; Edificio E, Oficina E-424, Las Vegas, NV 89146, Teléfono: (702) 651-7481, Correo electrónico: armen.asherian@csn.edu. Para más información visite la página web <https://www.csn.edu/institutional-equity>.

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The Development and Application of Policies, Procedures and Requirements

CSN is one of eight institutions governed by the Board of Regents (the “**BOR**”) of the Nevada System of Higher Education (“**NSHE**”). The BOR has adopted policies, procedures, and requirements which are found in the BOR Handbook and the BOR Procedures and Guidelines Manual on its website, www.nevada.edu. Additionally, CSN has adopted policies and requirements that are specific to its college community that supplement and/or are in addition to the BOR. CSN’s policies are available for review on its website, www.csn.edu.

The Engelstad School of Health Sciences (“**ESHS**”) has adopted policies and requirements that are specific to the students enrolled in its health sciences programs (“**Health Sciences Program**”), and which are contained in this Handbook. A student can register for Limited Entry Health Sciences Program courses only if all application requirements have been met, all prerequisites are completed, and official acceptance is granted by the Health Sciences Program. A student can register for Open Entry Health Sciences programs only after becoming an admitted student to CSN and obtaining official acceptance from the Program Director or designee. For questions regarding registration for either Limited Entry or Open Entry programs, contact the Program Director.

Each Health Sciences Program may set 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 BOR, CSN, and Health Sciences Program may amend their respective policies and requirements consistent with their procedural rules, at any time, with or without notice. 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 Handbook Committee reviews the Handbook annually. The Health Science Programs welcome recommendations regarding policies, procedures, requirements, and programs. Any suggestions regarding the Handbook can be made to any of the Committee members listed above.

Disclaimer

The Handbook contains currently anticipated programs, courses and requirements, but these are subject to modification at any time to accommodate changes in CSN resources or educational plans. Nothing in the Handbook supersedes the College bylaws, NSHE Handbook, or federal and/or state law. The Handbook does not constitute a contractual commitment that the college will offer all the courses or programs described. The college reserves the right, for financial, curricular, programmatic, health, or other reasons as it deems necessary and appropriate in its discretion, to: (1) eliminate, cancel, reduce, modify, or phase out courses, programs and requirements; (2) change the mode of instruction; (3) limit enrollments in specific programs and courses; (4) change fees during the student’s period of study; and/or (5) dismiss or require a student to withdraw from a course, program, or the institution for cause.

Questions regarding any part of this Handbook should be referred to your Program Director, Department Chair, or the Dean of ESHS.

SECTION I - GENERAL INFORMATION

Welcome to the Engelstad School of Health Sciences!

We welcome you and look forward to working with you in this challenging but rewarding endeavor. The Handbook is a reference guide for Health Sciences Program students concerning the formal administrative policies and procedures of the ESHS. In addition, this Handbook contains procedural guidelines for areas such as academic and professional standards, Clinical Education, progress and promotion, financial aid, student health insurance and academic and personal counseling.

It is the responsibility of each student to read, understand and comply with the information contained in the Handbook. Failure to read the information is not an acceptable excuse for non-compliance with any policy, rule, and/or procedure. In no case will any policy, rule, and/or procedure be waived, or an exception granted, based on a plea of ignorance, or contention that the Health Sciences Program, ESHS, or CSN did not inform a student of the policy, rule, and/or procedure. It is also the responsibility of each student to timely seek clarification if you have any doubt concerning such policy, rule, and/or procedures.

The Handbook Appendix I contains General Information and Miscellaneous forms which will be submitted as needed to your Health Sciences Program. The Handbook Appendix II contains the following required forms which each student must read, sign, and submit as directed by your Health Sciences Program.

- Student Honor Code
- Acknowledgement of Handbook Review
- Acknowledgement of Student Responsibilities
- Disclosure of Exposure to Potential Health Risks and Waiver of Liability
- HIPAA Letter of Instruction/Confidentiality
- Substance Abuse Policy Release
- Acknowledgement of Health Insurance
- Authorization to Release Information
- Proof of Immunity Policy Acknowledgement

Classroom and Clinical Education

Your Health Sciences education will include classroom instruction and may also include laboratory and/or clinical components, such as clinical assignments ("**Clinical Education**"). 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 Health Sciences Program. You will be graded on clinical performance just as you are classroom learning. While on clinical assignment at a clinical affiliate facility, the student is required to observe regulations, procedures and policies imposed by the clinical affiliate to ensure patient health, safety, and welfare. Sections II and III of this Handbook provide additional information about the clinical education experience.

Minimum Academic Level of Achievement

Progression in a Health Science Program will occur only if all program-required courses are passed with the minimum passing grade as defined by the student's Program. It is the student's responsibility to understand the minimum passing grade requirements for their program. Course grades can include assessment for clinical assignments including the required decorum and professionalism in an active healthcare facility, while other courses provide separate grades for clinical assignments. Generally, missed classes, labs or clinical assignments cannot be made up; however, each student must follow the requirements established for their specific Program. CSN has adopted a Grade Appeal Policy which provides limited basis 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 (CSN)
https://www.csn.edu/archived/sites/default/files/documents/student_grade_appeal_policy_2016_2.pdf
- Academic Integrity Policy (CSN)
https://www.csn.edu/archived/sites/default/files/documents/2017_academic-integrity-policy_2_0.pdf
- Student Conduct Code Policy (NSHE) [BOARD OF REGENTS OF THE UNIVERSITY AND COMUNITY COLLEGE SYSTEM OF NEVADA](#)

Professional Conduct

You will interface with other Health Sciences Program 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 ESHS Drug and Alcohol Testing Policy.
3. Compliance with Health Insurance Portability and Accountability Act (HIPAA) rules and regulations protecting the confidentiality of personally identifiable health information including its uses and disclosure (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 prompted 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

The Health Sciences Programs are physically, emotionally, and academically demanding. Please be aware that balancing school with home, work, and other personal commitments may be challenging.

Physical Requirements / Disabilities and Accommodations

CSN complies with the provisions set forth in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (and ADA Amendments), offering reasonable accommodations to qualified students with documented disabilities. Students enrolled in the Health Sciences Program must follow the approved process for requesting and receiving reasonable accommodations.

Health Sciences disciplines, by their very nature, involve interactions with patients that require certain

physical capabilities. 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.

Enrolled students are responsible for requesting accommodations and for providing the appropriate and required documentation of the disability in a timely manner to the CSN Disability Resource Center (DRC) at [Disability Resource Center | CSN](#). CSN's DRC coordinates all accommodations for students with documented disabilities. The DRC is the official office to review and house disability documentation for students, and to provide them with an official Academic Accommodation Plan if an accommodation is warranted. The student will follow the procedures required by the DRC to document and determine the nature of the disability. The DRC will review documentation and a determination about what accommodations can be made in the clinical placement will be a collaborative effort among the DRC, the Health Sciences academic program, and the student. Students who use accommodations in the classroom setting will not necessarily need accommodations in the clinical setting. Reasonable accommodations are reviewed on a case-by-case basis.

Accommodations and modifications of policies and practices are not required when it would fundamentally alter the nature of the service, program, or activity or give rise to an undue financial or administrative burden.

Review of Personal Education Records

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

FERPA gives students the right to inspect and review their education records. If students request a review of their education record in the Health Sciences Program, 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 I) which will be maintained in the student's file. The student's signature will be verified for authenticity using a photo ID. Students may review their record in close proximity to the appropriate office.

Students have the right to request correction of records they believe 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, students have the right to place a statement in the record setting forth their view about the contested information.

SECTION II

CLINICAL EDUCATION INFORMATION - GENERAL

Clinical Assignments

When applicable, the dates and times when students are assigned to report to a clinical affiliate location 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 the student's responsibility to make appropriate arrangements for transportation, childcare, personal business, etc., *so you are able to attend all clinical assignments*, and so that your ability to meet requirements of the program is not impacted.

