



Fundamentals of Health Science & Health Science **2018-19**

Congratulations on your admission to an EFE Health Sciences program. Did you know EFE's Health programs are at capacity, with over 70 students on wait lists? As such, we want you to be sure next year's program meets your expectations before the 18-19 school year begins. Hence, you and your parent are invited to join us on May 15 for a program orientation. The agenda will include a chance to meet the instructor, hear about class experiences, potential college credit and the reasoning/deadlines behind the contents of this packet, along with a tour of the classroom and lab.

EFE Fundamentals & Health Science Orientation

May 15, 2018 @ 6:30 PM

KVCC, Room 9130

6767 West O Avenue

Kalamazoo MI 49003-4070

<https://www.kvcc.edu/about/virtualtour/maps.htm>

(Room 9130 is closest to the college's SW entrance)

Notice of Non-discrimination:

It is the policy of Kalamazoo Regional Educational Service Agency that no discriminating practices based on gender/sex, sexual orientation, race, religion, height, weight, color, age, national origin, disability, genetic information or any other status covered by federal, state or local law be allowed during any program, activity, service or in employment. The following positions at Kalamazoo RESA have been designed to handle inquiries regarding the nondiscrimination policy: Assistant Superintendents, Tom Zahrt, Mindy Miller and Dr. Jennifer Sell. Contact information: (269) 250-9200, 1819 E. Milham Ave. Portage, MI 49002



As you prepare for next fall's class, please consider the following:

- The rules stated in this document were established in partnership with local healthcare agencies.
- NOTE: All students need to agree to the guidelines on page 3; ONLY students hoping to participate in workplace observations need to complete pages 3 – 9.
 - a. If someone, other than a medical professional, completes pages 5 & 6, an *official immunization record* MUST be attached.
 - 1) School district immunization records ARE NOT a valid source of documentation; however, a Michigan Immunization Childhood Registry document (MCIR) is acceptable.
 - b. **Pages 3 – 9 are due to your instructor by September 7,** or the date provided upon acceptance into the program. **DO NOT wait until the last minute!** More than likely, you will need to visit your local healthcare provider for a TB test. In some instances, a repeat visit to the physician's office may also be required. *Documentation will only be shared with Healthcare partners.*
 - c. Before handing in your packet, check it through for completeness, and be sure to **KEEP A COPY FOR YOUR RECORDS.**
 - d. **Documents should be submitted in an envelope containing your name, instructor's name and class period.**
- **EFE Fundamentals and Health Science students are now eligible to receive KVCC dual enrolled credit in WPE 112 Safety and First Aid.** Dual enrollment requires students apply to and be accepted by Kalamazoo Valley Community College (KVCC). Students will be expected to have completed this process by September 7.

EFE looks forward to being a part of your schedule next year. The timely completion of the following materials will make for a much smoother transition into and successful completion of next year's Health Science program!

In late August, students should expect to receive a letter from EFE providing logistics about the first week of school. Contact the EFE office at **269-250-9300** with any questions.

For more information, contact

Karen Robyn
Program Administrator
Education for Employment
Kalamazoo Regional Educational
Service Agency
1819 E. Milham Ave. Portage, MI
49002-3035
karen.robyn@kresa.org
269-250-9310



A student enrolling in one of the above programs needs to agree to the following program guidelines.

1. Students enrolling in Education for Employment (EFE) Health Science (HS) or Fundamentals of Health Science (FHS) are registering for a full-year program **located** on Kalamazoo Valley Community College's Texas Township Campus. **(HS and FHS programs ARE NOT KVCC programs.)**
2. Students are assigned class time based on home school's slot availability. Transportation to and from the program is a district decision. Questions about transportation need to be directed to the student's home school.
3. Workplace observations are a privilege and an activity that will be arranged between the EFE instructor, the healthcare agency and the student. Observations will **ONLY** take place if the student's documentation is complete and on file at the time of scheduling and the student is passing the class, with a C or better. Opportunities may be scheduled outside of class time. Students are responsible for their own transportation to and from the experience.
4. As an EFE student in a Health Sciences program, the workplace partner may request student information. Upon request from the workplace affiliate, EFE may release information from the student's file, including but not limited to: physical examination form, immunization/diagnostic form, updated immunization records, drug screen results, criminal background check results, proof of HIPPA training, fit testing, and or PAPH hood training, and proof of valid CPR certification.
5. This class involves clinical skills that can be physically demanding. i.e. lowering a patient to the floor during a fall, moving a patient up in bed and performing CPR.
6. Upon conclusion of the school year, students need to return to their instructor all classroom and lab supplies. (Fines will be charged for missing or damaged items.)
7. **The following contains general dress guidelines that apply to classroom, laboratory, clinical, and professional areas. These expectations will be explained in detail during the first week of class.**

Workplace Observations, Lab & Professional Dress Expectations

- | | |
|--|--|
| <ul style="list-style-type: none"> • Official hospital dress code or the wearing of blue (ceil) scrubs. • Daily bathing and the application of deodorant • No dangling earrings, no more than three earrings per ear, and no more than two rings per hand. No bracelets or necklaces (unless they are medical alert jewelry). One watch is allowed. • No nose, eyebrow or tongue studs or rings • No visible tattoos or body piercings on the face/neck/arms/hands. i.e. if a tattoo is on your neck, you must wear a white turtleneck to hide the tattoo. • The avoidance of heavy perfumes and colognes. | <ul style="list-style-type: none"> • Clean hair; if shoulder length or longer, must be tied back • NO extreme hairstyle or unnatural hair color, i.e. blue... • Closed toed, closed-back solid white, black, gray or brown shoe with socks. One inch of color is allowed except for neon colors. • Hospital lab coat (provided) • Wearing make-up in moderation • Clean, well-groomed, moderate colored nails kept at no longer than ¼ inch. Artificial nails are prohibited for infection control reasons. • NO gum chewing • Nametag to be worn on upper torso. (provided) |
|--|--|

**Students may have additional restrictions dictated by their career shadowing or clinical opportunities.*

I have read the Health Science/Fundamentals of Health Science guidelines, with my parent/guardian, and understand the commitment I am making.

Name of Student (Please PRINT)		Student Signature	DATE	Place a check mark in the box above the class you are enrolled.	
				Health Sciences	Fundamentals of Health Sciences
				<input type="checkbox"/>	<input type="checkbox"/>
High School		Student Cell #		Student Email	
Parent/Guardian (Please PRINT)		Signature of Parent/Guardian	DATE	Phone #	
Address		City		Zip	

Name: _____
Last First Middle

High School: CS CO GA GL LN KC PA PC PN SC VX OTHER _____

Physical Examination - Describe All Abnormalities (To be completed by the Examining Provider)

An EFE student may submit a copy of their high school sports physical, instead of having this form completed by a healthcare provider **PROVIDED** the sports physical is for the school year the student is enrolled in their EFE program.

THE TYPICAL DEMANDS PLACED ON A HEALTH CAREER STUDENT AND PRACTITIONER ARE:

STRENGTH - Frequently and repetitively, perform physical activities requiring ability to push/pull objects of more than 50 pounds and to transfer objects of more than 100 pounds.

MANUAL DEXTERITY - Constantly perform simple gross motor skills such as standing, walking, handshaking, writing, and typing; and complex fine motor manipulative skills such as calibration of equipment, drawing blood, endotracheal intubation, etc.

COORDINATION - Constantly perform gross body coordination such as walking, filing, retrieving equipment; tasks which require eye-hand coordination such as keyboard skills, and tasks which require arm-hand steadiness such as taking BPs, calibrating tools and equipment, holding retractors, probing periodontal spaces, etc.

MOBILITY - Constantly perform mobility skills such as walking, standing, prolonged standing or sitting in an uncomfortable position; move quickly in an emergency and maneuver in small spaces; requires frequent twisting and rotating.

VISUAL DISCRIMINATION - Constantly see objects far away, discriminate colors, and see objects closely as in reading faces, dials, monitors, fine small print, etc.

HEARING - Constantly hear normal sounds with background noise and distinguish sounds. Some examples include conversations, monitor alarms, emergency signals, breath sounds, cries for help, heart sounds, etc.

CONCENTRATION - Consistently concentrate on essential details even with interruptions, such as client requests, IVAC's, alarms, telephones ringing, beepers, conversations, etc.

ATTENTION SPAN - Frequently attend to task/functions for periods exceeding 60 minutes in length with interruptions such as those mentioned above.

