

PROGRAM REQUIREMENTS, POLICIES, and PROCEDURES For Drug Screening, Background Check/Fingerprinting, Physical Examination & Immunizations

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Students are required to carry personal health care insurance at all times while enrolled in a Health Careers Department program at Illinois Central College (ICC). In addition to carrying personal health care insurance, ICC requires all students enrolled in a health career program to complete drug screening, background check/fingerprinting, physical examination and immunizations as explained herein.

Drug screening and background check/fingerprinting, submission of physical examination, and up-to-date immunizations MUST be successfully completed prior to student start of academic health career program. No student will be permitted on clinical without being 100% compliant. Compliance is monitored. Any student not in compliance will not be allowed to enter or continue in the health career program. These records must remain or be maintained current for the duration of the student's enrollment in any health career program at Illinois Central College.

Students' medical records (drug screening, background check/fingerprinting, physical examination, and immunization records) are maintained on file at Illinois Work Injury Resource Center (IWIRC). Required drug screening and background check/fingerprinting must be performed at IWIRC. It is recommended that required physical examination and required immunizations be completed at IWIRC; however, the student may choose his or her own healthcare provider and submit the documents to IWIRC.

Illinois Work Injury Resource Center (IWIRC)
736 SW Washington Street, Suite 2A
(Washington and State Street)
Peoria, Illinois 61602

Phone: (309) 497-0300
Hours: Monday - Friday, 7:30 a.m. - 5:30 p.m.

The student is responsible for all fees incurred. ICC will bill the student for the cost of drug screening (\$44) and fingerprint/background check (\$36), both performed at IWIRC. Payment for physical examination and immunizations conducted at IWIRC must be paid at time of service. Payment to IWIRC may be by debit card, credit card, or money order (no cash accepted). Please note – prices are subject to change at any time.

Maintain copies of your records. It is recommended you keep a copy of all information submitted.

Questions? Contact ICC Health Careers Department: phone (309)690-7532 or email stephanie.becker@icc.edu

REQUIREMENTS CHECKLIST

For Drug Screening, Background Check/Fingerprinting, Physical Examination & Immunizations

The following is a checklist for completing drug screening, background check/fingerprinting, physical examination and immunizations. Please promptly complete these items.

IWIRC will complete drug screening first, followed by fingerprinting, physical examination, and immunizations. When you call, be prepared to notify them of each specific service you need to schedule.

REQUIREMENT	WHAT / WHY?
<input type="checkbox"/> Obtain a Live Scan Background and Fingerprint Request form from the ICC Health Careers Department.	The student must obtain the form from ICC’s Health Careers Department and complete the form by providing all necessary biographical information. The student then needs to bring this form to IWIRC at the time of their appointment for drug screening, background check and fingerprinting.
<input type="checkbox"/> Call IWIRC to schedule your appointments (309) 497-0300.	Appointment at IWIRC is required for drug screen and fingerprinting. You may also schedule your physical exam and immunizations at IWIRC if needed.
<input type="checkbox"/> Complete urine drug screening at IWIRC.	Student must remain drug free for admission and for the duration of the student’s enrollment within the health career program.
<input type="checkbox"/> Submit Live Scan Background and Fingerprint Request form and complete fingerprinting at IWIRC.	Allows ICC and others to receive the results of the fingerprint/background check.
<input type="checkbox"/> Submit completed physical examination to IWIRC.	May be completed at IWIRC or by a healthcare provider of your choice. Assesses physical health. The exam must remain current for the duration of the student’s enrollment within the health career program.
<input type="checkbox"/> Obtain immunizations and submit documentation for the following:	Immunizations (or documentation of such) are required. May be completed at IWIRC or by a healthcare provider of your choice. (See page 7 of this document for further information on immunizations.)
Flu	Must submit documentation of seasonal flu vaccine during program, as directed.
Two-step TB test or equivalent	Must be current within one year of starting program to determine if student is free of tuberculosis. If TB is positive, chest x-ray report is required.
Tdap immunization	Provides immunity to diphtheria, tetanus, and pertussis. Must submit documentation of current tetanus immunization.
Immunity MMR mumps, rubella, rubeola	Determines student ability to “fight” communicable disease. If titer results are negative, additional immunizations are required.
Varicella (chicken pox)	Must submit documentation indicating immunity. If result is negative, student must receive two vaccines at least four weeks apart.
Hepatitis B	Must submit documentation of having received series of three vaccines by start of clinical.
<input type="checkbox"/> Complete any additional testing required.	Some programs and/or clinical sites require additional testing. Student will be informed of any additional requirements.

