



ROTATING STUDENT/FACULTY ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

I, _____ (print name), will be participating as a Student or Faculty/Clinical Instructor in a clinical/occupational experience at a Children's National Hospital location pursuant to an affiliation agreement between Children's National Hospital, for itself and its affiliates ("Children's") and my/the college/university/educational institution, _____ (Name of College/University/Institution) ("Institution"). By signing below, I acknowledge that I understand and agree as follows:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Current data suggest person-to-person transmission most commonly occurs during close exposure to a person infected with the virus that causes COVID-19. Federal, state, and local governments and federal and state health agencies recommend that healthcare facilities take certain precautions as part of the ongoing response to the COVID-19 pandemic, including recommended infection prevention and control practices.

Student/faculty are required to wear a mask at all times, including shuttle buses. All clinical staff must wear masks and goggles for all patient interactions. Masks for general wear, including goggles and medical grade masks for general patient interactions will not be provided by Children's. Children's will provide the level of personal protective (PPE) equipment consistent with current Children's policies and practices for caring for non-COVID-19 patients, which will include isolation gowns, gloves and surgical masks as needed for patients with other infectious diseases requiring precautions. Students will not be assigned to designated COVID-19 units, nor be assigned to patients who are COVID-19 Positive or PUI (Person/Patient Under Investigation) for COVID-19, and thus student/faculty will not be fitted for and/or provided a N95 mask, face shield, goggles and will not be taught how to use PAPR (powered air-purifying respirator).

During the clinical placement experience, I agree to abide by all Children's National policies, procedures, and directives with respect to preventing the spread of COVID-19, including but not limited to requirements of daily symptoms

attestations and temperature checks, maintaining physical distancing, hand hygiene, and wearing surgical masks throughout the clinical day.

While Children's has put in place preventative measures to reduce the risk of the spread of COVID-19 in accordance with applicable CDC and state agency guidance, Children's cannot guarantee that anyone present on its premises will not become infected with COVID-19.

By signing this form, I acknowledge that I am voluntarily choosing to present for a clinical/occupational experience at Children's and that I understand that participating in the clinical/occupational experience in a healthcare setting could increase my risk of contracting COVID-19.

Accordingly, by signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in in the clinical placement experience at Children's, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to assume the foregoing risk and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, illness, and death), damage, loss, claim, liability, or expense, of any kind, relating to COVID-19, that I may experience or incur in connection with my participation in the clinical/occupational experience ("Claims").

I hereby release, covenant not to sue, discharge, and hold harmless Children's and its employees, agents, and representatives with respect to the Claims, including all liabilities, claims, actions, damages, costs, or expenses of a kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Children's, its employees, agents, and representatives, and other participants in the clinical/occupational experience, whether a COVID-19 infection occurs before, during, or after participation in the clinical/occupational experience.

I have read and understand this Acknowledgment of Risk Form and have signed this form voluntarily.

Date _____

Signature: _____

Printed Name: _____