



**Illinois Eastern Community Colleges**

# Health Careers Program

**STUDENT HANDBOOK  
2025-2026**

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# ***INTRODUCTION***

**Welcome to Illinois Eastern Community Colleges and the amazing world of Health Careers!** Prepare yourself for an experience unlike any other as you join students from your school and other schools in the Health Careers Program. **This program is a dual credit program with educational collaboration among community colleges, high schools, and area hospitals.**

Be ready for:

- **The Human Body:** You will learn about the different body systems and how they work together, as well as how they respond to disease.
- **Career Opportunities:** You will meet professionals in different medical fields and have the opportunity to work side-by-side with them.
- **Hands-on Training:** You will learn many health care skills, such as taking blood pressure and wound care. These skills are developed through personal care of real-life patients.
- **State Certification:** Upon successful completion of HEA 1203 Basic Nurse Assistant Training course, you have the opportunity to take the state exam for certification as a basic nurse aide. This is the foundational building block of all health-related careers!
- **College/High School Credit:** The Illinois Eastern Community Colleges Health Careers Program is a dual credit program, which means you will receive college credit from IECC and high school credit from your local high school.

**Being in the hospital on a daily basis is a privilege; a positive, open-minded attitude will allow you to gain enormous benefits that can influence your future.**

## ***PROGRAM FAST FACTS***

- ❖ **Attendance.** Excellent Attendance is necessary. The courses are scheduled for two hours per day at the hospital site. To take advantage of this opportunity, you **MUST** be there. The attendance policy is included in this handbook.
- ❖ **Dress Code.** Students must wear to class, clinical, and rotation the appropriate attire as outlined in the Dress Code Policy. Scrubs are required for ALL clinical experiences. A copy of the *Health Careers* Dress Code policy is attached.
- ❖ **Transportation.** Students are responsible for their own transportation to and from the Health Careers Program sites.
- ❖ **Confidentiality.** Confidentiality must be maintained regarding all patient contact. ANY breach in patient confidentiality will result in **IMMEDIATE** removal from the program.
- ❖ **Immunizations.** All immunizations must be current. Students must provide proof of MMR, tetanus and hepatitis B immunizations. Immunization records should be available through your family physician or the health department. Students should not get a TB test prior to class. A required TB test will be done in the classroom.
- ❖ **Background Check.** Each student must complete a background check prior to any clinical experience. “The Illinois Department of Public Health requires a criminal background check for all nurse aide programs prior to the entry of the individual into a training program. This is in accordance with the Health Care Worker Background Check Act” (February 1998).

## ***PROGRAM OUTCOMES***

- Identify health careers;
- Portray appropriate personal and social skills within a hospital or other clinical setting;
- Portray appropriate personal appearance and behavior;
- Demonstrate communication, critical thinking, and problem-solving skills;
- Discuss healthcare history, medical events, and issues;
- List various medical stages, such as wellness, common illnesses, life stages;
- Demonstrate standard precautions and infection control practices indicated in health care settings;
- List medical terminology;
- Demonstrate CPR and first aid techniques; and
- Demonstrate workplace skills such as interpersonal relationships, team building, and clinical performance.

## ***ATTENDANCE POLICY***

Attendance is critical to the success of a Health Careers student. The instruction involves many guest speakers, observations, and hands-on experiences. Excellent attendance is expected since make-up work is difficult to accomplish. In the event of an absence, the student is responsible for making arrangements with the instructor to obtain information missed. Anticipated absences should be prearranged and made up in advance whenever possible.

Instructors will notify the Dean of Health Professions and the principal of the high school if attendance becomes a concern. A letter will be sent to the student, student's parents, and their school advising them of the problem. In addition, the letter will instruct the student to develop a written plan which will identify how the student will make up all assignments and activities missed. This plan will then be submitted to the teacher for approval. A copy of the letter will be sent to the student's school.

It is also very difficult to make up extended periods of absences during the first 10 weeks of Health Careers because of the heavy emphasis on basic clinical skills. In situations of prolonged absences after the first 10 weeks, the students will identify with the instructor a plan to accomplish all missed competencies, assignments and clinicals. The instructor will determine the feasibility of the plan with approval of the Dean and the high school principal.

In addition, students who have excessive days of non-participation and have failed to make up missed competencies, assignments and/or clinicals will be dropped from the program.

There are special considerations for absences when enrolled in the Basic Nurse Assistant Training Program. They will be addressed in the syllabus for that course.