DRUG SCREENING

As per the Federal Drug Free Workplace Act of 1988 and the Drug Free Schools and Campuses Act Amendments of 1989, Illinois Central College (ICC) is committed to maintain a safe and healthy academic environment. In compliance with existing state and federal law, ICC prohibits the use, sale, distribution, manufacture and/or possession of drugs including controlled substances. Even though the Illinois Cannabis Regulation and Tax Act (effective January 1, 2020) allows for persons over the age of 21 to use cannabis, no person shall use or possess any cannabis product, marijuana, or any substances containing THC (tetrahydrocannabinol), recreational or medicinal, while on any college property or while participating in an ICC Health Careers Department program and its associated clinical experience.

ICC adheres to all policies of clinical facilities with which the College affiliates for student clinical education. Students admitted to a health career program must have a current negative drug screen prior to beginning program. It is recommended the drug screen be completed within 10 days of receiving this information.

At time of service, the student will sign consent for drug screen provided by Illinois Work Injury Resource Center (IWIRC).

1. The student will provide a urine specimen for the drug screen. The specimen itself will be collected at IWIRC, under that facility's procedures and control.
2. If the initial drug test indicates a positive result, the student will be given an opportunity to refute the results. The student may also have the same specimen retested, at the student's expense. A second test must be done within 48 hours of receiving the results, at the student's expense.
3. If the positive test is not due to justifiable prescription drug use, the student must withdraw from the health career program for a minimum of one semester. The student must be retested (expense paid by student) proving drug free before he/she will be admitted into a health career program.

NOTE: A student will not be able to complete the health career program if he/she cannot be placed in a clinical site due to a failed drug screen.

4. If the testing facility determines that a student has tampered with a sample during the testing, the student will be immediately dismissed from the program and will not be considered for readmission to an ICC Health Careers Department program.
5. Students shall be subject to the drug testing policy and rules of the facility providing the clinical education experience, which may require additional drug testing, in compliance with that facility's policies and requirements.
6. Students shall also be subject to additional testing as required by ICC, on a for cause basis or as deemed necessary for the administration of student clinical education experiences.
7. A student in the program who has tested positive may be dismissed from the program. Whether any student may remain in the program will be determined at the sole discretion of ICC.
8. Student health information will be maintained at IWIRC. All reasonable efforts will be made to maintain confidentiality of results. Results will be shared with the ICC Health Careers Department assistant, who monitors student health compliance. Students will forfeit course/program admission if this requirement is not met or if drug screen result is positive.
9. A student not in compliance will not be allowed to enter or continue in the program. While enrolled in an ICC Health Careers Department program, ICC will continuously monitor individual student compliance.

The student is responsible for all costs incurred, and the amount will be billed to the student's ICC account.

It is recommended that students keep a copy of all information submitted. Program director/faculty are not allowed to accept student health records or information.

DRUG SCREENING FAQs***Why do I need a drug screen?***

As part of the clinical affiliation agreements, healthcare facilities require drug screenings for students who utilize their sites for learning opportunities.

When do I have to complete the drug screen?

Students who do not have results that have cleared before the first day of clinical will not be permitted to begin their clinical rotation.

Will I have to repeat the drug screen?

You may have to repeat the drug screen depending on the facility you are assigned for clinical rotations. Timeframes and expiration may vary from site to site.

Where do I go to get the drug screen?

IWIRC. Drug screens completed by any other vendor will not be accepted. If the clinical site provides the drug screen as part of the onboarding process, you should not obtain your own drug screen and you should follow the protocol as directed by the clinical site.

Who views my drug screen results?

Drug screen results are maintained confidentially between IWIRC and the ICC Health Careers Department assistant who manages clinical compliancy. Drug screen results may be shared with the Dean of Health Careers, Program Director, or external clinical facilities for placement purposes only.

What if I fail the drug screen?

Any student who tests positive for a prohibited drug will be given the opportunity to contest the results. If the failure is due to justifiable prescription drug use, specific prescription documentation must be provided. If the positive test is not due to justifiable prescription drug use, the student:

1. Must withdraw from the health career program for a minimum of one semester.
2. Must be retested (expense paid by student) proving drug free before he/she will be admitted into a health career program.

NOTE: A student will not be able to complete the health career program if he/she cannot be placed in a clinical site due to a failed drug screen.

What is a negative dilute?

Dilution is the process of reducing the concentration of drug or drug metabolites in the urine sample. This is accomplished by adding fluid to the sample or by drinking large amounts of fluid to dilute the specimen, called "internal dilution." Drug testing laboratories routinely test samples to detect dilution.

A dilute specimen can be caused by two circumstances. The first circumstance is caused by an individual diluting the urine with water, or other liquid, by actually pouring it into the specimen at the time of collection. The second method of obtaining a dilute specimen is by consuming too much fluid, especially liquids that contain diuretics, prior to collection (e.g., coffee, soda pop, medications, etc.). This may be inadvertent or may be on purpose on the part of the donor.

A student whose drug screen result is dilute negative will be required to complete another drug screen at his/her own expense.

BACKGROUND CHECK/FINGERPRINTING

At the request of clinical agencies who accept students from the College, students enrolled in an ICC Health Careers Department program will be required to submit to a criminal background check and fingerprinting. Students may not use similar reports on file at other agencies to satisfy this requirement. Failure to consent to release information or to cooperate appropriately with regard to the process shall result in the student not being able to enter or progress in the health career program. Criminal history background information is defined as information collected by criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, detentions, indictments, or other formal charges, and any dispositions; including sentencing, correctional supervision, and releases.

Policy

Illinois Central College (ICC) is committed to providing a safe environment for students, patients cared for by students, and employees. Therefore, ICC will conduct a criminal background check and fingerprinting of all students who will be enrolled in an ICC Health Careers Department program. The fingerprinting will be conducted at Illinois Work Injury Resource Center (IWIRC), Peoria, Illinois. The student is responsible for costs incurred and will be billed by ICC.

Students may be withdrawn from course and program if this requirement is not completed or results are disqualifying. Students who have disqualifying convictions may have the option to obtain a Health Care Worker Waiver.

Procedure

1. Student will be provided the authorization form for the fingerprint/background check from the Health Careers Department assistant. The student must complete the authorization, providing all necessary biographical information.
2. Consent will be provided at time of service, at IWIRC, to complete background check/fingerprinting. Results will be made available to select ICC Health Careers Department employees.
3. Omission of required information, or false or misleading information provided by the student, on the criminal background check or in any communication with the College may result in disciplinary action or dismissal from the health career program at ICC.

Dealing with Disqualifying Convictions

1. Fingerprint/background check results will be kept confidential and will be maintained separate from the student's admission/academic file.
2. The Health Careers Department assistant will access the electronic report.
3. A student who has a disqualifying conviction will be notified. No messages regarding the results will be left on answering machines or with other individuals.
4. If the student has a disqualifying conviction but wishes to remain enrolled in the health career program, the student must submit an application for a Health Care Worker Waiver. A waiver is not guaranteed. An application for the waiver is available online at:
http://www.idph.state.il.us/nar/WAIVER_APPLICATION.pdf
5. If a student with a disqualifying conviction is unable to obtain a Health Care Worker Waiver, the student will be dismissed from the health career program. Academic advisers at ICC will offer assistance to redirect the student to another career path.

For more information regarding Health Care Worker Background Check, go to:

<http://dph.illinois.gov/topics-services/health-care-regulation/health-care-worker-registry>

PHYSICAL EXAMINATION AND IMMUNIZATIONS

Illinois Central College (ICC) recognizes the following regarding students enrolled in Health Careers Department programs. These facts are taken directly from the recommendations of the Advisory Committee on Immunization Practices (ACIP) for Health Care Workers and the Hospital Infection Control Practices Advisory Committee (HICPAC). These facts led to the guidelines currently in place under the CDC and recognized by OSHA. These facts also provide the basis for ICC's policy regarding Health Careers student immunizations.

Enforcement of this policy allows ICC to fulfill contractual obligations required by health care facilities that provide clinical learning experiences for Health Careers students.

