**XXX University**

**2020 On-site Clinical Acknowledgment and Release (COVID-19)**

**Acknowledgement and Release**

XXXUniversity is closely monitoring and responding to the coronavirus (COVID-19) outbreak and following the guidance and recommendations from the Centers for Disease Control and Prevention (CDC), the State of XXX, the City of XXX, and the XXX County Department of Public Health. The health and safety of XXX University students, faculty and staff are of utmost importance, and XXXUniversity has enacted specific policies and safety measures to mitigate the risk to our students engaged in XXXUniversity Pre-licensure Nursing program that include a clinical setting and/or an On-Campus experience option. XXX is also committed to working with all students to minimize the negative impact that COVID-19 could have for those in programs with clinical hours. As a condition of, and in consideration for XXX allowing you to continue with the clinical setting and/or On-Campus experience that you have chosen, you agree to the terms of this Acknowledgment and Release, which is supplemental to all other XXX University Policies and Procedures applicable to XXXUniversity Pre-licensure nursing program policies, which remain in effect.

I have freely chosen to engage in the clinical setting or the On-Campus experience for my program and consulted with my parent or guardian regarding this matter, as appropriate.

Prior to engaging in an On-Campus Experience or a Pre-licensure Clinical Rotation off-site, I acknowledge the following:

* I am currently free of fever and/or symptoms of COVID-19 and have been free of any such symptoms for the past 72 hours.
* If you were previously diagnosed with COVID-19, it has been 10 days since testing positive AND you have been free of any such symptoms for the past 72 hours.
* I am not immunocompromised or otherwise aware that I have significant risk factors that would jeopardize my health if exposed to COVID-19. Requests for accommodations will be reviewed on a case by case basis by Student Disability Services.
* If I am on campus and develop any symptoms or believe I have been exposed, I will immediately contact University Health and Wellness Clinic at xxxxphone or email them at XXX. If the Clinic is closed, call the COVID hotline at XXXX. If I reside off campus or out of state, I will notify my Program Director immediately.
* If attending the On-Campus Experience, I agree to submit to temperature and COVID-19 symptom checks at the start of each day. If my temperature is elevated or have positive Covid-19 symptoms as described herein or otherwise identified by the CDC, I will not be allowed to enter the class but instead will be required to contact the University Health and Wellness Clinic for further evaluation and direction.
* If attending an off-site Pre-licensure clinical rotation, I will abide by all requirements set forth by the clinical agency, which may include periodic temperature checking and wearing PPE.

In light of the above, I voluntarily understand and acknowledge the potential risks of doing so in light of the current COVID-19 pandemic and agree to the following:

* I understand that as a student in the Pre-licensure Nursing program, I am required to engage in a clinical experience to meet regulatory and accreditation requirements, and that substitution of other coursework may not be acceptable for completion of my program. I understand that in the pre-licensure nursing program, some direct patient care hours may be substituted with a virtual option during this COVID-19 crisis, as outlined by the XXX(state) Board of Nursing and CCNE.
* I am aware of the current COVID-19 virus pandemic and agree to abide by all current guidelines for transmission mitigation as set forth by the CDC (which can be found at <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>), as well as state and local government and University rules regarding physical and social distancing, including but not limited to:
* Abiding by applicable State Stay at Home Orders;
* Providing for at least 6 feet of space between myself and others;
* Immediately report any illness, including but not limited to: fever above 100.4°, cough, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat and new loss of taste or smell to my on-site clinical preceptor.

* I understand that it is important to always have access and wear Personal Protective Equipment (PPE) as indicated in all clinical settings to minimize the risk of exposure. If PPE is not available from my site, it is my own responsibility to refrain from exposing self to high risk patient encounters or to secure my own PPE.
* I understand the University will provide non-medical grade cloth masks, gloves and/or face shields (if warranted in the setting of less 6ft of physical distancing), and I will assume the responsibility of maintaining proper sanitation of these devices.
* I understand the importance of not re-wearing the same clothing during the On-Campus experience due to the unknown lifespan or existence of the coronavirus on clothing.
* I understand that if I experience symptoms of COVID-19 while I am engaged in the on-site clinical experience, I must be evaluated by a medical professional and may be required to self-isolate for the recommended period until recovery, which may be several weeks.
* I understand if I am a Prelicensure nursing student, I will immediately notify the University Student Health Clinic if I have contact with an individual known to have COVID-19, even if I am symptom free. If this occurs, I agree to abide by current COVID-19 rules which require that I self-quarantine for 14 days as directed by the Student Health Clinic, even if symptom free during that time.
* I understand that if I am required to self-isolate or self-quarantine, I will be unable to participate in my on-site clinical experience during that time and until released by a healthcare professional to return to work. I understand that although my program may allow a virtual option for me to complete program requirements, I acknowledge that if self-isolation and/or self-quarantine interfere with my program requirement completion, I may not be able to complete the necessary requirements for my program based on my original timeframe.
* I understand that the current COVID-19 outbreak is a fluid situation and that CDC, state and local rules, and University’s policies may change at any time. I will be notified of any such changes via email and will be responsible for adhering to such rules as incorporated into this Acknowledgement and Release.
* I expressly understand and agree to assume all risk arising out of participation in my on-site clinical experience, including but not limited to the current risk of exposure to COVID-19. I hereby knowingly, freely, and voluntarily agree to waive, release, and discharge any and all claims against XXXUniversity, its officers, directors, employees, agents, sponsors, and volunteers for damages for death, personal injury, or property damage to myself or to third part(ies), that may arise from or subsequently accrue as a result of my on-site clinical participation.

**I HAVE READ THIS AGREEMENT BEFORE SIGNING IT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS.**

**I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 AND HAVE THE LEGAL CAPACITY TO MAKE THIS DECISION FREELY AND VOLUNTARILY FOR MYSELF, BUT I HAVE CONSULTED WITH MY PARENT OR GUARDIAN REGARDING THIS MATTER AS APPROPRIATE.**

**Acknowledged and Agreed:**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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