# ***DRESS CODE***

## **Classroom Dress**

1. No exposed midriff;
2. No flip-flops;
3. Shorts and skirts must be at least knee length;
4. No visible undergarments; and
5. Jeans are permitted, but must be in good repair.

## **Clinical Dress**

1. Students are expected to wear assigned scrubs for clinical experiences.
2. Shoes must have closed toe for all clinical experiences. Tennis shoes are permitted but must be clean and in good repair;
3. No visible body piercings;
4. No nail polish or artificial nails;
5. Hair must be off the collar; and
6. No visible tattoos.

## **PROFESSIONAL APPEARANCE AND CONDUCT MUST BE MAINTAINED AT ALL TIMES, DURING BOTH CLINICAL AND CLASSROOM SETTINGS.**

Clinical experience opportunities may arise at any time, so always being professional will allow the student to participate at any time.

## ***STUDENT CONDUCT***

The process of becoming an effective member of health care professions involves attaining competency in knowledge, skills, and behavior. Students are evaluated by testing, oral and written assignments, through skills performance and observation, and interaction in class and clinical settings. Input from peers, other faculty, and agency staff is considered. Underlying all evaluation is the assumption that the student practices the core values: these core values are truth/honor, fairness, compassion, respect/self-respect and responsibility.

Truth includes doing one's own work. Students are expected to do homework, tests, and other assignments unassisted unless the instructor provides other directions. No credit will be given for material that is not the student's own work. Any student displaying dishonest behavior will be evaluated by the program instructor, college dean, and high school principal, and may be dismissed from the program.

Honor means integrity in one's beliefs and actions. Honor involves congruence between what one says and what one does and consistency in behaviors. The student is expected to adhere to policies of IECC, the program, the high school, the hospital, and all clinical agencies/sites. As the student progresses in the program, adherence to the ethics and standards of health careers is required.

Fairness involves weighing situations and interactions and responding reasonably. It also means the student will be courteous and civil in expressing opinions and agreeing or disagreeing with others.

Compassion means demonstrating an understanding of the difficulties of others. It also includes recognizing that decisions involve looking at the context of a situation. The student is expected to realize that balancing different needs requires flexibility to allow for suitable adjustments.

Self-respect involves valuing self and is demonstrated by conduct, appearance and interaction with others. The student is expected to interact with peers, teachers, and all agency persons with respect. Respect also involves not talking when others are speaking, listening to others, responding nonjudgmentally to the views of others, and demonstrating tolerance. Appropriate verbal and non-verbal communication is required. The student is expected to meet the standards of the Health Careers Program and clinical agencies in dress and appearance.

Responsibility involves choosing responses and accepting consequences of choices. A student automatically assumes certain responsibilities when enrolling in



health careers courses. The student will be on time, take exams on scheduled days, maintain alertness, make full use of class/lab time, avoid excessive conversation during class, and maintain composure when discussing exam results and other forms of evaluation. The student also assumes responsibility for accurate self-assessment of competency, monitoring progress in the course through review of grades and feedback on assignments, and is expected to confer with the instructor and alter behaviors as necessary.

Students will be given feedback, formally and informally, related to conduct. If concerns are identified, the instructor(s) and student will develop a plan for change. If a student does not demonstrate appropriate conduct following counseling, the situation will be reviewed with the college dean and the high school principal. Such review may result in the student being dismissed from the program.

## ***CLINICAL SITE EXPECTATIONS***

The importance of the IECC Health Careers Program clinical experiences are accepted as an integral part of achieving competency as a health care professional. It is essential that students be present and punctual for all assigned experiences. The student must inform the instructor, the dean, and the high school principal if unable to attend. Failure to contact the agency or instructor will be considered an unexcused absence that could lead to an unsatisfactory clinical evaluation.

Health and clinical experiences may occur in a variety of settings (health agencies, hospitals, doctor's offices, childcare centers, mental health centers, campus laboratories, etc.). TRANSPORTATION TO AFFILIATING AGENCIES IS THE STUDENT'S RESPONSIBILITY.

For some clinical experiences, preceptorship is used. Preceptorship is a teaching/learning method in which a student is assigned to a preceptor for the purpose of experiencing individualized clinical supervision.

### **CONFIDENTIALITY:**

All client records (the chart and any other information, oral or written, and those notes taken from the record) are confidential. Violations of this confidentiality may be subject to litigation.