CONCEPTUALIZATION - Consistently understand, remember, and relate to specific and generalized ideas, concepts, and theories generated and discussed simultaneously.

MEMORY - Remember task/assignments given to self and others over both short and long periods of time as well as significant amount of patient data with interruptions and distractions.

CRITICAL THINKING - Critical thinking skills sufficient for clinical judgment: making generalizations, evaluations, or decisions.

COMMUNICATION - Interact with others in non-verbal, verbal and written form and explain procedures, initiate health teaching, and document care. Must be able to read, write, and understand written English.

STRESS - Perform all above skills and make clinical judgments correctly when confronted with emergency, critical, unusual, or dangerous situations.

Summary Assessment Circle appropriate responses. *Attach a separate sheet if necessary*

Considering this applicant's history and physical examination, are there any conditions, disabilities (including but not limited to communicable diseases which may be transmitted to others as a result of the applicant's participation in the EFE Health Science Educational Program), or limitations that could restrict the student's participation in an EFE Health Sciences educational program or limit subsequent employability?

Yes No Explain

Are there any accommodations necessary for this applicant?

Yes No Explain

Are there any special precautions, restrictions or conditions, which might result in an emergency (e.g., allergies, diabetes, seizure disorder, fainting, or other) in the classroom or during clinical practice?

Yes No Explain

Provider completed, conducted, reviewed and/or verified all sections of the physical exam form.

Signature of Provider

Date

Print Provider's Name

Provider's Office Phone

Kalamazoo RESA Education for Employment (EFE) Health Sciences Immunization /Diagnostic Form

Name: _____
Last
First
Middle

Program enrolled: ___ Health Science ___ Fundamentals of Health Science

Address: _____

Phone: _____ Birthdate: _____ Sex: _____

Personal Physician: _____ Address: _____

Immunizations - Documentation of adequate immunity to Rubeola, Rubella, Mumps, Tetanus/Diphtheria/Pertussis, Chicken Pox, TB, Flu and Hepatitis B is required. **Participation in WORK PLACE OBSERVATIONS and/or INTERNSHIP may be denied because of incomplete immunizations, information or findings.**

1. **RUBEOLA (Hard Measles):** Full immunity to Rubeola must be demonstrated. **Check appropriate box and specify date.**

A. **Attach** lab report documenting adequate immunity.
 Specify date of titer or screen..... / /
Month Day Year

B. Immunized **twice** with measles vaccine.
 Date of second immunization / /
Month Day Year

2. **MUMPS:** Full immunity to mumps must be demonstrated. **Check the appropriate box and specify date.**

A. **Attach** lab report documenting adequate immunity.
 Specify date of titer or screen / /
Month Day Year

B. Immunized **twice** with mumps vaccine.
 Date of second immunization First ____ / ____ / ____ Second ____ / ____ / ____
Month Day Year Month Day Year

3. **MMR* (Measles/Mumps/Rubella):**

A. Immunized **twice** with MMR vaccine. First ____ / ____ / ____ Second ____ / ____ / ____
Month Day Year Month Day Year

4. **CHICKEN POX:** Full immunity to Chicken Pox must be demonstrated. **Check appropriate box and specify date.**

A. Had Chicken Pox **confirmed by a physician record**..... / /
Month Day Year

B. **Attach** lab report documenting adequate immune titer.
 Specify date of titer..... / /
Month Day Year

C. Immunized **with chicken pox vaccine**..... First ____ / ____ / ____ Second ____ / ____ / ____
Month Day Year Month Day Year

**The TB test (#8 on this form) may be given on the same day as live virus vaccines (Chicken Pox and MMR). Otherwise, the TB skin test should be delayed for 30 days after receiving either of these vaccines.*

4. TETANUS/DIPHTHERIA/PERTUSSIS: Full immunity to Tetanus/Diphtheria/Pertussis must be demonstrated. **One Tdap immunization must be administered within the last 10 years**

A. Tetanus/Diphtheria/Pertussis immunization has been administered. (One-time dose as an adult)

Indicate date of immunization..... / /
Month Day Year

6. HEPATITIS B: All EFE Health Sciences students are required to demonstrate immunity to Hepatitis B in either one of two ways: **Check appropriate box and specify date (s).**

A. **Attach** lab report documenting adequate immune titer. Specify date of titer..... / /
Month Day Year

B. Has begun the series of three immunizations

First ____/____/____ Second ____/____/____ Third ____/____/____
Month Day Year Month Day Year Month Day Year

C. I elect not to disclose my status as it relates to the virus Hepatitis B.
(Workplace observation/Internship opportunities will be selected based on this declination.)

