

New York University College of Nursing Baccalaureate Program

TITLE: STUDENT HEALTH CLEARANCE (HC) POLICY & INSTRUCTIONS

POLICY: All students in the NYU College of Nursing (NYUCN) must be in compliance with health clearance policies as required by New York University and the NYUCN. The student is responsible for providing NYU with evidence of immunity and health status. Students are required to have their healthcare provider complete the Health Clearance Form and certify that the **Technical Standards, FORM A**, attached to the Form can be met with or without reasonable accommodation. Students are also required to make 2 copies of the original Health Clearance document. Student must:

1. **Keep a copy of the Health Clearance documents during tenure at NYUCN.**
2. **Bring a copy of the completed and signed HC documents to:**
Ilene Rattner, RN, Assistant Director of Academic Clinical Affairs, NYUCN
726 Broadway, 10th fl, NY, NY 10003. If she is unavailable leave it her mailbox located by the faculty boxes on the 10th floor or fax to Ilene Rattner's attention (212)-995-4359. Make sure to include your information requested: email, phone, and clinical courses.

PURPOSE OF POLICY: NYUCN students have clinical learning experiences where patient contact takes place and therefore are at risk for both exposure to and transmission of communicable diseases and blood-borne pathogens*. Therefore, specific procedures are needed to (1) decrease health risks to students, (2) protect patients and other health care professionals with whom students interact, and (3) comply with NYUCN healthcare agency contracts, New York University Student Health Center policies, OSHA regulations, and New York State Department of Health policies. **Note:** Any course that includes a clinical experience has mandatory health clearance requirements. Health clearance must be met no later than four (4) weeks prior to the first day of these clinical courses per agency requirements or participation will be prohibited.

REQUIREMENTS:

A. Annual History & Physical (H&P) and PPD FORM B: To be in compliance with the mandatory health clearance requirements, students must submit the annual H&P and PPD form which includes the documentation noted on the attached forms; this is required on a **yearly** basis for all clinical courses of the BS and MS program. The History & Physical and PPD must be performed within 1 year prior to the start of the clinical rotation and must be updated prior to expiration. Health Clearance is submitted to Ilene Rattner, RN in the NYUCN Office of Academic Clinical Affairs. If student is pregnant, healthcare provider must document. If student becomes ill or pregnant during the semester, please see item C below. Information is kept confidential per HIPAA regulations as noted above.

1. Students must have a History and Physical performed yearly by a health care provider (physician or nurse practitioner).
2. PPD (Mantoux): Students must have a PPD performed yearly (and in some cases every 6 months); the date the PPD was administered AND the date "read" and determination (positive or negative) must be indicated;
 - **A "positive" PPD requires a copy of chest x-ray report (within 2 years) submitted with the annual H&P. An abnormal chest x-ray, requires documentation of medication regimen.**
 - **A "positive" PPD requires yearly documentation of TB symptom check with annual H&P.**
3. Flu Vaccination Documentation: Vaccinations are our best protection against contracting the flu. It is recommended that students obtain both the seasonal and H1N1 vaccinations this year. While the seasonal flu vaccination protects against the seasonal flu, it will not provide protection against the H1N1 virus. This means that people will need to get two vaccinations this flu season.

B. Immunity Criteria (Illness/Immunization Documentation FORM C: Submit (1) one time only.

To be in compliance with the mandatory immunization requirements, students must provide documentation of the following: Measles, Mumps, Rubella, Varicella, Tetanus, and Diphtheria, Meningococcal Meningitis Vaccine, and Hepatitis B. **Please Note:** If you choose to waive the Hepatitis B vaccines, the additional waiver for Hepatitis B, attached as part of **FORM D**, must be completed and submitted with the Health Clearance documentation.

Note: All information is kept confidential per HIPAA (*Standards for Privacy of Individually Identifiable Health Information*, the Privacy Rule) regulations (The Department of Health and Human Services (HHS) published the Privacy Rule on December 28, 2000, and adopted modifications of the Rule on August 14, 2002).