Background Check

Clinical affiliates require each student to submit to a criminal background check. Upon acceptance into the Health Sciences Program, the student will receive instructions on how to obtain a background check. The student authorizes release of the background check information to the clinical affiliate when the *Acknowledgement of Student Responsibilities* form in Appendix II is signed and submitted as directed by the Health Sciences Program.

Following assignment to a clinical affiliate, the clinical facility staff will review the background check 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 affiliate. If the program is not able to successfully place the student for clinical assignment, this may jeopardize the student's progression within the Program and may impact the student's ability to complete the Program.

Cardiopulmonary Resuscitation (CPR)

Upon acceptance into the Health Sciences Program, the student will receive instruction from their Program on when and what type of CPR and Automatic External Defibrillator (AED) certification is required, if any.

Most clinical affiliates require certification in American Heart Association (AHA) Healthcare Provider CPR and AED; however, some Health Science Programs may require Basic Life Support (BLS) with AED or may require more advanced forms of life support training such as Advanced Cardiovascular Life Support (ACLS) or Pediatric Advanced Life Support (PALS). All training programs must teach AHA CPR skills and online course components will not be accepted. It is the student's responsibility to obtain the certification required for their Health Sciences Program at the appropriate time.

Clinical Affiliate Protocol

Students have the responsibility to be informed of all Health Sciences Program and clinical affiliate policies and procedures for the safe care of patients and themselves. 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 Sciences Program students are required to present a clean, neat appearance at all times connected with their education. This may include a cleaned and pressed 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:

- professional daily hygiene to include daily baths, deodorant, free of any scents;
- no use of products with strong odor or perfume, including tobacco products;
- professional appearance to include shoes neat and polished, clean garments, and dress that is appropriate for the clinical affiliate or Program;
- 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 affiliate policy;
- fingernails – clean, neat, trimmed short; nail polish may be limited to clear or neutral shades if permitted by the specific Program

Health Insurance Coverage

Each Health Sciences Program student who will be participating in clinical assignments is required to have appropriate medical insurance coverage that will adequately cover them for any injury or illness which may result from their participation in the Clinical Education. If during the Clinical Education, a student sustains an injury or illness, any medical evaluation, treatment, hospitalization, and follow-up care is solely the ***financial responsibility of the student***. Prior to beginning any clinical assignment, proof of appropriate medical health insurance coverage must be submitted as directed by the student's Health Sciences Program.

The appropriate medical 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 for clinical assignments. Complete, sign and submit the signed *Acknowledgment of Health Insurance* form (see Appendix II) as directed by the Health Sciences Program.

Professional Liability Insurance Coverage

CSN, through the NSHE, maintains professional liability insurance coverage for all students registered in Clinical Education. This insurance covers the student during official clinical assignments.

Attendance

Attendance and punctuality are mandatory for all students enrolled in Health Science courses. Some Health Science courses may have different and/or more stringent attendance policies, which may impact a student's course grade. Students will be advised of the attendance policy at the outset of their participation in each Health Sciences course.

In case of illness or other emergency while participating in a clinical assignment, the student should notify the assigned clinical instructor or supervisor at least one (1) hour before the start time at the clinical affiliate. Failure to provide one hour advance notice for an absence from a clinical assignment may require documentation from the student. The type of documentation required will be indicated in the specific Health Sciences handbook, syllabus, or upon direction from the Program Director.

Under no circumstances, after a student has reported for their clinical assignment, are they permitted to leave their assigned areas without 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 affiliate areas without permission.

Report of Suspected Child or Elder Abuse

Under Nevada law, a student participating in a clinical assignment is required to report suspected child or elder abuse or neglect to the clinical instructor (NRS 432B.220 and NRS 200.5093). 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, incidents and unusual occurrences are to be reported immediately, no matter how minor they may seem to the CSN instructor responsible for the course along with completing a *Written Statement – Incident Report* (see Appendix I). The completed *Written Statement-Incident Report* form must be emailed to CSN Environmental Health and Safety (EHS) at EnvironmentalHealth.andSafety@csn.edu and to any other persons as directed by the Health Sciences Program.

If the incident takes place at a clinical affiliate, immediately notify the clinical affiliate site supervisor. Then notify the course instructor so that the *Written Statement-Incident Report* (see Appendix I) can be completed and submitted to CSN EHS.

A student's faculty member or department is responsible for notifying EHS immediately if there is a student hospitalization or fatality so appropriate actions can be taken.

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 compensation programs.

Refer to Handbook Section III CLINICAL EDUCATION INFORMATION– Medical for *Blood or Body Fluid Exposure Incident* reporting.

University Police Notification and 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 affiliate location and each CSN campus. This information may be obtained from procedure guidelines or manuals located in the CSN campus or clinical assignment areas, posted emergency procedures, or from the CSN instructor.

While on campus, University Police Services Southern Command provides a full-time police department consisting of sworn peace officers and a contracted security service to CSN, Nevada State College, Desert Research Institute, and University of Nevada Las Vegas. In the event of a campus-based emergency, staff, faculty, and students have a quick and efficient means for communicating with University Police Services. By dialing “9-911” on any campus land line telephone you will be put in contact with University Police Services. 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 University Police Services dispatcher. The “911” number should only be used in the case of an immediate emergency or crime in progress.

In addition, there are red telephones located in each classroom for emergencies only. The red emergency telephones automatically dial University Police Services when the receiver is picked up.

Emergency Contact numbers for Police/Fire/Medical

Campus phone: 9-911

Cell phone: 911

Phone: 702-895-3669

Non-emergency Contact number for Police/Fire/Medical Phone: 702-895-3668

Safety Procedures

Safety procedures must be followed in all CSN labs and clinical affiliate locations. Safety procedures 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 affiliate 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.

Confidentiality/Health Insurance Portability and Accountability Act

A student participating in a clinical assignment may have access to patient's protected health information (PHI). The student will maintain the privacy and confidentiality of patient health information and personal information such as age, address, telephone, marital status, etc. pursuant to federal law known as the Health Insurance Portability and Accountability Act (HIPAA). All students will receive HIPAA training from their individual Health Sciences Program.

Case reviews conducted at the clinical affiliate, or in CSN classrooms/labs, must not contain PHI. 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. In accordance with HIPAA, computer generated and/or written information containing patient name, identification or other identifying factors will not be removed from the clinical facility. In addition, the action or actions of any medical and/or paramedical personnel will not be discussed. No photocopying of patient records is permitted without written authorization from the patient. Photography is prohibited while in a clinical affiliate facility. Any list identifying a patient by name must remain at the clinical affiliate location.

The gaining of knowledge, acquisition of skills, professional development, and honesty go hand-in-hand. The student is responsible for maintaining the highest possible standards personally, academically, clinically, and professionally. 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 have the potential to enhance or undermine not only the individual provider's career, but also the healthcare profession.

The ESHS has adopted the American Nurses Association (ANA) Principles for Social Networking. Postings on any social media site pertaining to patients or clinical activities are prohibited.

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.*

Any 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. If a student is found in violation of any of these rules, a student may be subject to discipline up to and including dismissal 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.

Each student, in accordance with their Health Sciences Program, is required to complete the assigned HIPAA training and sign the *HIPAA Letter of Instruction/Confidentiality* (see Appendix II). The HIPAA signed form must be submitted as directed by the Health Sciences Program.

Electronic Communication Device Use During Clinical Assignment

In general, students may not use cell phones, recording devices, or other electronic communication devices during the clinical assignment, except with the direct permission of the student’s clinical faculty and only in designated areas within the clinical facility. Students must adhere to all specific institutional policies and procedures and professional behaviors pertaining to the use of electronic devices during clinical assignment times (including clinical conference times).

If a student is assigned to a clinical affiliate 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.