- Because of their direct contact with medical patients or infective material from medical patients during clinical experiences, Health Careers students are at risk for exposure to and possible transmission of vaccine-preventable diseases during clinical experiences.
- The risks for percutaneous and permucosal exposure to blood and blood products are often highest during the professional training period: therefore, vaccination should be completed during training and prior to students having any contact with blood.
- Optimal use of immunizing agents safeguards the health of both health care workers and those in training and protects patients from becoming infected through exposure to infected care providers.
- Any health care worker who is susceptible can, if exposed, contract and transmit certain vaccine-preventable diseases. Therefore, all medical institutions should ensure that those who work within their facilities are immune to those diseases for which immunization is strongly recommended in ACIP/HICPAC guidelines.

POLICY STATEMENT

In order to adhere to CDC/OSHA recognized guidelines, it is the policy of Illinois Central College that all enrolled Health Careers students will comply with physical, immunization, and tuberculosis requirements as detailed in the attached document. No exceptions will be made to this policy and no waivers given except in the event of pregnancy and breastfeeding. In those instances, a temporary reprieve will be granted for immunizations during the duration of the pregnancy and or breastfeeding if and only if a student is able to provide medical documentation of such condition. In addition, a student requesting a temporary reprieve of immunization requirements due to pregnancy or breastfeeding must prove that their immunizations are up to date through the onset of the condition.

Physical Examination:

Physical examination performed by a healthcare provider expires after 24 months. The examination must remain current for the duration of the student's enrollment within the health career program.

See attached form to have health care provider complete and sign - submit completed physical examination form to IWIRC.

Immunizations:

Immunizations are required for students enrolled in Health Careers Department programs, and must be maintained current for duration of the student's enrollment within a health career program. Documentation of immunizations must be submitted to IWIRC. Additional immunizations/titers may be contractually required by specific agencies for student clinical experiences. Additional immunization costs are the student's responsibility.

REQUIRED IMMUNIZATIONS

Student must complete immunizations at IWIRC, or provide documentation of the following completed immunizations to IWIRC, to participate in assigned clinical experiences.

Seasonal Flu Vaccine (Influenza)

Flu vaccine is a seasonal vaccine. Students must submit documentation of evidence of receiving a flu vaccine. *Likely to be administered after October 1st of each academic year.*

Tuberculosis Testing

(2-step TB Skin Test: 2 separate TB skin tests/read 1-2 weeks apart)

Students must show proof of a 2-step tuberculin skin test in the past along with an annual 1-step test thereafter following the 2-step. If students have NOT had a 2-step tuberculin skin test, one must be completed prior to the start of the health career program. Once the 2-step test is completed, a 1-step tuberculin skin test is required every year thereafter while the student is enrolled in a health career program.

Tdap

Students are required to submit proof of a current Tdap vaccination within 10 years of the start of their respective health career program.

MMR

Students must submit proof of 2 MMR vaccine injections in the past or show immunity to Measles, Mumps, and Rubella in the form of a laboratory titer.

(If born before Jan. 1, 1957: Exempt from the MMR requirement at this time)

Varicella (Chickenpox)

All students must show evidence of immunity to the varicella (chickenpox) virus. Evidence of immunity may include documentation of two doses of varicella vaccine or blood tests that show you are immune to varicella (immunity to varicella test).

Hepatitis B

The 3-injection Hepatitis B vaccine series is **REQUIRED**. Students must show proof of at least the first injection in the series prior to the start of the health career program. Students must then follow through with the remaining injections in the series and provide proof of the injections.

(1st vaccination ■ 4 weeks, 2nd vaccination ■ 5 months, 3rd vaccination)

