Clinical Education Information and Assumption of Risk

Participation in clinical education, including clinical simulations in didactic (classroom) settings, is required by professional accreditation standards for health sciences programs. Participation in such activities, including any placement in a healthcare facility or clinical site (including hospitals, clinics, pharmacies, or other such entities) for the purpose of clinical education entails certain risks, including the risk of exposure to infectious diseases and other personal injuries. Similarly, there exists some level of risk in didactic settings. While every effort will be made to minimize risks to students, staff, and faculty, the elimination of all such risks is beyond the control of the program or university. Vaccination for many infectious diseases, including COVID-19, may be required by a healthcare facility for placement in clinical education. All health science students may receive a COVID-19 vaccination free of charge. If unvaccinated, restrictions upon student activities by the program or site may be imposed. Placement at certain healthcare facilities or sites may be contingent on vaccination status and requirements may change without advanced notice. Educational opportunities missed due to lack of vaccination may delay graduation and/or result in additional educational expenses.

I freely and voluntarily accept the health risks and potential facility requirements described above to complete my clinical educational requirements. I also understand that COVID-19 vaccination is recommended, but not required by Idaho State University. I understand that COVID-19 vaccination may be required by some health facilities or clinical sites to participate in certain aspects of clinical education. If I choose NOT to be vaccinated for COVID-19, I may be required to adhere to additional guidance based on CDC recommendations. Before engaging in clinical education, please read, initial, and sign the following:

Initials

1. I will not participate in clinical education if I exhibit any signs/symptoms of infection, including but not limited to: runny nose, fever, cough, shortness of breath, head or body aches, sore throat, loss of smell, or nausea/vomiting/diarrhea. If I exhibit any of these signs/symptoms, I will notify the appropriate person(s) at my clinical site and my designated program contact person for instructions.

2. If I am exposed to COVID-19, and NOT up to date on COVID-19 vaccinations, I will immediately notify the appropriate person(s) at my clinical site and my designated program contact person. I will complete a self-reporting form and may be required to quarantine. I understand that required quarantine time will need to be made up to complete program requirements.

3. I will comply with masking and physical distancing requirements, including on lunch, breaks, or when occupying shared workspaces. I will wear facial coverings in accordance with CDC, program, and health facility policy.

4. I will comply with clinical site policies related to facial covering/glove wearing and handwashing and disinfecting procedures before and after all patient encounters and at other times as specified. I will complete any required infection control or personal protective equipment (PPE) training by my program or the clinical facility.

5. I will follow all infection control guidelines, policies, and procedures of the clinical facility, program, and/or university. Such guidelines are subject to change as more information becomes available.

6. I recognize the dangers to myself and others of acquiring infectious diseases during clinical education, including the possibility of health-related consequences of such diseases. I recognize that vaccination for COVID-19 and other infectious diseases is recommended to decrease the risk of these consequences.

7. I have the right to feel safe during clinical education. I have the ability to talk to my clinical instructor regarding any concerns I may have related to breaches in infection control measures or public health recommendations at any clinical education site.

8. I recognize I have the right not to participate in clinical education because of potential risks to myself and/or members of my household. I recognize that any missed clinical education time due to lack of participation will need to be made up to complete program requirements and may delay my graduation.

9. If I test positive for COVID-19, I will notify my program’s clinical coordinator and complete the self-report form.

10. I will follow all ISU or health facility-related screening requirements.
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11. Vaccination status. Please initial one of the following and provide dates if applicable:
   _____ I have been fully vaccinated* with an FDA-approved COVID-19 vaccine. **Date(s):________________________**
   _____ I have been fully vaccinated* with an FDA-approved COVID-19 vaccines, including being up to date with the recommended boosters. **Date(s):________________________**
   _____ I have received at least one dose of an FDA-approved COVID-19 vaccine and intend to receive the second dose (as appropriate). **Date(s):________________________**
   _____ I have not received an FDA-approved COVID-19 vaccine, but will be fully vaccinated* within 6 weeks.
   _____ I will not be receiving an FDA-approved COVID-19 vaccine.

*Fully vaccinated means that you have (1) received a primary series of an FDA-approved COVID-19 vaccine and (2) have waited a 2-week period following the last injection for full protection. NOTE: Some facilities may require booster dose(s) to be considered fully vaccinated.

Documenting Exemptions:

Students may request an exemption to a clinical facility or site's vaccination requirement for valid medical or religious reasons. If a student chooses not to be vaccinated for a medical or religious reason and seeks an exemption from the vaccination requirement imposed by a clinical site, further documentation may be required by the site. Some sites may facilitate the religious exemption request themselves and the student will need to complete the site's appropriate form. Other sites may ask the university to help facilitate this process. Decisions to accept an exemption request are generally up to the clinical site.

Medical exemption requests: Students should work with the ISU Office of Disability Services for disability accommodations. Students can fill out a Student Request for Services Form or call (208) 282-3599 (Pocatello), (208) 373-1723 (Meridian), or email disabilityservices@isu.edu. Upon the conclusion of the accommodation process, the Office of Disability Services will email a letter to the student with the decision of the medical exemption request for submission to any requesting clinical site.

Religious exemption requests: Students should work with the Office of Equity and Inclusion for a religious exemption request by completing the Religious Exemption Request Form. The Office of Equity and Inclusion will email a letter to the student with the decision of the religious exemption request for submission to any requesting clinical site. Students can reach the Office of Equity and Inclusion at (208) 282-3964 or email taysshir@isu.edu to request the form.

Opt-out Guidelines:

In general, satisfactory progression through professional curricula requires that students complete clinical and didactic course requirements in the semester in which they are enrolled. Programmatic requirements are based on professional accreditation standards and licensing board requirements, and include clinical education activities. Should a student be unable to complete requirements due to illness or CDC-recommended isolation/quarantine, make-up work may be allowed if congruent with programmatic or university policies for other medically-related absences. Should a student choose not to complete any course or program requirement related to clinical education, the student is responsible for contacting the course instructor and providing a rationale for “opting out.” Opt-out policies may vary between programs; students should contact their individual programs for specifics on process. Delays in progression and/or graduation may occur due to quarantine time and/or if a student chooses to opt-out of any aspect of required coursework or clinical education.

Student Signature _____________________________ Date _______________________

Student Printed Name ____________________________

This assumption of risk is in effective for the course of the program of study or until a new document is signed, whichever is greater.

Updated 6/14/22 CTO Reviewed by ISU General Counsel