Inappropriate use of electronic devices within the clinical setting constitutes unprofessional behavior and may result in dismissal from the clinical affiliate and disciplinary action. Inappropriate use of electronic devices that results in a violation of HIPAA must be reported as outlined in the college’s policy. Violations of this policy, HIPAA or the Code of Conduct may result in unsuccessful completion of the clinical assignment portion of the course and may prevent the student from progressing within the Program.

SECTION III

CLINICAL EDUCATION INFORMATION - MEDICAL

Physical Examination

Each Health Sciences student who will be participating in clinical assignments is required to receive a physical examination prior to beginning the clinical assignment. Each Health Sciences Program will specify when the physical examination must be completed before starting the clinical assignment.

The physical examination must be performed by a medical doctor, a Doctor of Osteopathic Medicine, physician's assistant, or a nurse practitioner using the *CSN Examination Form* (see Appendix I). Additionally, the student must complete the *CSN Student Health History Questionnaire* (see Appendix I). Both documents must be submitted as directed by the Health Sciences Program and will only be accessible to Health Sciences staff who arrange clinical assignments.

Immunizations

Refer to Proof of Immunity Policy Appendix II for information on required immunizations.

Special Considerations while on clinical assignment

Students participating in a clinical assignment 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 Fahrenheit, 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 remove a student whose observed condition renders the student as 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 ESHS is committed to protecting the safety, health, and well-being of its students, faculty and staff, as well as the patients and employees of its affiliated clinics. Recognizing that drug and alcohol abuse pose a threat to this goal, CSN and ESHS are 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 including the use of a controlled substance without a legal prescription is prohibited.

In order to participate in the clinical education component of the curriculum, students are subject to a drug and alcohol screening demonstrating that they are drug free. Each Health Science student must sign the *Substance Abuse Policy Release* form (See Appendix II) and submit that signed form according to the instructions received for the associated program and/or course.

Use of Prescription Drugs

In the event a student is under the care of a physician and is taking a legally prescribed medication which might impair the student's ability to perform assigned tasks, the student must notify the 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.

Use of medical marijuana, while legal in Nevada violates federal law. As such, each clinical affiliates' policy regarding use of marijuana and/or its constituents must be followed which may affect the ability of the student to participate in a clinical assignment and progress to graduation.

Pre-Clinical Assignment Drug and Alcohol Testing

To ensure excellence in quality and accuracy, a laboratory designated by a CSN approved document management system will perform the drug and alcohol testing. The cost of all drug/alcohol screenings and transportation to the testing lab is the responsibility of the student. The drug and alcohol testing must be performed as directed by the Health Sciences Program and test results will only be accessible to Health Science staff who arrange clinical assignments.

Pre-clinical testing, which is subject to change, currently includes a 10-panel urine plus alcohol screening for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, marijuana metabolites, methadone, methaqualone, opiates, phencyclidine, propoxyphene, and alcohol. The urine is also screened for adulterants which may interfere with accurate testing. Students will receive instruction from their Health Sciences Program as to the timing for completing the pre-clinical assignment drug and alcohol test.

If an initially positive drug or alcohol test result is confirmed, the positive result is sent by the testing laboratory to an impartial third-party medical review officer (MRO) who will contact the student to determine whether or not the student has a legal prescription for the drug or some other legitimate reason for testing positive. If no prescription is available, the MRO will report the final result as positive. Repeat testing is not permitted unless the MRO has reason to believe the results, or the process was compromised through no fault of the student.

Positive pre-clinical assignment drug and alcohol tests will be managed by the ESHS Dean's office on a case-by-case basis according to each individual Health Science Program policy and in accordance with clinical affiliation agreements. According to the CSN Course Registration and Course Withdrawal policy II.B.2 "CSN administration may withdraw a student at any time during the session for just cause including, but not limited to, failure to pay for the course and violations of the Student Conduct Code." The policy is located at https://www.csn.edu/csnmedia/documents/policies-and-procedures/course_registration_course_withdrawal_policy.pdf

If a student is unable to participate in a clinical assignment course due to a positive pre-clinical assignment drug and alcohol test, the student may be administratively withdrawn from the course. Withdrawal from the course may impact the student's progression through the program and may result in further disciplinary procedures as outlined in NSHE Title 2, Chapter 11 Program Dismissal policy. The policy is located at <https://nshe.nevada.edu/wpcontent/uploads/file/BoardOfRegents/Handbook/title2/T2-CH11%20Student%20Program%20Dismissal%20Procedures.pdf>

Classroom/Laboratory/Clinical affiliate suspected drug or alcohol use

If a student is attending a CSN class or laboratory session; a CSN sponsored activity; or is participating in a clinical assignment, 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 removed from the campus-based activity or clinical assignment. An incident report will be submitted to the CSN Student Conduct Officer as detailed below.

Reasonable suspicion is defined as a belief that the student is using, or has used, drugs or alcohol in violation of CSN policies based on specific objective facts that can be clearly described, and reasonable inferences may be made from those facts. Such facts and reasonable inferences include, but are not limited to:

- Physical symptoms or manifestations of being under the influence of a drug or alcohol while on campus or at the clinical location; or
- The direct observation of drug or alcohol use while on campus or at the clinical location; or
- A report of drug or alcohol use while on campus or at the clinical location provided by reliable and credible sources; or
- Evidence that a student is involved in the use, possession, sale, or solicitation or transfer of drugs while on campus or at the clinical site.

At the discretion of the instructor or reporting individual, for incidents occurring on CSN campuses, University Police Services may be contacted for assistance following the instructions in the University Police Notification and Emergency Procedures section of this handbook.

Clinical affiliates may request random testing if the clinical instructor or the clinical affiliate has a reasonable suspicion that a student is under the influence of drugs or alcohol. The random test may be conducted immediately on-site by the clinical affiliate at the student's expense. The student will be removed from the clinical assignment and the instructor will submit an incident report to the Student Conduct Officer as detailed below

The instructor will contact the Student Conduct officer and complete an incident report. Student Conduct Officers are located at each campus. Refer to Student Affairs website for contact information <https://www.csn.edu/student-affairs>. The CSN Student Conduct Office will follow the policy as outlined in NSHE Title 2 Chapter 10 Rules of Conduct and Procedures for Students of NSHE at <https://nshe.nevada.edu/wp-content/uploads/file/BoardOfRegents/Handbook/title2/T2-CH10%20Rules%20of%20Conduct%20and%20Procedures%20for%20Students%20of%20the%20NSHE.pdf>

The CSN Disruptive and Abusive Student Policy will be followed for determination of the student's possible return date. The Policy is located at https://www.csn.edu/csnmedia/documents/policies-and-procedures/disruptive_and_abusive_students_policy_7.22.16_2_chk.pdf

Confidentiality

Only those persons authorized by CSN to receive results from the testing laboratory will be allowed to discuss the drug test results. Only faculty within the ESHS directly involved with the student's Program may be notified of the drug/alcohol screening results. 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 appropriate Nevada licensing board of a positive drug test.

Notification of Arrests/Convictions

Students must notify and provide documentation to the Dean of ESHS of any drug or alcohol related arrests or convictions within ten (10) working days after charge of an offense. Failure to do so may result in disciplinary action including dismissal from the Health Sciences Program.

Guidelines for Infection Control and Safety

Proof of Immunity and TB 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 *Proof of Immunity Policy* (see Appendix I) and *TB Test Policy* (see Appendix I) according to the specific program requirements.

Potential Risks 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.

Each student will complete the *Disclosure of Exposure to Potential Health Risks and Waiver of Liability* form (see Appendix II) and submit the signed form as directed by the Program.

Should pregnancy occur during the course of study, the unborn child will also be exposed to these risks. See the Pregnancy Section below for further discussion.

Pregnancy

CSN recognizes a pregnant students' rights under Title IX and will not discriminate against or exclude any person on the basis of pregnancy or related condition, and will provide reasonable accommodations to students as appropriate. CSN also acknowledges that clinical assignment settings in the Health Sciences Programs can provide unique risks to a pregnant student and the fetus. Neither CSN nor its clinical affiliates assume responsibility for any harm that might occur to a pregnant student or a fetus. Therefore, all pregnant students are encouraged to discuss their clinical or laboratory requirements and setting with their health care provider to assess risk and determine if accommodations are necessary. If accommodations are required by their health care provider, then these must be provided immediately to the Program Director in writing.

A student who is pregnant or becomes pregnant while enrolled in a Health Sciences Program is strongly encouraged to notify the Program Director of the pregnancy or suspected pregnancy using the *Pregnancy Notification/Release* form (see Appendix I). Providing this notice is voluntary and does not require any change to the student's academic status unless requested by a student with a health care provider'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 the 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 Health Sciences program. The Program Director may refer the student to the CSN Disability Resource Center (DRC) to manage this process.

The Program Director will approve leave during pregnancy and following childbirth as required by the student's health care provider and work with the student to provide supportive measures/options for continuation in the program. These options may include the following:

1. Withdraw from the program and be reinstated following childbirth. 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. Instructors will attempt to accommodate the student's restrictions as provided by the student's health care provider, if any, but cannot guarantee alternate clinical assignments. Note: With the selection of this option, the student assumes all risks to self or the fetus.

Regardless of the option chosen, the student will return to the same academic status as before the medical leave began. The student will be provided the opportunity to make up missed work for excused absences due to pregnancy or childbirth as deemed necessary by the student's health care provider.

In programs involving radiation exposure, a student who declares a 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 500 mrem 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 they are 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 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 Health Sciences 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 from their Health Sciences Program.

Chemical Agents

Working with chemicals requires extra precautions. Students will receive appropriate instruction in handling chemical agents from their Health Science Program.

Blood or Body 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:

1. *Written Statement – Incident Report* (see Appendix I) following every incident/accident/exposure. Complete and email report to EnvironmentalHealth.andSafety@CSN.EDU
2. *Report of Exposure to Blood borne Pathogens* (see Appendix I) following exposures to body fluids via needle sticks; splashes in eyes, nose, mouth). Complete and email report to EnvironmentalHealth.andSafety@CSN.EDU

Submit the two forms to any other persons as directed by your Health Sciences Program. The student should be referred to their medical provider for further evaluation and treatment following an exposure. Fees incurred during medical evaluation and follow-up are the responsibility of the student. Students are not covered under the clinical assignment facility or CSN worker compensation programs.

Refer to the CSN Environmental Health and Safety Bloodborne Pathogens Exposure Control Plan for additional guidance. The ESHS 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 Health Sciences Program may require medical clearance from a healthcare provider before the student may participate in clinical, laboratory or classroom activities.

SECTION IV-WHEN THERE ARE PROBLEMS

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. As directed by the Program, each student will read and sign the *ESHS Student Honor Code* form (see Appendix II). Submit the signed form as directed by the Health Sciences Program.

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 located at https://www.csn.edu/archived/sites/default/files/documents/2017_academic-integrity-policy_2_0.pdf

If a failing course grade is given as a sanction under Academic Integrity Policy, this qualifies as a failing grade and subjects the student to immediate dismissal from the Health Sciences Program as described in the NSHE Title 2 Chapter 11 Section 1 Dismissal Policy.

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.

The procedures provided in the CSN Disruptive and Abusive Student Policy will be followed. The Policy is located at https://www.csn.edu/csnmedia/documents/policies-and-procedures/disruptive_and_abusive_students_policy_7.22.16_2_chk.pdf

- Whenever a disruptive or abusive student is directed to leave a classroom, as soon as logistically possible (within 24 hours), the instructor must submit the *CSN Written Statement On-Campus Incident Report* (see Appendix I) of this action to University Police Services, the Department Chair, ESHS Dean, and the Student Conduct Officer.
- The written notification must include a description of the events, including the reason(s) for which he/she required the student to leave the classroom or canceled the class, a list of witnesses, and any supporting documentation.
- The instructor should also direct students who witnessed the incident to make reports to University Police Services. While the provision of such statements is voluntary, campus safety is the responsibility of all members of the CSN community.
- The disposition of the case and determination of the student's possible return date will be determined by the Student Conduct Officer in consultation with the faculty member and the corresponding Department Chair.

Unsatisfactory Progress Notification

Unsatisfactory progress is a failure to meet specific requirements and/or key competencies established by each program. This may result in a failure to maintain required grades and dismissal from the Health Sciences Program as described in the NSHE Title 2 Chapter 11 Section 1 Dismissal Policy.

For students exhibiting Unsatisfactory Progress, Faculty should meet with the student, complete the

Unsatisfactory Progress Notification form (see Appendix I) and submit as directed by the Program.

Clinical Assignment Removal

A faculty member may immediately remove a student from the clinical assignment either by request of the clinical affiliate or when, in the faculty member's 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.

The Dean of the ESHS, the appropriate Program Director, and Department Chair must be notified immediately following removal. The faculty member who removed the student will complete the *Unsatisfactory Progress Notification* form (see Appendix I). The form must include, to the extent possible, the date, time, place, person or persons involved, circumstances that prompted the removal, and witness names. Submit the completed form as directed by the Program.

Removal from a clinical assignment continues until the offending condition is corrected. Removal from a clinical assignment may result in a failing grade and dismissal from the Health Sciences Program as described the NSHE Title 2 Chapter 11 Section 1 Dismissal Policy.

Voluntary Withdrawal from a Program or Course

Students who voluntarily withdraw from a Limited Entry Health Science Program while in good academic standing must complete the *Voluntary Withdrawal* form (see Appendix I) and submit the form to the Program Director to formally withdraw from the Program. The Program Director must submit the form to the appropriate Department Chair and to the Dean of the ESHS. In order to be considered for reinstatement in a Limited Entry Program, the student must follow the Reinstatement Process as listed in this section.

Students who voluntarily withdraw from ESHS Open Entry Course of Study do not have to submit a *Voluntary Withdrawal* form and do not follow the Limited Entry Reinstatement Process. The student must reapply for admission following the application process specific for the Open Entry Course of Study.

Administrative Withdrawal from an ESHS Course

According to CSN Course Registration and Course Withdrawal Policy II.B. "CSN Administration may withdraw a student at any time during the session for just cause including, but not limited to, failure to pay for the course or violations of Student Conduct Code." The policy is located at https://www.csn.edu/csnmedia/documents/policies-and-procedures/course_registration_course_withdrawal_policy.pdf

For students exhibiting Unsatisfactory Progress, if circumstances permit, Faculty may complete the *Unsatisfactory Progress Notification* form (see Appendix I) and submit as directed by the Program prior to moving forward with *Administrative Withdrawal from an ESHS Course*. Faculty will maintain Unsatisfactory Progress documentation as directed by each ESHS Program policy.

If a student does not meet specific course requirements, exhibits a lack of professionalism or unethical

conduct during the course, or other just cause as defined by the course syllabus or specific Health Sciences handbook/policy, the course instructor will discuss the issue with the Program Director and will complete the *Administrative Withdrawal from an ESHS Course* form located in Appendix II. The instructor and/or Program Director will meet with the student to discuss the reason for Administrative Withdrawal and the Withdrawal process.

The *Administrative Withdrawal from an ESHS Course* form will be submitted to the Program Director, Department Chair, and the ESHS Dean. Following review and approval by the Dean's office, the Dean's office will contact the CSN Registrar to request administrative withdrawal of the student and provide the Registrar with the signed *Administrative Withdrawal from an ESHS Course* form. The Dean's office will notify the instructor, provide the signed form, and the instructor will notify the student of the administrative withdrawal from the course.

