

STUDENT INTERNSHIP AND CLINICAL PRACTICUM GUIDELINES FOR THE DURATION OF THE COVID-19 PANDEMIC

Due to the serious threat to the safety and welfare of individuals posed by Covid-19, the University of South Carolina—like many institutions of higher education—transitioned to online instruction and remote operations in mid-March for the duration of the Spring 2020 and Summer 2020 semesters. Since that time, many countries, states, and municipalities have imposed stay-at-home orders designed to “flatten the curve” of those needing serious medical attention by requiring many businesses to conduct operations remotely. Given these restrictions, the University of South Carolina encourages students to conduct internship experiences and clinical practicums remotely whenever possible.

However, in recognition of the variability of the threat posed by Covid-19 as well as stay-at-home orders across states and municipalities, the University of South Carolina will allow students to participate in and receive academic credit for internship experiences and clinical practicums where the student and the internship/clinical coordinator verify the following:

1. That the student and the internship/clinical coordinator have evaluated alternative placement options that would allow the student to maintain progress toward graduation and/or licensing requirements without being required to participate in an in-person internship experience or clinical practicum at this time. (Please explain below.)

2. That the internship/clinical coordinator has received written assurances that student placement at the internship/clinical site does not violate relevant federal, state, or local laws, regulations, or orders. (Please explain below.)

3. That the internship/clinical coordinator has received written assurances that the internship/clinical site will comply with all relevant safety guidance from the Centers for Disease Control and state and local health authorities regarding workplace health and safety currently in effect, such as cleaning and sanitation, social distancing, limited size of gatherings, and providing adequate personal protective equipment (PPE) for the student. (Please describe below.)

4. That the internship/clinical coordinator has received written assurances that the internship/clinical site will not knowingly permit a student to interact with individuals who have tested positive for COVID-19 or who are presumed positive for COVID-19. (Please describe below.)

By signing below, the student and the internship/clinical coordinator agree that it is their responsibility to comply with this Guidance and supplement the above responses if relevant laws, guidance, or circumstances would require a change to the above answers. Student and internship/clinical coordinator may direct questions about this Guidance to the Office of the Provost.

Dated: _____

Student Signature

Print Name

Dated: _____

Internship/Clinical Coordinator Signature

Print Name

FOR STUDENTS ONLY**ACADEMIC INTERNSHIP/CLINICAL PRACTICUM PARTICIPATION
ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

On March 13, 2020, the President of the United States declared a state of emergency related to the COVID-19 pandemic. In addition, each state and region of the United States has issued emergency orders with specific limitations related to travel, essential jobs, stay-at-home directives, and other personal limitations in place for the safety of individuals and the community and to prevent the transmission of the coronavirus that causes COVID-19. I understand that COVID-19 can be a serious illness requiring medical treatment, which may require hospitalization, and which may result in long-term or permanent injury to me, including death.

I have reviewed the University of South Carolina webpage containing [Coronavirus/COVID-19 Information](#), including but not limited to information available from the Centers for Disease Control (CDC). I understand the risks associated with contracting COVID-19 and further understand and accept my responsibility to conduct myself responsibly by following all applicable advice and directives to prevent transmission. Specifically, I will wear adequate personal protective equipment (PPE) while at the internship/clinical site and I will not knowingly interact with persons who have tested positive for COVID-19 or who are presumed positive for COVID-19.

I have talked with my internship/clinical coordinator about the risks of contracting the COVID-19 coronavirus and the precautionary measures in place at the internship/clinical site. I understand that the site has agreed to provide me with adequate PPE as required by applicable state and federal law. My internship/clinical coordinator has received assurances from the clinical site confirming that the site is in compliance with any federal, state, and local guidance or requirements related to COVID-19. If I find that the site is not in compliance for any reason, I will notify my internship/clinical coordinator immediately.

Because my academic program requires internship/clinical hours, I acknowledge that the University has provided me the option to complete the required internship/clinical hours at the internship/clinical site for as long as the site permits my participation. I agree that I am solely responsible for my choice to engage in an on-site internship or clinical practicum at this time. I also understand that the guidance from the CDC, the University of South Carolina, and the internship/clinical site may change, and I may be required to adhere to those changes.

I understand that I may decline to participate in an on-site internship experience or clinical practicum at this time. Even if I initially choose to participate, I may later decide to cease participation in my on-site internship/clinical experience if I do not feel comfortable or safe in the site environment. If I choose not to participate or cease my participation in an in-person clinical practicum or internship experience at this time, I will be given an opportunity to complete the required in-person internship/clinical hours in an upcoming academic term when I feel comfortable and safe doing so. I further understand that if I choose not to participate or cease my participation in an in-person internship/clinical practicum, my academic progression toward degree completion may be delayed.

I understand that my participation may include inherently dangerous activities that expose me to certain damages and risks, including but not limited to all risks associated with contracting the



COVID-19 virus such as serious illness, hospitalization, or death. I also understand that these risks are elevated for individuals with underlying medical conditions such as diabetes, lung disease and heart disease. I understand that if I become ill or symptomatic or there are additional advisories or other external restrictions on my participation in the internship/clinical experience, I may be removed from the site immediately.

In consideration of being permitted to participate in the on-site internship/clinical placement at _____ site ("Event"), I do hereby release, waive and discharge the University of South Carolina, the University of South Carolina Board of Trustees, the State of South Carolina, and their respective representatives, trustees, officers, employees, agents, contractors and advisors ("Released Parties") from any and all actions, damages, claims or demands which I, my heirs, personal representatives, executors, administrators, or assigns may have against any and all of the aforementioned for any and all personal injuries, accidents or illnesses, including serious illness, hospitalization or death as a result of contracting the COVID-19 coronavirus, which I have or may incur by participation in the above stated Event.

I knowingly and voluntarily elect to participate in my internship experience/clinical practicum at this time and hereby accept the risks as outlined by the CDC, the University of South Carolina, and the internship/clinical site. I further expressly agree that the foregoing acknowledgement of risk and waiver of liability is intended to be as broad and inclusive as is permitted by the law of the State of South Carolina and that if any portion is held invalid, it is agreed that the remaining portions shall, notwithstanding, continue in full legal force and effect.

I, the undersigned, attest that I am at least 18 years of age. I have read this Acknowledgement of Risk and Waiver of Liability and fully understand its terms. I acknowledge that I am signing this waiver freely and voluntarily with full knowledge of its significance.

Signature

Date

Printed Name

If the participant is younger than 18 years of age, then his/her parent or legal guardian must also sign where indicated below:

I am the parent or legal guardian of the participant indicated above, who is under the age of 18. I agree on behalf of my child or ward to all the terms contained in this release.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian