NOTICE OF RISKS AND PROTOCOLS FOR CRITICAL SECTOR COURSE STUDENTS REGARDING COVID-19

**Ventura Community College District’s highest priority is the safety of its students and employees. While we prioritize safety, our critical sector course students may determine that they wish to continue their studies and front-line work with the public, which may expose them to individuals who have developed or are receiving treatment for COVID-19. Students training in health care and fire service, like other frontline medical providers, should be aware that they are at high risk of exposure to the virus that causes COVID-19.**

**The District provides the following targeted guidance about COVID-19 safety to its critical sector course students to allow them to consider risks and take certain precautions before continuing required face-to-face instruction.**

Notice of Risks in Critical Section Courses:

* Students attending Critical Sector courses at [Name] College may be exposed to the virus that causes COVID-19.
* By attending Critical Sector courses at [Name] College, students may knowingly or unknowingly transmit the COVID-19 virus to family members in their home or to with whom they have close contact.
* Students attending Critical Sector courses at [Name] College may expose and potentially transmit the virus that causes COVID-19 to others, and thus may place young children, elderly or immunocompromised family members and others they come in contact with at high risk for infection and illness.

Student Responsibilities:

I understand that by signing the acknowledge of receipt below, I agree that I understand the risks of exposure to the virus that causes COVID-19 via my Critical Sector courses at [Name] College, that I have determined to continue my course work, and thus, I agree to the following:

* I will minimize my social contact with others because of the potential risk of COVID-19 virus transmission.
* I understand that there may be risks that cannot be determined until we know more information about the virus that causes COVID-19 or the transmission of the virus that causes COVID-19.
* I will follow CDC’s procedures and College instructions to limit my exposure to, or transmission of, COVID-19 virus, including the following:
* Follow proper hand-washing technique before and after all contact with all persons and associated equipment. Use an alcohol-based hand sanitizer when handwashing is not readily available.
* Follow proper use of Personal Protective Equipment. (PPE) including gloves and eye protection for all person/student/instructor contacts. Follow proper procedure use of face covering/Self-Contained Breathing Apparatus (SCBA)/turnout gear use for any potentially infectious situation or person as deemed necessary by academy staff.
* Follow any College or CDC physical distancing directives.
* Follow all directives regarding ingress and egress from the College, and instructions regarding my use specific facilities and times limiting my use of those facilities.
* Report any exposure I may have to COVID-19 to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (identify one individual on campus trained with regard to privacy and with the authority to take steps to address notice to exposed students and employees.)
* Report COVID-19 symptoms I experience to (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_see yellow note above)
* Have my temperature taken and undergo a screening for COVID-19 symptoms before the start of any Critical Sector class session.
* Leave immediately if I have a fever or if I experience any symptoms of COVID-19.

I additionally understand that, due to the COVID-19 virus risk, I have the option to suspend my participation in Critical Classes at [Name] College until a later time (to be determined) without a negative effect on my grade or course completion.

ACKNOWLEGEMENT OF RECEIPT AND UNDERSTANDING OF NOTICE OF RISKS AND PROTOCOLS FOR CRITICAL SECTOR COURSES

My signature below indicates that I understand the risks associated with continuing the course and agree to take the precautions described above.

Student:

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Employee Witness

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_