Administrative withdrawal from an ESHS Course may impact the student's progression within the Limited Entry Program and may result in dismissal from the ESHS Program as described the NSHE Title 2 Chapter 11 Section 1 Dismissal Policy.

Administrative withdrawal from an ESHS Open Entry Certificate course may impact the student's progression through the Open Entry Course of Study.

Limited Entry Program Dismissal

According to NSHE Title 2 Chapter 11 Section 1 Dismissal Policy

(<https://nshe.nevada.edu/wp-content/uploads/file/BoardOfRegents/Handbook/title2/T2-CH11%20Student%20Program%20Dismissal%20Procedures.pdf>), a student may be dismissed from

a program for academic reasons which may include but are not limited to inadequate grades or failure to remain in academic good standing as defined by the program, a lack of professionalism or unethical conduct, or failure to comply with other specific program requirements. Failure to comport with professional and/or ethical standards applicable to the particular discipline or program may also be grounds for dismissal from a program.

“Program” includes but is not limited to all undergraduate programs which have special requirements for admission to and/or for progression within the particular program. ESHS Limited Entry Programs with special requirements for admission or progression provide written documentation to students who are admitted to the program and the requirements are also published on each ESHS Program specific website.

The program dismissal procedures established in this chapter are not applicable to expulsion from an institution for violation of the applicable student code of conduct.

Dismissal for Failure to Maintain Required Grades or Grade Point Average (GPA)

Faculty and/or the Program Director will counsel students with respect to grade deficiencies as they occur whenever circumstances permit. Records of such counseling are maintained as directed by the Program.

The Faculty member who identifies a student who fails to maintain grades required by the Program will notify the Program Director who will complete the *Dismissal from a Health Science Program*

form. The Program Director will meet with the student to discuss the reason for Dismissal. The form will be submitted to the Department Chair and the Dean of ESHS.

If the Program dismissal is based upon failure to maintain required grades or GPA for the particular program or for a course within the program, the NSHE Title 2 Chapter 11 Dismissal policy does not apply, and the student may be immediately dismissed from the program by the Dean of the ESHS.

The student's only recourse to challenge a grade is to utilize the CSN grade appeal process located at https://www.csn.edu/data/assets/pdf_file/0011/3440/student_grade_appeal_policy_2016_2.pdf

If the student's grade appeal is successful, the student must be reinstated in the program provided that the student's appealed grade meets the required Program grades or GPA. Refer to the ESHS Student Reinstatement Process in this handbook.

Dismissal for Other than Failure to Maintain Required Grades or GPA

According to NSHE Title 2, Chapter 11, a lack of professionalism or unethical conduct, failure to comply with other specific program requirements, or failure to comport with professional and/or ethical standards applicable to the particular discipline or program may be grounds for dismissal from a program.

Examples of Professional Misconduct include, but are 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 or clinical affiliate protocols.
- Violation of 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) or falsification of documentation
- Deliberately attempting to cover up any error or negligent clinical performance.
- Unsafe, unethical, and/or illegal practices or behavior

All acts of professional or ethical misconduct, failure to comply with specific program requirements, or failure to comport with professional and/or ethical standards will be reported by the Program Director using the *Dismissal from a ESHS Limited Entry Program* form (Appendix I). The Program Director will meet with the student to discuss the reason for Dismissal and the Dismissal Procedure. The form will be submitted to the Department Chair and the Dean of ESHS for further action.

Dismissal Procedure

Upon receipt of the *Dismissal from ESHS Limited Entry Program* form for other than failure to maintain required grades or GPA, the Dean of ESHS will contact the designated Review Officer and provide the form along with any other appropriate documentation. The Review Officer must be an individual at the level of academic vice president or designee. The Review Officer must not have been involved in the program dismissal recommendation.

Written Statement

The Review Officer will provide the student with a written statement of reasons for the program dismissal action before the student is dismissed from the program. However, student behavior or actions that threaten professional and/or ethical standards or norms may result in a modification of this procedure. Student actions related to the program, which cause life, health and safety risks, or program disruption, may be a basis for immediate removal from program activities (including but not limited to academic classes) pending the outcome of a review conference. Approval by the institution's president or designee is required in cases of immediate removal from a program where a notice of dismissal and review conference occur subsequently.

The notice of dismissal must include information about the review conference procedure and the date for the review conference. A student may but is not required to be given a warning and the opportunity to correct any violations of program requirements before the issuance of a notice of dismissal.

Review Conference

The student must be afforded the opportunity for a review conference. A review officer will administer and carry out the review conference. The review conference is an informal meeting that is not intended to be adversarial in nature. The student may be accompanied by an advisor during the conference. The advisor serves in a support role to the student during the review conference. In this process, the advisor has no right to speak during the review conference except to the student.

If a student, who has been given notice, does not appear for the review conference, the review conference will still proceed.

The review conference is the time for presentation of the information, documents or witnesses in support of the dismissal. The review conference is the time at which the student is afforded the opportunity to present information, documents or witnesses on his or her behalf. Witnesses may present a statement to the review officer. However, only the review officer may ask questions of any witnesses. Further, the individual who made the recommendation for program dismissal has the opportunity to participate in the review conference and may present information, documents or witnesses in support of the program dismissal recommendation. The review officer may also include a representative from the applicable discipline or program in the review conference.

A review conference must occur no earlier than three (3) college working days after the date on which written notification of the recommendation for dismissal was sent to the student by e-mail or by personal delivery. If the notice was sent by US Mail, the review conference must occur no earlier than five (5) college working days after the date of mailing. However, upon request by the student, the review officer, in his or her sole discretion, may grant an extension of time with regard to the review conference. Unless an extension of the time for the review conference has been granted by the review officer, the review conference must take place no later than 10 college working days after the date the written notice of dismissal was sent or delivered to the student. Breaks between semesters are not considered college working days.

Written Decision

After careful review of all the materials, statements and relevant circumstances, the review officer must issue a written decision setting forth the reasons upon which the final decision is based. If the

review officer does not uphold the recommendation for dismissal, the student must be reinstated in the program. The review officer will render a decision to the student and the program within five (5) college working days after the review conference.

Standard of Review

The review officer's determination shall be made on the basis of whether it is more likely than not that the student engaged in behavior or actions related to the program that warrant program dismissal.

Decision Final

The decision of the review officer is final and is not subject to appeal.

Reinstatement

Reinstatement following dismissal will follow the ESHS Reinstatement Process provided in this Handbook.

Student Reinstatement Process Limited Entry Program

A Limited Entry Health Sciences student who voluntarily withdraws from a program; is dismissed from a program; or successfully appeals a grade which now meets the required Program grades may apply for reinstatement by submitting a written request to the Program Director no later than one (1) calendar year from the date of the letter of program dismissal. The written request must state the basis of the request and substantiate the request with proper documentation.

A Limited Entry Reinstatement Committee Student Letter template is provided in Appendix I. It is recommended that the student utilize the template when submitting the written request for reinstatement.

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 ESHS. 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 ESHS. 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 extraordinary circumstances a student may submit a second written request for reinstatement. 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 from your Program Director or Department Chair.

Resolution Process for Issues of Concern Not Covered in Handbook Section IV

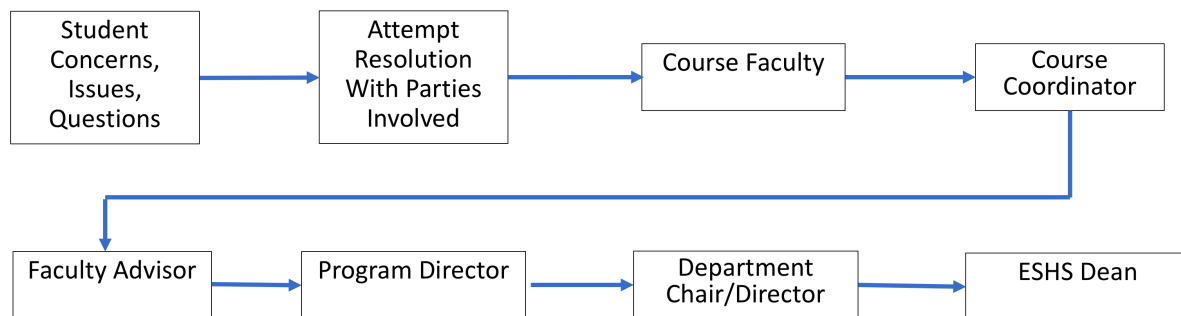
The ESHS is committed to mutual respect among all of its members. This commitment includes students, faculty, staff and administration. We seek to resolve ESHS Program issues and concerns in a fair and informal manner.

ESHS students who have an issue of concern not covered in Section IV of this Handbook are encouraged to resolve the matter informally first by speaking with the person(s) or group(s) directly involved.

If the issue is not informally resolved, the student may follow the chain of resolution as outlined below, noting dates, times and outcomes of meetings with each member of the ESHS leadership team.

In the event, the ESHS Program issue remains unresolved after the student has met with the respective Program Director and Department Chair, the student may contact the Dean of the ESHS by submitting the written *Request for ESHS Program Issue Not Covered in Section IV* (see Appendix I). Upon receipt of the written form, 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 will receive a written decision from the Dean's office 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. 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 their 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:
 - ◆ 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

Policies and Forms to complete as needed

Glossary of Terms

Proof of Immunity Policy

Laboratory Diagnostic Codes

TB Test Policy

TB Symptoms Screening Questionnaire

Health History Questionnaire

Physical Exam Form

Report of Exposure to Bloodborne Pathogens

On Campus Incident Report

Pregnancy Notification/Release Form

Request to Review Records

Unsatisfactory Progress Notification

Voluntary Withdrawal from Limited Entry ESHS Program

Administrative Withdrawal from ESHS Course

Dismissal from ESHS Limited Entry Program

Request for Review of ESHS Program Issue Not Covered In Section IV

Reinstatement Committee Student Letter Template

GLOSSARY OF TERMS

Alcohol

Beer, wine, and all items containing ethyl alcohol.

Clinical affiliate

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

Clinical Assignment

A period of time, as defined by the Program, when the student is assigned to a clinical affiliate to participate in a clinical rotation or practicum where they will be able to perform the clinical skills learned in the classroom.

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.

Failure to Maintain Required Grade

Failure to maintain required grades as defined by a particular program or for a course within the program.

Limited Entry Program

Limited Entry Health Sciences Programs have a formal application process and limited seating. Each program has different requirements that must be met before an application can be submitted. Additionally, students must meet with a Health Program Advisor and complete multiple Orientation steps before a Limited Entry Health Science application can be submitted.

Open Entry Course of Study

Open Entry Health Sciences Certificate of Achievement (CA), Certificate of Completion (CC), and Skills Certificate (SC) courses of study may include an application process, but do not require attending a Health Programs Orientation, meeting with a Health Program Advisor, and attending the Limited Entry Workshop.

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 Progress

Students will be evaluated on their clinical skills, professional behavior, and other performance as outlined in this handbook and in their respective program policies and course syllabi. Evaluations identifying unsatisfactory progress will be documented and discussed with the student.

COLLEGE OF SOUTHERN NEVADA

PROOF OF IMMUNITY POLICY 2023

POLICY

The College of Southern Nevada (CSN) Engelstad School of Health Sciences (ESHS) students must comply with both Nevada law and clinical site proof of immunity requirements. Clinical sites affiliated with the ESHS Health Sciences Programs require proof of immunity for all faculty, staff, and students prior to participation in clinical activities at their sites. Proof of immunity may include either vaccination or serological testing.

Enrollment at CSN without proof of immunity does not excuse the clinical component requirements of ESHS programs. Students who do not provide required proof of immunity may not be able to complete the clinical components of a Health Sciences Program required for graduation

Clinical sites affiliated with ESHS programs require students and staff to provide proof of immunity for the following vaccine preventable diseases: Hepatitis B, Varicella, Measles/Mumps/Rubella (MMR), Influenza, COVID-19, and Tetanus/Diphtheria/acellular Pertussis (Tdap) prior to participating in clinical assignments.

Health Sciences Program requirements may vary. The student must check with their Program Director and/or advisor for their specific program requirements and requirement deadlines. Students are responsible for knowing what is required for their specific program of study. Each student will complete the *Proof of Immunity Acknowledgement* form (see Appendix II) and submit the signed form as directed by the Program.

QUESTIONS

Questions regarding this policy should be directed to the appropriate Program Director/Coordinator or Dean of the ESHS.

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.

VACCINATION EXEMPTIONS

Each clinical rotation site maintains its own policy regarding medical and religious vaccination exemptions. Therefore, the ESHS will not accept or review student medical or religious vaccination exemptions. The clinical facility will determine if a medical or religious exemption is acceptable for participating in a clinical rotation. A student claiming a medical or religious exemption **may** not be able to complete the clinical components of a Health Sciences Program which may impact the student's progression within the Program toward graduation.

Vaccine	Required Dosage 4 weeks = 1 month	Documentation*
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> (#3 <i>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 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
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</i>	1 dose <i>within last 10 years</i>	Written, <i>documented</i> receipt of one dose of vaccine within last 10 years
COVID 19	1 dose or 2 doses (minimum 4-8 weeks apart)	Written <i>documentation</i> of 1 dose of Johnson and Johnson (Janssen) or 2 doses of Moderna or Pfizer vaccine
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.

NOTE: *The MMR and varicella vaccines should not be given BEFORE the TB skin test (TST) or IGRA (Quantiferon or T-Spot) blood test as these vaccines may cause inaccurate test results. If MMR and varicella are given BEFORE the TB test, a minimum of 4 weeks must separate the vaccine from the TB 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, COVID 19, and rabies vaccines can be given any time and do not interfere with TB 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 Name Revised 4-5-2022	Quest Diagnostics test code	LabCorp test code	Primex test code
Hepatitis A total antibodies	508	006726	786
Hepatitis B surface antibodies	499	006395	790
Measles, Mumps, Rubella (MMR) Immunity profile	5259	058495	4400
Measles (Rubeola) IgG antibodies	964	096560	815
Mumps IgG antibodies	8624	096552	818
Rubella IgG antibodies	802	006197	831
Varicella IgG antibodies	4439	096206	851
Varicella Immunity Screen for history of disease or vaccination	1405	Not available	Not available

**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 TEST POLICY 2023

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 Nursing.

PROGRAM REQUIREMENTS VARY

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

THE STUDENT IS RESPONSIBLE FOR KNOWING WHAT IS REQUIRED FOR THEIR SPECIFIC PROGRAM OF STUDY.

Students are responsible for presenting to their 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 TB Test = No more than 365 DAYS SINCE ADMINISTRATION OF A TB Test, either TB skin test (TST) or Interferon Gamma Release Assay (IGRA) blood test such as Quantiferon or T-Spot.

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 (CDC) recommends: Administer the test, read results 48-72 hours later.

TWO STEP TST = The CDC 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 second step.

CURRENT CHEST X-RAY (CXR) = Taken 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. A CXR will only be accepted as a follow-up to a documented positive TB test either TST or IGRA.

QUANTIFERON® TB or T Spot BLOOD TEST = Confirm with respective Program that the blood test is accepted in place of TST.