5. INFLUENZA VACCINE (Sept.-Oct.): All EFE Health Sciences students are required to receive an **annual** flu vaccination.

A. Indicate date of last immunization..... / /
Month Day Year

ADDITIONAL DIAGNOSTIC STUDY

8. TUBERCULOSIS: Check appropriate box and specify date(s) and findings. Absence of active Tuberculosis is required and may be documented in either one of two ways.

A. PPD (Mantoux) test within the past year and must be renewed **annually** thereafter (Tine or Monovac not acceptable)

Date and test result..... / / Result: Positive
Month Day Year Negative

B. If PPD is positive, evidence of a Chest X-Ray is required within the past three years.

Date and finding..... / / Result: Positive
Month Day Year Negative

Provider completed, conducted, reviewed and/or verified all sections of the immunization form. (*If a Parent/Guardian completes these documents, instead of a provider, a copy of the student's official immunization record(s), documented by a healthcare professional, need to be attached. **SCHOOL RECORDS ARE NOT ACCEPTABLE DOCUMENTATION.**)

Signature of Provider		Date		Parent/Guardian Signature		Date	
Print Provider's Name				Provider's Phone #			



TO: Prospective EFE Student
FROM: Karen Robyn, Program Administrator
Kalamazoo RESA Education for Employment
RE: Student Drug Testing and Criminal Background Checks

Contracts with local healthcare agencies require Education for Employment students to successfully pass a drug test before participation in a workplace observation or clinical experience associated with their healthcare program. **Students are responsible for the cost of this test which is approximately \$25.** If a student’s initial drug test indicates further testing is necessary, the student may incur additional cost.

Another requirement from local healthcare agencies is students must complete a background check. Currently, the EFE office can conduct this check via the Internet Criminal History Access Tool (ICHAT). This method of investigation searches public records contained in the Michigan Criminal History Records maintained by the Michigan State Police Criminal Justice Information Center and fulfills the minimal requirement of the healthcare sites partnering with our programs.

If either of the above come back flawed, the student and their parent/guardian will be notified, whereby the student may be required to be removed from the class. Please read the following document and sign indicating your acceptance and agreement to EFE completing these program requirements on your behalf.

Students DO NOT complete the drug test OR background check on your own! Random testing will occur during class time. EFE will address this more during the program orientation in May and, again when school starts.

Education for Employment Health Science Programs
Kalamazoo RESA
Drug Test Authorization Form

PLEASE PRINT CLEARLY

Name (Last, First, Middle): _____

Date of Birth (Month, Day, Year): ____/____/____ Gender: Male _____ Female _____

I authorize facilities approved by Kalamazoo RESA Education for Employment (EFE) to conduct a drug screen for any drug, alcohol or substance requested by EFE, and to release those results to EFE. I acknowledge that I will sign any documents or authorization required. I understand that individuals who do not pass, or refuse to take a drug screen will not be placed into a workplace observation and/or internship in any course, and will be removed from any such opportunity if already placed.

I acknowledge that as a condition of work place observation/internship agencies collaborating with EFE, EFE requires all students enrolled in health career programs to participate in drug testing. As a student in such a program, I voluntarily subject myself to such drug testing to take place as required during my enrollment.

I also understand and agree that if I am arrested for, or convicted of any drug or alcohol related offense, I will immediately inform my instructor. I understand that individuals who are arrested for or convicted of a drug or alcohol related offense, even if the individual has previously taken and passed a drug or alcohol screen, may at EFE’s discretion, not be placed into a workplace opportunity, or may be removed from any such rotation if already placed.

I authorize EFE to release the results of my drug screen to any hospital, facility or other partner healthcare agency which requests the results as a part of fulfilling my education/training requirements or assessing my qualifications for a workplace observation and/or internship.