Students shall not retain any individually identifiable client information, nor should this data be recorded on client assignments. The information includes the following as well as any other unique information:

- Name
- Names of relatives
- Names of employers
- All elements of dates, including birth date, admission date, discharge date, etc.
- Telephone numbers
- Fax numbers
- Electronic mail address
- Social Security number
- Certificate/license number
- Serial number of a vehicle or other device
- Internet URL
- Internet protocol

- (IP) address number
- Photographic images

Students shall be protective of client information during their clinical experiences and such information should never be removed from the clinical setting. General guidelines include:

- Don't leave documents open/uncovered;
- Don't leave client information lying around unattended;
- Log off computers when leaving unattended;
- Position computer screens to prevent public viewing; and
- Keep password secret and don't use other's password.

## ***SUBSTANCE ABUSE***

Pursuant to section 22 of the DFSCA, Drug-Free Workplace Act of 1988, and the Controlled Substance Act of 1970, Illinois Eastern Communities Colleges prohibits the unlawful possession, sale, transfer, purchase, or use of alcohol, unlawful narcotics, cannabis or any other controlled substance on college property or on the premises where college activity is occurring.

Under federal jurisdiction, the possession, sale, transfer, purchase, or use of cannabis, including medical marijuana, is unlawful. Therefore, although Illinois state legislation permits the authorized use of medical marijuana, under physician prescription, the possession, sale, transfer, purchase or use of all cannabis, is prohibited on college property or on the premises where college activity is occurring.

Students and employees in violation of this policy are subject to disciplinary action including, but not limited to, referral to counseling, academic suspensions or expulsions for students, and termination of employment for employees.

Information concerning the effects and potential dangers involved in the illicit use of drugs shall be included in the curriculum in compliance with the law. This information will address the legal, social, and health consequences of drug and alcohol use and information about effective techniques for resisting peer pressure to use illicit drugs and alcohol. Furthermore, information about available drug and alcohol counseling, rehabilitating, re-entry and assistance programs will be provided to students. Parents of students will be informed that this information is being provided to students.

All High School policies regarding drug use are applicable during Dual Credit courses.

## ***HIPAA TRAINING***

General: HIPAA or the Health Insurance Portability and Accountability Act was passed in 1996 and became effective in April of 2003. The security portion of HIPAA will become effective April 2005.

The Legislative Goals:

- Guarantee health insurance coverage when workers change or lose their jobs.
- Reduce fraud and abuse.
- Establish standards for administrative simplification.

Confidentiality: This is keeping information about patients private.

Confidentiality is an important part of your student assignment because not complying with the law could mean that you could face fines and/or imprisonment.

Examples of confidential information may include:

- Details about a patient and/or their illness.
- Photographs or records on a patient.
- Discussion about a patient and/or their family.

### **Under HIPAA individuals have the following rights:**

- To have written notice of their rights of privacy.
- To receive notice of information practices from the covered entity.
- To request restriction on the use and disclosure of information.
- To know whom their information is being released to.
- To complain to the covered entity and/or to DHHS (Department of Health and Human Services).
- Right to inspect their record.

**Protected Health Information or PHI can be described in 19 different areas. This means that any of the following 19 areas about a person are considered confidential and are covered by HIPAA and you cannot discuss any of the following about a patient:**

- |  |                                   |
|--|-----------------------------------|
| • Name   | • Name of Employer                |
| • Address  | • Date of Birth                   |
| • Name of Relative   | • Telephone Numbers               |
| • E-Mail Address   | • Fax Numbers                     |
| • Social Security Number   | • Health Plan Beneficiary Numbers |
| • Medical Record Number  | • Account Number                  |
| • Certificate/License Number   | • Vehicle Identification Number   |
| • Web or URL Address   | • Internet Protocol               |
| • Finger or Voice Prints   | • Photographs or X-Rays           |
| • Or any other identifying characteristic or number the covered entity has reason to believe may be available to a recipient of the information. |                                   |

## **Ways to protect yourself and avoid speaking about patient confidential information:**

- Protect patient records. Always flip over charts when not in use or when visitors or patients are present.
- Don't talk about patients in public.
- Use phones and fax machines with care.
- Make sure you are aware of your facility's procedures about releasing information.
- Make sure you know the law about who you can give information to; and when in doubt always contact your supervisor for guidance.