1. Measles, Mumps, and Rubella

- All students must demonstrate immunity to Measles, Mumps and Rubella with proof of positive titers (a laboratory blood test for the antibodies) against Measles, Mumps, and Rubella.
- Evidence of immunity is demonstrated with the actual titer value and indication of “+” or “immune” initialed by the student’s health care provider on the attached Illness/Immunization Documentation form.

If lab results indicate that the student is not immune (negative), an additional MMR is required.

2. Varicella

- All students must demonstrate immunity to Varicella (Chicken Pox) with proof of positive titers against Varicella.
- Evidence of immunity is demonstrated with the actual titer value and indication of “+” or “immune” initialed by the students health care provider on the attached Illness/Immunization Documentation form
- If lab results indicate student is not immune to Varicella, the student must be immunized with two (2) doses of Varicella vaccine at least 30 days apart.

3. Tetanus and Diphtheria (Td or TdAP)

- All students must present evidence of the exact data of vaccination for Tetanus and Diphtheria within the last 10years, if no documentation is presented, revaccination must be done.

4. Hepatitis B (HBV)**

- All students must demonstrate immunity to Hepatitis B with proof of positive titers against Hepatitis B **OR** provide documentation of 3-dose series of the Hepatitis B vaccine.
- Evidence of immunity is demonstrated with the actual numerical value of the titer and indication of “+” or “immune” initialed by the students health care provider on the attached Illness/Immunization Documentation **FORM C** **OR** provide documentation of 3-dose series of Hepatitis B vaccine: Exact immunization dates for the (3) vaccination series spaced over a sixth month period (Center for Disease Control [CDC], 2001)
- If lab results indicate student is not immune to Hepatitis B, the student must be immunized according to the appropriate schedules:
 - 3 – Dose series of Hepatitis B vaccine at 0, 1, and 6 month intervals.
 - Titer should be drawn 1-2 months after dose #3.
- If a student has waived the Hepatitis B vaccination, the healthcare provider and the student must sign the attached waiver (see **FORM D**) documenting that the student has been advised by their healthcare provider of and understands the risks of not receiving the Hepatitis B vaccination.
- **Note: Students are advised that some health care/clinical agencies will not allow anyone who has not received the Hepatitis B vaccination and/or demonstrated immunity to Hepatitis B to participate in a clinical rotation at their respective site.**

C. Clinical Absence due to Illness, Hospitalization or Pregnancy that Occurs During the Semester:

1. Students who miss a clinical for hospitalization or for any other physical or mental illness that renders the individual contagious and/or incapable of performing nursing student clinical responsibilities without any limitations, or who become pregnant during the semester must submit health clearance authorization from an appropriate clinical specialist (Nurse Practitioner or Physician) who was rendering treatment prior to returning to the clinical area to complete a rotation. Health Clearance is submitted to Ilene Rattner, RN in the NYUCN Office of Academic Clinical Affairs.

2. The documentation from the Health Care Provider (Nurse Practitioner or Physician) must include a signed and dated statement that the student is in good physical and mental health; he/she is free from any health impairment which is of potential risk to patients, personnel, students, or faculty and which might interfere with the performance of his/her nursing student responsibilities, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances that may alter the individual's behavior has been considered in this evaluation. The student is able to perform all of the noted Technical Standards necessary for carrying out nursing student activities with or without reasonable accommodations, for clinical learning. If there is a reasonable accommodation, please identify the accommodation and the basis of the accommodation on a separate attachment. Please **use FORM A –Technical Standard Clearance.**

3. Once a student is cleared by the NYUCN Office of Academic Clinical Affairs, he/she needs to see the course coordinator/faculty associate to review the NYUCN BS Program's on and off campus clinical make-up policy.