ESTIMATED COST OF PHYSICAL EXAMINATION AND IMMUNIZATIONS

	Physical	2 Step TB	Td/Tdap	MMR Vaccine	MMR Titer	Varicella Vaccine	Varicella Titer	Hepatitis B Vaccine	Hepatitis B Titer
IWIRC 736 SW Washington St. Peoria (309) 497-0300	\$58.00	\$15 Per Step	Tdap \$53.35	\$126.64 Per Vaccine	\$146.23 Per Draw	\$196.72 Per Vaccine	\$76.65	\$83.10 Per Vaccine	\$47.74
Peoria City/County Health Department 2116 N. Sheridan Road Peoria (309) 679-6000	N/A	\$20 Per Step	Tdap \$89	\$125 Per Vaccine	N/A	\$176 Per Vaccine	N/A	\$100 Per Vaccine	N/A
Tazewell County Health Department 213 Illinois Route 9 Tremont (309) 925-5511	N/A	\$23 Per Step	Tdap \$54	\$91 Per Vaccine	\$81	\$142 Per Vaccine	\$32	\$66 Per Vaccine	\$29
Woodford County Health Department 1831 S. Main Street Eureka (309) 467-3064	N/A	\$15 Per Step	Tdap \$50	\$94	\$95	\$162 Per Vaccine	\$55	\$72 Per Vaccine	\$55
Family Quick Care 9031 N. Allen Rd. Peoria (309) 740-2647									
1960 Freedom Pkwy. Washington (309) 745-1425	\$45	\$35 Per Step	Tdap \$60	N/A	N/A	N/A	N/A	N/A	N/A
3412 N. Veterans Dr. Pekin (309) 353-6946									
Harmon Lab 3526 N. California Ave. #101 Peoria (309) 686-0770	N/A	N/A	N/A	N/A	Rubella \$18 Rubeola \$25 Mumps \$28	N/A	\$25 Per Draw	N/A	\$25 Per Draw
Walgreens Take Care Clinic 300 N. Main St. East Peoria (309) 694-7661	N/A	N/A	Tdap \$64	\$100 Per Vaccine	N/A	\$150 Per Vaccine	N/A	\$90 Per Vaccine	N/A
4814 N. Sheridan Rd. Peoria (309) 688-6752									

ICC makes no endorsement of the product, process, or service of the healthcare providers listed above. Costs are based on available information at the time this document was created and are subject to change.

PHYSICAL EXAMINATION FORM

RETURN THIS FORM TO:
IWIRC Illinois Work Injury Resource Center 736 SW Washington Street, Suite 2A Peoria, Illinois 61602 Phone: (309) 497-0300 Hours: Monday - Friday, 7:30 a.m. - 5:30 p.m.

TO BE COMPLETED BY STUDENT (PLEASE PRINT)
ICC Health Careers Program: _____
Name: _____
ICC Student ID #: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER PHYSICAL EXAMINATION

Allergies (drug, latex, environmental, food): _____

DOB: _____ SEX: _____ HT: _____ WT: _____ BP: _____ Pulse: _____ Resp: _____ Temp: _____

Eye Exam (Snellen Chart) Rt. _____ Lt. _____ Glasses Contacts (please check one if exam with corrected vision)

Are there abnormalities of any of the following (please check Yes or No):

- | | | | |
|--------------------------|--|------------------------|--|
| Head, ears, nose, throat | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hearing/use of device? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Eyes, visual acuity | <input type="checkbox"/> Yes <input type="checkbox"/> No | Respiratory/lungs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Integumentary/skin | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cardiovascular | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gastrointestinal/rectal | <input type="checkbox"/> Yes <input type="checkbox"/> No | Neurological | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Genitourinary/Pelvic | <input type="checkbox"/> Yes <input type="checkbox"/> No | Musculoskeletal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Metabolic/endocrine | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Current medical condition or history of the following illnesses (please check and comment if applicable):

- Rheumatic Fever _____
- Hepatitis _____
- Diabetes _____
- Kidney/Urinary condition _____
- Epilepsy/Seizures _____
- Seizure-free for 6 months? Yes No Date of Last Seizure _____
- Heart Disorder/Attack/Disease _____
- Tuberculosis/Asthma/Other respiratory disorder or disease _____
- Varicosities _____
- Mental Illness/Condition (diagnosed) _____
- Abnormal Menstrual History/Pap/Pelvic _____
- Skeletal or muscular injury/condition _____
- Abdominal or Inguinal Hernia _____
- Other current medical condition: _____

Please list current prescription and frequent-use OTC medications: _____

Please list surgical procedures/dates: _____

Do you have any recommendations, precautions, or limitations for this student in his/her role in patient contact? Yes No

If Yes, please comment: _____

Based on your findings, should this student be restricted from patient contact? Yes No

VERIFICATION: Your signature below indicates that you have completed the Physical Examination Form and that this student is able to participate in the Health Careers Department program at Illinois Central College.

Healthcare Practitioner's Signature _____ Print Last Name: _____

Clinic/Office Name and Location _____

Date: _____ Telephone Number (_____) _____