## **The impact of HIPAA on hospital and the cost of non-compliance. Penalties for Violations of Standards.**

- Fines of up to \$250,000 and/or imprisonment up to 10 years. –This is for a knowing misuse of records.
- Fines of up to \$100 per person, per transactions, up to \$25,000 annually. –This is for failure to comply with transactions standards.

## **Security Portion of HIPAA**

- Always use unique identifier log-on names and passwords for each user.
- Always have a password protected screen saver and have activated to come on when the computer is not in use for 2-3 minutes.
- Change passwords quarterly.

Any questions you may have in regards to HIPAA may be addressed to Tammy Davis or Bobby Gage. Bobby Gage will be in charge of the security portion of HIPAA, which relates to computer information becoming effective in 2005.

I understand that this is my initial HIPAA training and I verify that I have read and understand all that this contains.

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Printed Signature of Student

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Signature of Student

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Date

**WABASH GENERAL HOSPITAL  
1418 College Drive  
Mt. Carmel, Illinois**

**CONFIDENTIALITY AGREEMENT (SIGNED BY PARENT)**

I understand that Wabash General Hospital has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, WGH must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management information (collectively "Confidential Information").'

In the course of my child's employment/assignment at WGH, I understand that he/she may come into the possession of Confidential Information. I further understand that I must sign and he/she must comply with this agreement in order to get authorization for access to any of WGH's Confidential Information.

1. He/she will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. In addition, he/she understands that his/her personal access code, user ID(s), and password(s) used to access computer systems are also an integral aspect of this Confidential Information.
2. He/she will not access or view any Confidential Information or utilize equipment other than what is required to do his/her job.
3. He/she will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, in the cafeteria, on public transportation, at restaurants, or social events). It is not acceptable to discuss Confidential Information in public areas even if a patient's name is not used. Such a discussion may raise doubts among patients and visitors about our respect for their privacy.
4. He/she will not make inquiries about Confidential Information for other personnel who do not have proper authorization to access such Confidential Information.
5. He/she will not willingly inform unauthorized persons of his/her computer password or knowingly use another person's computer password instead of his/her own for any reason.
6. He/she will not make any unauthorized transmissions, inquiries, modifications, or purgings of Confidential Information in any of Wabash General Hospital's computer systems. Such unauthorized transmissions, include, but are not limited to, removing and/or transferring Confidential Information from WGH's computer system to unauthorized locations (for instance, home).
7. He/she will log off any computer or terminal prior to leaving it unattended.
8. He/she will comply with any security or privacy policy promulgated by WGH and the HIPAA Privacy Act to protect the security and privacy of Confidential Information.
9. He/she will immediately report to his/her supervisor, Corporate Compliance Officer, or the HIPAA Officer any activity by any person, including myself, that is a violation of this Agreement and of any WGH information security or privacy policy.
10. Upon termination of his/her employment, I will immediately return any documents or other media containing Confidential Information to WGH.
11. He/she agree that his/her obligations under this Agreement will continue after the termination of his/her employment.
12. He/she understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment and/or suspension and loss of privileges, filing civil or criminal complaints, and reporting to the appropriate government agencies, in accordance with WGH's Sanction Policy, as well as legal liability.
13. He/she further understand that all computer access activity is subject to audit.

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By signing this document I understand and agree to the following:

I have read the above agreement and agree to comply with its terms.

Signature of employee/physician/student/volunteer

Print Name

Date

**WABASH GENERAL HOSPITAL  
1418 College Drive  
Mt. Carmel, Illinois**

**CONFIDENTIALITY AGREEMENT (SIGNED BY STUDENT)**

I understand that Wabash General Hospital has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, WGH must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management information (collectively "Confidential Information").'

In the course of my employment/assignment at WGH, I understand that I may come into the possession of Confidential Information. I further understand that I must sign and comply with this agreement in order to get authorization for access to any of WGH's Confidential Information.

- |   |   |
|---|---|
| 14. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. In addition, I understand that my personal access code, user ID(s), and password(s) used to access computer systems are also an integral aspect of this Confidential Information.  | removing and/or transferring Confidential Information from WGH's computer system to unauthorized locations (for instance, home).  |
| 15. I will not access or view any Confidential Information or utilize equipment other than what is required to do my job.   | 20. I will log off any computer or terminal prior to leaving it unattended.   |
| 16. I will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, in the cafeteria, on public transportation, at restaurants, or social events). It is not acceptable to discuss Confidential Information in public areas even if a patient's name is not used. Such a discussion may raise doubts among patients and visitors about our respect for their privacy. | 21. I will comply with any security or privacy policy promulgated by WGH and the HIPAA Privacy Act to protect the security and privacy of Confidential Information.   |
| 17. I will not make inquiries about Confidential Information for other personnel who do not have proper authorization to access such Confidential Information.  | 22. I will immediately report to my supervisor, Corporate Compliance Officer, or the HIPAA Officer any activity by any person, including myself, that is a violation of this Agreement and of any WGH information security or privacy policy.   |
| 18. I will not willingly inform unauthorized persons of my computer password or knowingly use another person's computer password instead of my own for any reason.  | 23. Upon termination of my employment, I will immediately return any documents or other media containing Confidential Information to WGH.   |
| 19. I will not make any unauthorized transmissions, inquiries, modifications, or purgings of Confidential Information in any of Wabash General Hospital's computer systems. Such unauthorized transmissions, include, but are not limited to,   | 24. I agree that my obligations under this Agreement will continue after the termination of my employment.  |
|   | 25. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment and/or suspension and loss of privileges, filing civil or criminal complaints, and reporting to the appropriate government agencies, in accordance with WGH's Sanction Policy, as well as legal liability. |
|   | 26. I further understand that all computer access activity is subject to audit.   |

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By signing this document I understand and agree to the following:

I have read the above agreement and agree to comply with its terms.

Signature of employee/physician/student/volunteer

Print Name

Date



## NOTICE OF TUBERCULIN TESTING

Dear Parent or Guardian:

All Health Careers students and health professionals are required to participate in a two-step Tuberculin Testing Program (TB Skin Test). This test is provided at no cost and is done during class on two separate days.

This simple test will show whether your child has been exposed to the germs which cause tuberculosis. All results are read during class and are shared with the student.

I give my permission for my student, \_\_\_\_\_, to receive the TB test in order to participate in the Health Careers Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## RELEASE OF LIABILITY FORM

Students should immediately report to their clinical instructor any exposure or suspected exposure to bloodborne pathogens or hazardous products, or any injury sustained in the clinical agency.

In the event of an untoward incident, students are expected to follow the written protocol of the institution in which they are performing their clinical work. The student is responsible for physician, diagnostic, and treatment costs for services rendered by a clinical facility. Students are also responsible for meeting the prescribed follow-up care of the institution and for treatment costs of such care.

It is recommended that all Health Careers students carry their own personal health insurance. Each student is responsible for his/her own health care costs including costs related to incidents occurring in the clinical agencies.

I, \_\_\_\_\_, hereby release and hold harmless Illinois Eastern Community Colleges and all clinical agencies from any and all medical expenses or liability claims that may arise in relation to clinical experiences.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

A signed copy of this form may be required for each clinical agency.

## ILLINOIS EASTERN COMMUNITY COLLEGES STUDENT RELEASE FORM

This form authorizes Illinois Eastern Community Colleges (Frontier Community College, Lincoln Trail College, Olney Central College, and Wabash Valley College) to use my photograph in future publications, which could include the following:

IECC Catalog

IECC Poster/Brochure

IECC Homepage; Intranet, or Internet link

IECC Viewbook or other printed marketing or informational materials

IECC Newspaper and Magazine Advertisements

This form verifies that I do not have on file any restrictions prohibiting the release of Student Information.

Student Name (please print) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

IECC Signature \_\_\_\_\_

Date \_\_\_\_\_

## ***AGREEMENT TO POLICIES***

I have read and understand the policies, guidelines, and information provided to me in the Illinois Eastern Community Colleges Health Careers Program Handbook.

My acknowledgement and agreement to abide by the policies is indicated below by checking off each policy. These policies are subject to change; students will be notified about changes and will be expected to abide by new policies.

### Student Check Off

- ☐ Dress Code
- ☐ Attendance Policy
- ☐ Substance Abuse Policy
- ☐ Confidentiality Agreement
- ☐ Proof of Insurance
- ☐ Photographic Consent
- ☐ Tuberculin Testing
- ☐ Background Check
- ☐ HIPAA Training

### Parent Check Off

- ☐ Dress Code
- ☐ Attendance Policy
- ☐ Substance Abuse Policy
- ☐ Student Confidentiality Agreement
- ☐ Proof of Insurance
- ☐ Photographic Consent
- ☐ Tuberculin Testing
- ☐ Background Check
- ☐ Parent Confidentiality Agreement

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Student Name (Printed)

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Student Signature

Date

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Parent/Guardian Signature

Date