Health Clearance Checklist

Students are responsible for maintaining active Health Clearance (HC) documentation for the entire academic year. If your HC information expires during a clinical course, students are responsible to forward updated Health Clearance Information to the NYU Student Health Center and NYUCN Office of Academic Clinical Affairs and to keep a copy for themselves.

Students are responsible for submitting all required paperwork the NYU Health Center and NYUCN Clinical Placement Office at least 6 weeks prior to the start of clinical courses, and or at the time his/her HC information expires; failure to do so may result in not being able to participate in the practicum/clinical course.

Note: Certain health care agencies/clinical sites may require additional documentation requirements (e. g., Background Check, state child abuse registry, HIPAA training, drug testing). Students will be contacted on an individual basis by the NYUCN Office of Academic Clinical Affairs if additional documentation is required.

1. Complete American Heart Association BLS for the Health Care Provider
 - For any questions regarding BLS certification please contact Ilene Rattner at ilene.rattner@nyu.edu
2. Complete Technical Standards Form A
3. Annual History & Physical and PPD (Yearly) Form B
 - Complete History and Physical within the last year
 - PPD (Mantoux) - PPD within the last year: if positive PPD a copy of Chest X-Ray report, if abnormal chest x-ray evidence of prophylactic medication. If one (1) year post-positive PPD, symptom check indicated as part of annual H&P.
 - Seasonal and H1N1 Flu Vaccination Documentation
4. Illness/Immunization Documentation Form C (one time only; must contain the following information):
 - Measles, Mumps, and Rubella Titer; documentation of titer values, or lab report attached and Positive(+)/Immunity indicated by HC Provider
 - Varicella Titer – documentation of titer values, or lab report attached and Positive(+)/Immunity by HC Provider
 - Hepatitis B – indication of numerical titer values or Positive(+) Titer/Immunity by HC Provider and verification that a series of inoculations/immunizations has been completed or signed waiver indicating declination of vaccine or vaccine series in progress (Form D)
 - Diphtheria Tetanus (Td or TdAP) – exact date of vaccination within the last 10 years

Student should forward all items included in the Health Clearance Checklist to the following:

- Bring copy of signed & completed documents to:
Ilene Rattner, RN, Assistant Director of Academic Clinical Affairs, NYUCN, 726 Broadway, 10th floor *if unavailable* leave a **copy** of the completed and signed documents in the Health Clearance mailbox located on the on the 10th floor of 726 Broadway, by faculty mail boxes or Fax a copy to Ilene Rattner's attention (212)-995-4359. Phone: 212-992-9415 E-mail: Ilene.rattner@nyu.edu
- Keep a **copy** of the completed and signed documents for YOUR RECORDS.

ADDITIONAL CREDENTIALING DOCUMENTS REQUIRED

Bring two copies of the below documents to NYUCN and keep an additional copy for your own records.

- Current American Heart Association BLS for the Health Care Provider certification (Basic Life Support for Healthcare Providers); for any questions regarding BLS certification please contact Ilene Rattner at ilene.rattner@nyu.edu
- NOTE: certain health care agencies/clinical sites may require additional documentation (i.e. background check, state child abuse registry certification, HIPAA training, drug testing.); if this documentation is required the Clinical Placement Office will contact students on an individual basis.

In addition certain sites may require additional documentation requirements (e. g., Background check, state child abuse registry, HIPAA training, drug testing)

CLINICAL COURSES REQUIRING HEALTH CLEARANCE

Baccalaureate Program

N41.0240	Fundamentals of Nursing
N41.0241	Acute Care Psychiatric Nursing
N41.1241	Adult Health Nursing
N41.1242	Maternity Nursing
N41.1243	Nursing Care of Adults and Elders
N41.1255	Child and Family Nursing
N41.1244	Community Health Nursing
N41.1245/54	Leadership and Management

NYU College of Nursing Health Clearance Forms (HC) (4 Pages)

Form A TECHNICAL STANDARD CLEARANCE – MUST BE SUBMITTED with HC FORMS

I agree that if I become ill and/or hospitalized for any reason during my progression through NYUCN, I will obtain this Technical Standard Clearance again from a health care provider certifying that I am able to perform all of the technical standards listed below.