TB Test	Documentation	Action	Additional follow up
<p>Prior to clinical assignment or as defined by the Program</p>	<p>Provide evidence of negative TB Test (TST or IGRA) within the last year</p>	<p>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.</p>	<p>Documented <i>history of positive TB test</i> SEE BELOW.</p>
<p>NEW POSITIVE TB test results</p>	<p>Written documentation by qualified healthcare professional indicating no active pulmonary disease is present</p>	<p>Referral to healthcare provider for evaluation, chest x-ray and/or treatment recommendations. Student must provide advisor/instructor</p> <ol style="list-style-type: none"> 1) written results of TB test 2) written documentation of negative (no active pulmonary disease) CXR. 3) completed <u>Tuberculosis Symptom Screening Questionnaire</u> annually. 	<p>None</p>
<p>Documented HISTORY of POSITIVE TB test</p>	<p>Written documentation by qualified healthcare professional indicating no active pulmonary disease is present</p>	<p>Requires:</p> <ol style="list-style-type: none"> 1) CXR taken within the past 24 months as follow up to previous positive TB test 2) written documentation by healthcare professional indicating no active pulmonary disease is present 3) completed <u>Tuberculosis Symptom Screening Questionnaire</u> annually. <p><i>Exempt</i> from further TB test. If symptoms suggestive of TB develop, an immediate referral to a healthcare provided required. *</p>	<p>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 TB test or chest x-ray. * SEE BELOW</p>

continued next page

TB Test	Documentation	Action	Additional Follow up
<p align="center">Documented HISTORY of POSITIVE TB test 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 TB test and CXR.</p> <p>If symptoms suggestive of TB develop an immediate referral to a healthcare provided required. *</p>	<p align="center">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 TB test and CXR.</p> <p>If symptoms suggestive of TB develop an immediate referral to a healthcare provided required. *</p>	<p align="center">None</p>

***CONFIRMED or SUSPECTED TB INFECTION** – Dean and Southern Nevada Health District must be notified immediately.

COLLEGE OF SOUTHERN NEVADA

Tuberculosis Symptoms Screening Questionnaire 2023

This form must be completed annually by a student with a history of a positive TB Test either Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) such as Quantiferon or T-Spot

PLEASE PRINT

Name: _____

Enrolled in Which Program? _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

Birth date: month day year

Please answer the following questions

Do you have:	Descriptions	Yes	No
1. Unexplained productive cough	<i>Cough greater than 3 weeks in duration?</i>		
2. Unexplained fever	Persistent temperature elevations greater than one month?		
3. Night Sweats	Persistent sweating that leaves sheets and bedclothes wet?		
4. Shortness of breath/chest pain	Presently having shortness of breath or chest pain?		
5. Unexplained weight loss/appetite loss	Loss of appetite with unexplained weight loss?		
6. Unexplained fatigue	Very tired for no reason?		

The above health statement is accurate to the best of my knowledge. I will see my doctor and/or health department if my health status changes.

Printed name

Signature

Date

Action taken by Program Advisor/Instructor for a YES answer to any question.

COLLEGE OF SOUTHERN NEVADA

HEALTH HISTORY QUESTIONNAIRE 2023

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

Student 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

_____ <small>Physician</small>
_____ <small>Telephone</small>
_____ <small>Hospital</small>

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				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis (include infantile)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or seizures				

In an emergency, I authorize the CSN personnel in charge to use their discretion regarding the College's emergency procedures.

Explain “YES” answers as necessary:

Current Medications:

Student Signature

Date

CSN PHYSICAL EXAMINATION 2023

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

Patient Name: _____

DOB _____ GENDER _____

Return form to student for submission

Constitutional <input type="checkbox"/> NAD <input type="checkbox"/> WDNW Allergies					
Vitals: Temp	BP	HR	RR	Height	Weight
HEAD <input type="checkbox"/> NC/AT <input type="checkbox"/> ABN COMMENTS Ears <input type="checkbox"/> NL <input type="checkbox"/> Gross Hearing Eyes <input type="checkbox"/> PERL <input type="checkbox"/> Anicteric sclera <input type="checkbox"/> NL conjunctiva Nose <input type="checkbox"/> NL Throat <input type="checkbox"/> Trachea midline <input type="checkbox"/> Oropharynx clear Neck <input type="checkbox"/> Neck supple, no mass <input type="checkbox"/> Cervical/supraclavicular nodes NL					
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 <input type="checkbox"/> ABN JVD: <input type="checkbox"/> No <input type="checkbox"/> Yes Murmur: <input type="checkbox"/> No <input type="checkbox"/> Yes <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"/> NL <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.

Healthcare Provider Print Name _____

Signature _____ Date _____

COLLEGE OF SOUTHERN NEVADA
REPORT OF EXPOSURE TO BLOODBORNE PATHOGENS 2023

Following an exposure to bloodborne pathogens incident, please send the completed form to EH&S at EnvironmentalHealth.andSafety@CSN.EDU.

Do not write in this space
Incident or C-1 Report: _____
Exposure to BBP Case Number: _____

EXPOSED INDIVIDUAL

Name: PRINT _____ Sex: M / F
Date of Birth _____ Social Security Number: _____
Phone: home _____ Phone: cell _____ Phone: work _____
Address: _____ City _____ State _____ Zip _____

Check one:

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

SOURCE INDIVIDUAL

Identify the source individual (the person to whom the exposed individual was exposed), if one exists:

Name: _____
Phone: Home _____ Other: _____
Address: _____
City: _____ State _____ Zip _____

INCIDENT DETAILS

Date of Incident: _____ Time of Incident: _____ Time Incident was reported: _____
Name and 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

____ other, please explain

Did the incident involve exposure to potentially infectious materials (blood, saliva, body fluids, 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

Printed Name/Signature of Person completing Report Date

Printed Name/Signature of Witness or Supervisor Date



WRITTEN STATEMENT

On-Campus Incident Report 2023

Each incident, illness, accident, or injury must be reported no matter how minor. Submit the completed incident report to CSN Environmental Health and Safety 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:

Printed Name/Signature of Person Making Report

Date

Printed Name/Signature of Supervisor / Witness

Date

Copies to: Campus Security and Program Director

COLLEGE OF SOUTHERN NEVADA
PREGNANCY NOTIFICATION/RELEASE FORM 2023

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 _____ weeks pregnant and currently under my care.

- Student 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.*
- Student 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 following childbirth.
- Withdraw from clinical courses, while completing didactic courses for the semester.
- Continue with all courses.

Student Signature

Date

Print Student Name

Student ID# (NSHE)

COLLEGE OF SOUTHERN NEVADA
REQUEST TO REVIEW EDUCATION RECORDS 2023

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 2023

Print Student Name

Student ID# (NSHE)

Course/Section

Semester/Year

Instructor Name

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

- _____ 1. Failure to maintain required grades
List courses
- _____ 2. Unsatisfactory clinical assignment/laboratory performance:
Failure to meet the following minimal competencies; including removal from clinical assignment
- _____ 3. Failure to comply with specific program requirements
List non-compliant requirements

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 issues.

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
VOLUNTARY WITHDRAWAL FROM
LIMITED ENTRY ESHS PROGRAM 2023

I voluntarily withdraw from the following Limited Entry ESHS Program.

ESHS Limited Entry Program Name _____

List Semester, Course Code, Course Section, Course Name if applicable

Student Signature

Date

Print Student Name

Student ID# (NSHE)

Submit completed form to Program Director

Copy to: Department Chair, Dean of ESHS

COLLEGE OF SOUTHERN NEVADA
ADMINISTRATIVE WITHDRAWAL FROM ESHS COURSE 2023

Print Student Name

Student NSHE ID#

Course/Section

Semester/Year

Instructor Name

According to CSN Course Registration and Course Withdrawal Policy II.B. “CSN Administration may withdraw a student at any time during the session for just cause including, but not limited to, failure to pay for the course or violations of Student Conduct Code.” The policy is located at https://www.csn.edu/csnmedia/documents/policies-and-procedures/course_registration_course_withdrawal_policy.pdf

Administrative withdrawal of the student listed above from the ESHS Limited or Open Entry course is requested for the following reason

1. Failure to comply with specific course requirements: State requirements not met and provide documentation

2. Lack of professionalism or unethical conduct exhibited during the course: Describe and provide documentation

3. Other just cause as defined by the course syllabus or specific Health Sciences Program handbook/policy: Describe and provide documentation

I have read and discussed the above with the appropriate faculty member. I understand that I will be Administratively withdrawn from the ESHS Course listed above and that withdrawal may impact my ability to progress within the Health Science Limited Entry Program or Open Entry Course of Study.
I have discussed my options with the appropriate faculty member.

Student Signature

Date

Instructor Signature

Date

Program Director or Department Chair Name

Program Director or Department Chair Signature

Date

Submit completed form to Program Director, Department Chair, and ESHS Dean

COLLEGE OF SOUTHERN NEVADA
DISMISSAL FROM
ESHS LIMITED ENTRY PROGRAM 2023

Student Name

Program

Student NSHE ID Number

Semester/Year

 A. IMMEDIATE DISMISSAL BY ESHS DEAN FOR FAILURE TO MAINTAIN REQUIRED GRADES OR GPA State Reasons for ESHS Limited Entry Program Dismissal Action

B. DISMISSAL REQUIRING REVIEW OFFICER AND CONFERENCE

As outlined in NSHE Title 2, Chapter 11 Dismissal procedures, the appointed CSN Review Officer will provide the student with a written statement of reason for the ESHS Limited Entry program dismissal action and set up the Review Conference.

 Lack of Professionalism or Unethical Conduct
 State reasons for ESHS Limited Entry Program Dismissal Action

 Failure to comply with specific program requirements
 State reasons for ESHS Limited Entry Program Dismissal Action

 Failure to comport with professional and/or ethical standards applicable to the particular discipline or program State reasons for ESHS Limited Entry Program Dismissal Action

I have read and discussed the above with the Program Director. I have been informed and understand the Dismissal Procedure as outlined in NSHE Code Title 2, Chapter 11.

Student Signature

Date

Program Director or Department Chair Name

Program Director or Department Chair Signature

Date

Submit completed form and appropriate documentation to Department Chair and Dean of ESHS

COLLEGE OF SOUTHERN NEVADA
REQUEST FOR REVIEW OF
ESHS PROGRAM ISSUE NOT COVERED IN SECTION IV 2023

 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 Printed Name/Signature

 Date

Submit this form by email to jo.casselmann@csn.edu

Allow 7-10 working days for review and response, which will be sent by email to the address indicated above. Do not call or otherwise contact the Dean's office during the review period.

**ESHS LIMITED ENTRY
REINSTATEMENT COMMITTEE
Student Letter Template 2023**

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 Limited Entry 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 Limited Entry 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 or Dismissal 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 as directed by Program

Honor Code

Acknowledgement of Responsibility for
Handbook Review

Acknowledgement of Student Responsibility

Disclosure of Exposure to Potential Health Risks and
Waiver of Liability

HIPAA Letter of Instruction/Confidentiality

Substance Abuse Policy Release

Acknowledgement of Health Insurance

Authorization to Release Information

Proof of Immunity Policy Acknowledgement

COLLEGE OF SOUTHERN NEVADA

HEALTH SCIENCES STUDENT HONOR CODE 2023

As a student at 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 2023

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 2023

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 prior to entering into a clinical assignment at a CSN clinical affiliate and to provide proof of the following:
 - a. Drug screen: Negative results to a 10-panel drug and alcohol 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® or T Spot Interferon gamma release assay (IGRA) Blood Test
 - c. Measles (rubeola): documented receipt of two doses, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider, or serological evidence of immunity.
 - d. Mumps: documented receipt of two doses, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider, or serological evidence of immunity.
 - e. Rubella: documented receipt of two doses, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider, or serological evidence of immunity.
 - f. Chicken pox (varicella): documented receipt of two doses, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider, or serological evidence of immunity.
 - g. COVID-19: documented receipt of one or two doses
 - h. Hepatitis B: documented receipt of two or three doses, or serological evidence of immunity.
 - i. Tetanus, diphtheria and acellular pertussis: documented inoculation within ten (10) years of date of the clinical assignment.
 - 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 and CSN with the Background Information for their review prior to my acceptance for the clinical assignment.
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 assignment 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 clinical assignment. 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 assignment.

7. **Academic credit:** I acknowledge that I will receive academic credit for the clinical assignment 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 the Health Sciences 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 clinical assignment, 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 clinical assignment 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 a 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 a clinical assignment 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

2023

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 student's 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 (Coccidiomycosis); 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 parent 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 submit the *Waiver of Liability* as directed by the Program.

COLLEGE OF SOUTHERN NEVADA WAIVER OF LIABILITY 2023

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

HIPAA LETTER OF INSTRUCTION/CONFIDENTIALITY 2023

As a student at the College of Southern Nevada with access to patients' health information, I am 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, dismissal 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 the Clinical Affiliate 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 the Clinical Affiliate. 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 the Clinical Affiliate. 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 the Clinical Affiliate. The Clinical Affiliate may terminate the undersigned's relationship with the Clinical Affiliate based upon a single breach of confidentiality by the student.

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 2023

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, methaqualone, opiates, phencyclidine, propoxyphene, and alcohol. The urine is also screened for adulterants which may interfere with accurate testing.

I agree that a drug testing facility is authorized by me to provide the results of this test to CSN and the Clinical Affiliate. 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/dismissal 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 case of a positive test result including an alcohol level at or above 0.08, I may be dismissed 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 2023

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 Health Sciences Program. 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.
Date

Student Signature

Date

Print Student Name

Student ID# (NSHE)

Copy to: Program Director

COLLEGE OF SOUTHERN NEVADA

AUTHORIZATION TO RELEASE INFORMATION 2023

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.

- Proof of Immunity 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

ACKNOWLEDGEMENT OF PROOF OF IMMUNITY POLICY 2023

The College of Southern Nevada (CSN) Engelstad School of Health Sciences (ESHS) students must comply with both Nevada law and Clinical Affiliate proof of immunity requirements.

ESHS Clinical affiliates require proof of immunity for all faculty, staff, and students prior to participation in a clinical assignment at their sites.

Enrollment at CSN without proof of immunity does not excuse the clinical component requirements of the Health Sciences Limited Entry Program or Open Entry Certificate Course of Study. Students who do not provide required proof of immunity may not be able to complete the clinical components required for Program graduation or completion of Certificate requirements.

As a student enrolled in one of CSN's Health Sciences Limited Entry Program or Certificate Course of Study requiring clinical assignments, I have read and acknowledge the following:

I have been informed and understand that CSN Health Sciences Clinical Affiliates require students and staff to provide proof of immunity for the following vaccine preventable diseases: Hepatitis B, Varicella, Measles/Mumps/Rubella (MMR), Influenza, COVID-19, and Tetanus/Diphtheria/acellular Pertussis (Tdap) prior to participating in clinical assignments.

I have been informed and understand that CSN School of Health Sciences does not provide, require, or approve either religious or medical vaccination exemptions. Each individual clinical affiliate policy regarding vaccination exemptions will be followed, if available, which may impact my ability to participate in clinical activities required to complete my Program or Certificate Course of Study.

I have been informed and understand that proof of immunity may include either vaccination, serological testing, or written documentation of history of disease (MMR and Varicella only).

I have been informed and understand that if I do not provide proof of immunity as required by the Clinical Affiliate, I may not be able to participate in clinical activities that are part of the requirements for Program graduation or completion of Certificate requirements.

I understand that failure to complete a Health Science Program's required clinical component will result in my ineligibility to graduate or receive a Certificate, which will also result in my ineligibility to take the Credential/Certification exam and/or gain employment as a healthcare professional within my discipline of study.

Student name (print)

Student signature

NSHE #

Date

Copy to: Program Director