

New York University College of Nursing Master's 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 Forms and certify that the **Technical Standards, FORM A**, 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 **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.**

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. Current American Heart Association BLS for the Health Care Providers, and Advanced Certifications as required by program
 - 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

Students 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.

CLINICAL COURSES REQUIRING HEALTH CLEARANCE/CREDENTIALING

Master's Program

N41.2017/2019	Primary Practicum II/III
N41.2023/2168	Nursing Administration Practicum II/III
N41.2027/2029	Geriatric Practicum II/III
N41.2032	Nursing Strategies: Infancy, Childhood, and Adolescence
N41.2037	Common Health Problems Across the Adult Lifespan
N41.2038	Mental Health and Substance Abuse Nursing I
N41.2062/2063/2064/2065	Pediatric Primary Care Practicum II/III
N41.2069	Substance Abusing Client Practicum II
N41.2073/2075	Mental Health Nursing Practicum II/III
N41.2111/2113/21115	Palliative Care Practicum I/II/III Systems
N41.2117/2119	Acute Practicum II/III
N41.2130/2132/2134/2135	Midwifery Mgmt: Practicum I/II/III/IV
N41.2151	APN: Contemporary Practice Roles: The Nurse as Healer
N41.2154/2156	Holistic Practicum II/III
N41.2167	Nursing Administration Theory I
N41.2170/2173/2175	Nursing Education II/III Practicum
N41.2232	Assessment and Analysis of Clinical and Nursing Information
N41.2233	Database Design and Decision Support on Clinical and Nursing Systems
N41.2234	Implementation, Management and Evaluation of Clinical and Nursing Systems
N41.2235	Nursing Informatics Integration

Bring two copies of ALL REQUIRED documents to NYUCN 10TH FLOOR TO YOUR RESPECTIVE PROGRAM'S ADMINISTRATIVE AIDE--and keep an additional copy for your own records.

See following pages which indicate the credentialing requirements of each specific Master's program which are required in addition to the Health Clearance documents. It is the student's responsibility to keep a copy of all documents for their own records. Students may fax their documents to the attention of Ilene Rattner, RN Assistant Director of Academic Clinical Affairs : fax: 212-995-4359.

NOTE ADDITIONAL CREDENTIALING DOCUMENTS REQUIRED FOR SELECTED AGENCIES

In addition certain sites may require additional documentation requirements (e. g., Background check, state child abuse registry, HIPAA training, drug testing). PLEASE NOTE THE FOLLOWING ARE ADDITIONAL REQUIREMENTS FOR HEALTH CLEARANCE/CREDENTIALING IF YOU ARE BEING PLACED AT THE VA, MONTEFIORE AND/OR MAIMONIDES.

*Students placed at the Veteran Affairs (VA) Hospital are required to complete an additional packet of forms – see ANSO Blackboard for the VA packet.

**Students placed at Montefiore Hospital are required to complete an Annual HIPAA awareness form – see Tanit Lang, Clinical Placement Administrator, to sign the required documents.

*** Students at Maimonides Medical center must in addition to the requirements noted per program, bring proof of liability insurance.

MASTER'S STUDENTS GENERAL CREDENTIALING REQUIREMENTS 2010-2011

All **MS** students, in addition to submitting proof of their Health Clearance, i.e., immunizations, H&P and PPD, BLS and Advanced Certifications as required by the program, per the policy –see ANSO for policy and forms, must submit a copy of the following items to the NYUCN, 726 Broadway.

Submission requirements are as follows:

1. **Health Clearance, BLS & Advanced Certifications as Required by Program** to: Ilene Rattner, RN, Office of Academic Clinical Affairs, 726 Broadway, 10th floor, fax (212)-995-4359, or scan and email to ilene.rattner@nyu.edu.
2. **MS Student Practicum Application Form, Current Resume, and Current New York State RN License Registration** to: the administrative aides located on the 10th floor 726 Broadway for the program in which you are enrolled. Please see the list of programs below and the required documents that will be kept on file for each program:

CREDENTIALING REQUIREMENTS

(NRAC) APN: Adult Acute Care

MS Student Practicum Application Form

Current Resume

Current New York State RN license registration

Current BLS (Basic Life Support as certified by the American Heart Association)

ACLS

(NRPC) APN: Adult Primary Care

MS Student Practicum Application Form

Current Resume

Current New York State RN license registration

Current BLS (Basic Life Support as certified by the American Heart Association)

(NRCE) APN: Geriatrics

MS Student Practicum Application Form

Current Resume

Current New York State RN license registration

Current BLS (Basic Life Support as certified by the American Heart Association)

(NRAG) APN: Adult Primary Care/Geriatrics

MS Student Practicum Application Form

Current Resume

Current New York State RN license registration

Current BLS (Basic Life Support as certified by the American Heart Association)

(NICA) APN: Pediatrics

MS Student Practicum Application Form

Current Resume

Current New York State RN license registration

Current BLS (Basic Life Support as certified by the American Heart Association)

*PALS

(NRMH) APN: Mental Health

MS Student Practicum Application Form

Current Resume

Current New York State RN license registration

Current BLS (Basic Life Support as certified by the American Heart Association)

(NRAP) APN: Adult Palliative

MS Student Practicum Application Form

Current Resume

Current New York State RN license registration

Current BLS (Basic Life Support as certified by the American Heart Association)

(NRMW) Midwifery

MS Student Practicum Application Form

Current New York State RN license registration

*ACNM Membership

Current BLS (Basic Life Support as certified by the American Heart Association)

*NRP (Neonatal Resuscitation Program)

*IV Certification (Course or Letter from Supervisor)

*Electronic Fetal Monitoring skills

(NRAH) Adult NP/Holistic NP

MS Student Practicum Application Form

Current Resume

Current New York State RN license registration

Current BLS (Basic Life Support as certified by the American Heart Association)

(NRIF) Nursing Informatics

MS Student Practicum Application Form

Current Resume

Current New York State RN license registration

Current BLS (Basic Life Support as certified by the American Heart Association)

(NRAD) Nursing Administration

MS Student Practicum Application Form

Current Resume

Current New York State RN license registration

Current BLS (Basic Life Support as certified by the American Heart Association)

(NRMG) Joint Degree MS Nursing/MS Management

MS Student Practicum Application Form

Current Resume

Current New York State RN license registration

Current BLS (Basic Life Support as certified by the American Heart Association)

(NRED) Nursing Education

MS Student Practicum Application Form

Current Resume

Current New York State RN license registration

Current BLS (Basic Life Support as certified by the American Heart Assoc

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: _____



NEW YORK UNIVERSITY

A private university in the public service
COLLEGE OF NURSING *at the*
COLLEGE OF DENTISTRY

Current Clinical Course(s): _____

Semester/Year: _____

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: M.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 _____