Student Name: _____ **Student Signature** _____ **Date** _____

Technical Standards: Gross Motor Skills, Strength and Mobility, Physical Endurance	Technical Standards: Communication and Sensory Skills
<p>The student is expected to be able to perform gross and fine motor movements required to provide comprehensive nursing care. Examples of care that the student must be able to <u>perform safely</u> include, but are not limited to:</p> <p>Lifting as described below:</p> <ul style="list-style-type: none"> ➤ Turning and positioning patients as needed to prevent complications due to bed rest or minimal movement ➤ Transferring patients in and out of bed ➤ Transporting and exercising patients ➤ Pulling and pushing patients and/or equipment ➤ Administering cardiopulmonary resuscitation (CPR) <p>The student is expected to have the psychomotor skills necessary to perform or assist with procedures, treatments, administration of medications, and emergency interventions. On a regular day whether in the classroom or clinical (on-campus simulation or off campus), the student may be expected to sit, walk and stand. Examples include but are not limited to the ability to:</p> <ul style="list-style-type: none"> ➤ Stand and/or sit for long periods of time (e.g., minimum of 3-4 hours); ➤ Stand and maintain balance while transferring patients, reach below the waist and overhead while providing patient care procedures; ➤ Walk without a cane, walker, casts, walking boots, or crutches as well as arms free of casts or other assistive/restrictive devices in order to ambulate patient and provide bedside or general nursing care; ➤ Maneuver in small areas such as patient rooms and nursing work stations. ➤ Conduct assessments that may also require the student to bend, squat, reach, kneel or balance and/or move his or her body and all extremities quickly ➤ Carry and lift loads from the floor, lift loads from 12 inches from the floor to shoulder height and overhead; occasionally lifting 50 pounds, frequently lifting 25 pounds, and constantly lifting 10 pounds. ➤ Document patient care by writing or typing on an electronic medical record for long periods of time (e.g., more than 15 minutes at a time). <p>The student is expected to be able to maintain consciousness and equilibrium and have the physical strength and stamina to perform satisfactorily in clinical nursing experiences. Examples include but are not limited to:</p> <ul style="list-style-type: none"> ➤ The physical endurance sufficient to complete assigned period of clinical practice e.g., continuous care for 4-5 hours as well as shifts on days, evenings, nights, or weekends between 8 and 12 hours ➤ The ability to perform at acceptable speed which reflects the ability to carry out the usual patient care assignment for a particular course within the allotted clinical time. 	<p>Nursing students must have hearing, visual and tactile skills sufficient to monitor, assess, and respond to patient health needs. Nursing students must possess these skills in connection with the other identified technical skills in order to observe and learn from demonstrations in the on-campus clinical simulation laboratory and in the off-campus clinical patient care areas, and to make observations accurately at a distance and close at hand of the patient and the patient’s environment. Observation necessitates the functional use of the sense of vision and other sensory modalities; it is enhanced by the functional use of the sense of smell to perform health assessments and interventions; observe diagnostic specimens; and obtain information from digital, analog, and waveform representations of physiologic phenomena to assess a patient’s condition and the effect of treatment/therapy/care.</p> <p>Examples of the necessary sensory skills include but are not limited to sufficient:</p> <ul style="list-style-type: none"> ➤ Normal tactile feeling and use of touch to feel sensitivity to heat, cold, pain, pressure, etc. ➤ Use of auditory sense to detect sounds related to bodily functions using a stethoscope; to hear and interpret many people and correctly interpret what is heard; i.e., physicians’ or nurse practitioner orders whether verbal or over telephone, patient complaints, physical assessment (especially heart and other body sounds), fire and equipment alarms, etc. ➤ Auditory sense to communicate clearly in telephone conversations and respond effectively with patients and with other members of the healthcare team ➤ Acute visual skills necessary to detect signs and symptoms, body language of patients, color of wounds and drainage, and possible infections anywhere in the patient’s body. Interpret written word accurately, read characters and identify colors on the computer screen. ➤ Functional use of sense of vision, touch, hearing, taste and smell. Ability to visually assess patients, including color recognition and make accurate visual observations, and interpret them in the context of laboratory studies, medication administration, and patient care activities. Ability to perceive pain, pressure, temperature, position, equilibrium and movement, including fine discriminations in sound. Ability to communicate effectively orally and in writing.

I find the above noted individual to be in good physical and mental health; he/she is free from any health impairment which is of potential risk to patients, personnel, students, or faculty and which might interfere with the performance of his/her nursing student responsibilities, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances that may alter the individual’s behavior has been considered in this evaluation. Therefore, I have determined that the named individual is able to perform all of the above noted Technical Standards necessary for carrying out nursing student activities with or without reasonable accommodations, for clinical learning. If there is a reasonable accommodation, please identify the accommodation and the basis of the accommodation on a separate attachment. NOTE: THIS FORM SHOULD NOT BE SIGNED UNLESS THE INDIVIDUAL IS ABLE TO PARTICIPATE FULLY IN NURSING PRACTICE.

**Name & Signature of Physician or
 Nurse Practitioner**

Date

Address: _____



FORM B

ANNUAL Health Clearance (HC): HISTORY & PHYSICAL (H&P) & PPD

To be completed by student:

Name (Print): _____ Date of Birth: _____ Email: _____
(first, mi., last) (mm/dd/yyyy) Phone # _____
NYU N Number: _____ Program Code: B.S.
NXXXXXXXXX

I understand the agency to which I am assigned may require more health data than listed below. I hereby authorize New York University to release my health clearance information and all associated documents, including laboratory reports and immunization waivers, to any health care provider, which may require it in connection with my participation in a clinical course. I also understand that it is my responsibility to update my H&P and PPD required by either the BS or MS programs. I have brought the original of the required completed/signed documents to: 1) provided a copy to Ilene Rattner, RN, NYUCN Office of Academic Clinical Affairs; fax: (212)995-4359 2.) kept an additional copy for my own records.

Student Signature _____ Date _____

To be completed by a Certified Nurse Practitioner or Physician:

An examination was performed on the above named individual. The following assessments were included:

1. Complete history and physical (H&P) examination - Date of Exam: _____
mm/dd/yyyy

2. PPD (Mantoux) – Date Administered: _____ Date Read: _____
mm/dd/yyyy mm/dd/yyyy

PPD Determination:
 Negative
 Positive
 Chest x-ray has been documented within the last two years? _____ Date Copy attached
 Normal Chest x-ray
 Abnormal Chest x-ray
 Patient was/is treated with prophylactic medication. Date treatment started: ___/___/___
 Symptom Check for one (1) year post-positive PPD with annual H&P .

FLU Vaccination Documentation - Recommended

Seasonal Flu Vaccine	Date of Vaccine _____	Manufacturer _____	Lot _____	Dose _____
H1N1 Vaccine	Date of Vaccine _____	Manufacturer _____	Lot _____	Dose _____

By signing below, the Health Care Provider (Nurse Practitioner or Physician) has determined that the named individual is eligible for clinical practice and agrees with the following statement: I find him/her to be in good physical and mental health; he/she is free from any health impairment which is of potential risk to patients, personnel, students, or faculty and which might interfere with the performance of his/her nursing student responsibilities, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances that may alter the individual's behavior has been considered in this evaluation.

NOTE: THIS FORM SHOULD NOT BE SIGNED UNLESS THE INDIVIDUAL IS ABLE TO PARTICIPATE FULLY IN NURSING PRACTICE.