Signature

Date



Please Print Clearly

Name (Last, First, Middle): _____

List all other names you have ever used or by which you have ever been known (Last, First, Middle):

Date of Birth (Month, Day, Year): ____/____/____ Gender: Male _____ Female _____

Michigan Driver's Lic.#: _____

(Attach a copy of your driver's license or school ID)

Statement Regarding Criminal History

I hereby state that I have not been convicted of a felony described under 42 usc 1320a-7, which includes:

- Criminal offenses related to the delivery of items or services under federal or state health care law.
- Neglect or abuse of patients in connection with the delivery of health care items or services provided by a governmental agency.
- A felony relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct related to a state or federal health care program.
- A felony under Federal or State law relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Furthermore, I hereby state that I have not been convicted of any of the following felonies or have been convicted of attempting or conspiring to commit any of the following felonies, or completed terms and conditions or sentencing, parole, and/or probation for such a conviction within 15 years of application. Felonies include the following:

- The intent to cause death or serious impairment of body function, that results in death or serious impairment of a body function, that involves the use of force or violence, or that involves the threat or the use of force or violence:
- A felony involving cruelty or torture;
- A felony against a vulnerable adult;
- A felony involving criminal sexual conduct;
- A felony involving the use of a firearm or dangerous weapon; or
- A felony involving assault against a family member, police officer, firefighter or EMT.

Furthermore, I hereby state that I have not been convicted of a felony or an attempt or conspiracy to commit a felony, other than a felony for a relevant crime as described more fully above, or completed all terms and conditions of sentencing, parole, and probation for such conviction within 10 years of application.

Furthermore, I hereby state that I have not been convicted of a misdemeanor that involved abuse, neglect, assault, battery, criminal sexual conduct, fraud, or theft, or a similar state of federal misdemeanor within 10 years immediately preceding the date of application. Misdemeanor offenses would include the following:

- A misdemeanor involving assault or 1st degree retail fraud;
- A misdemeanor against a vulnerable adult;
- A misdemeanor involving criminal sexual conduct;
- A misdemeanor involving cruelty or torture; or
- A misdemeanor involving abuse or neglect.

Furthermore, I hereby state that I have not been convicted of one or more of the following misdemeanors or relevant federal health care fraud and abuse crime, within 5 years immediately preceding application. Other misdemeanor offenses include the following:

- A misdemeanor involving cruelty if committed before age 16;
- A misdemeanor involving home invasion;
- A misdemeanor involving embezzlement;
- A misdemeanor involving negligent homicide;
- A misdemeanor involving larceny;
- A misdemeanor involving retail fraud in the second degree; or
- A misdemeanor that is not otherwise identified involving assault, fraud, or theft, or possession or distribution of a controlled substance.

Furthermore, I hereby state that I have not been convicted of one or more of the following misdemeanors against a vulnerable adult within 3 years immediately preceding the date of application. Other misdemeanor offenses include:

- A misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury;
- A misdemeanor of retail fraud in the third degree; or
- Misdemeanor drug violations under the Public Health Code.

Furthermore, I hereby state that I have not been convicted of one or more of the following misdemeanors within 1 year immediately preceding the date of application:

- Any misdemeanor drug violations under the Public Health Code if under the age of 16; or
- A misdemeanor for larceny or retail fraud in the second or third degree if under the age of 16.

Furthermore, I hereby state that I have not been the subject of an order or disposition under the Code of Criminal Procedure dealing with findings of not guilty by reason of insanity in accordance with MCL 769.16b.

Furthermore, I hereby state that I have not been the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency under federal health care law pursuant to an investigation conducted in accordance with 42 USC 1395i-3 or 1396r.

Understandings and Agreements

In consideration of this conditional employment or clinical placement, I hereby understand and agree that, if the criminal history check conducted under Public Health Code Section 20173a as amended does not confirm these statements, my employment or clinical placement will be terminated by the facility as required by Section 20173a of that Code unless and until I can prove that the information is incorrect.

I also understand and agree that failure to meet any conditions described above may result in the termination of my employment or clinical placement and that those conditions are good cause for termination.

I further understand that an individual who knowingly provides false information regarding criminal convictions in this statement is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00, or both. (MCL 333.20173a(8))

I understand and agree that should I be arrested for or convicted of any criminal offenses listed in the section above entitled "Statement Regarding Criminal History" I will immediately inform my instructor.

Name of Applicant (Print)

Signature

Date