Signature of Nurse Practitioner or Physician _____ Address: _____
Print or Type Name _____ Telephone #: _____
Date _____



**ILLNESS/IMMUNIZATION DOCUMENTATION
 (ONE TIME ONLY) FORM C**

To be completed by student:

Name (Print): _____ Date of Birth: _____ Email: _____
 (first, mi., last) (mm/dd/yyyy) Phone # _____
 NYU N Number: _____ Program Code: B.S.
 NXXXXXXXXX

I understand the agency to which I am assigned may require more health data than listed below. I hereby authorize New York University to release my health clearance information and all associated documents, including laboratory reports and immunization waivers, to any health care provider, which may require it in connection with my participation in a clinical course. I also understand that it is my responsibility to update my history & physical and PPD (Form B) annually. I have brought the original of the required completed/signed HC documents to: 1) a copy to Ilene Rattner, RN, NYUCN 8th floor, Office of Academic Clinical Affairs, 2.) kept an additional copy for my own records.

Student Signature _____ Date _____

To be completed by a Certified Nurse Practitioner or Physician. Revaccinations for negative titers are required. (See instruction sheet for explanations). Please attach laboratory reports.

Measles (Rubeola) Titer: Date Drawn _____ Numerical Value _____ Positive
 Negative Revaccination Date: _____
 (If Titer is Negative or Equivocal)

Mumps Titer: Date Drawn _____ Numerical Value _____ Positive
 Negative Revaccination Date: _____
 (If Titer is Negative or Equivocal)

Rubella Titer: Date Drawn _____ Numerical Value _____ Positive
 Negative Revaccination Date: _____
 (If Titer is Negative or Equivocal)

Varicella Titer: Date Drawn _____ Numerical Value _____ Positive
 Negative Revaccination #1 Date: _____
 (If Titer is Negative or Equivocal)
 Revaccination #2 Date: _____

Hepatitis B: Dates of Vaccinations: # 1 _____ # 2 _____ # 3 _____
 OR
Titer: Date Drawn _____ Numerical Value _____ Positive
 Negative
Signed Waiver Form- See page 4 FORM D

Diphtheria/Tetanus Toxoid (Td or TdAP) has been administered within ten (10) years?

- Yes - Date _____
 No. If no, TdAP administration is required. Date: _____

Signature of Nurse Practitioner or Physician

Address: _____

Print or Type Name

Date _____

Tel. No.: _____



FORM D
Hepatitis B Vaccine Waiver
(If Vaccine waived, Submit One Time Only)

I understand that during my clinical learning experiences I may be exposed to blood or other potentially infectious materials, and I may be at risk of acquiring hepatitis B virus (HBV) infection, a serious disease. I have been given the opportunity to be vaccinated with hepatitis B vaccine.

Please check the appropriate statement:

_____ I decline hepatitis B vaccination at this time. I have been informed and understand the possible risks of acquiring hepatitis B.

_____ I am currently in the process of receiving the 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. I will obtain anti-HB serologic testing 1-2 months after dose #3. Until this process is completed, I have been informed and understand that I continue to be at risk of acquiring hepatitis B.

Student Signature **Print or Type Name** **NYU N Number**

Date: _____

I have informed the above student of the risks associated with acquiring Hepatitis B.

Signature Health Care Professional (RN, NP, MD, DO) **Address:** _____

Print or Type Name _____

Date **Tel. No.:** _____

Adapted from Occupational Safety & Health Administration
 US. Department of Labor
 Standard Number: 1910.1030 App A

* Can be waived; If a student has waived the Hepatitis B vaccination, the healthcare provider's signature indicates that the student has been advised by their healthcare provider of and understands the risks of not receiving the Hepatitis B vaccination. Female students who believe they are pregnant must provide a letter from their health care provider indicating their expected delivery date and the lab result for Anti-Hepatitis B; although Hepatitis B vaccine is not contraindicated during pregnancy, the decision to receive their vaccination should be made in consultation with one's health care provider. Students are advised that some health care/clinical agencies will not allow anyone who has not received the Hepatitis B vaccination and/or demonstrated immunity to Hepatitis B to participate in a clinical rotation at their site.