

CLINICAL COURSE REQUIREMENTS FOR UNDERGRADUATE AND GRADUATE STUDENTS

To protect yourself and the clients for whom you care, and to meet the requirements of the clinical sites where you will have experience, you must meet the following requirements for clinical courses. Failure to provide the required information will result in your not being allowed to start your nursing courses.

Please Note:

- Submit **copies** of your documentation, not originals, to the Office of Academic Programs & Student Services. (Note: copies cannot be made for you in Student Services. A copier is available in Roy Nicks, 234.) All current and accurate documentation must be submitted by the deadline.
- To help avoid misplacement and accurate recording, it is recommended you submit all your documentation with your name and Student ID number on each page (not your social security number).
- Use the forms provided by the College of Nursing to assist in gathering documentation.
- The submission deadline for health requirements, with the exception of liability insurance and OSHA Training for initial licensure BSN students, is prior to the beginning of all nursing courses. You **will not** be able to attend classes if you have not submitted your documentation by the deadline which will be before the first day of class.
- Keep in mind that obtaining documentation of clinical requirements may take a long time so you should get started on it as soon as you receive your packet. Students who lack the required documentation **will not** be permitted to attend any nursing courses.
- Keep your original documentation until program completion and, thereafter, as needed for additional degree programs. The College of Nursing will only keep copies of your documentation for 5 years after graduation.

Additional information on many of the requirements is presented below including services provided by Student Health Services (SHS):

1. **Liability Insurance – (renewed annually)**

- a. Current individual professional liability policy (not a group policy) with \$1,000,000/\$3,000,000 coverage is required. (Nurse practitioner students must hold a policy which provides coverage for services provided as a student nurse practitioner.)
- b. Students who are already licensed as an RN or LPN must buy the appropriate liability insurance coverage **and** request to be insured also as a student at no additional charge. Verification that the additional student coverage is in effect must be submitted to the Office of Academic Programs & Student Services.
- c. A copy of the declaration page of the policy (Certificate of Insurance or Policy Face Sheet) with policy number, expiration date, and liability amounts must be submitted to the Office of Academic Programs & Student Services in the College of Nursing. The office has information on professional liability insurance companies.

Resources for liability insurance providers:

- Nurses Service Organization (NSO)
Phone: 1-800-247-1500
Fax: 1-800-739-8818
Web site: www.nso.com
Address: 159 E County Line Rd., Hatboro, PA 19040-1218
- Marsh Affinity Group
Phone: 1-800-503-9230
Web site: www.Proliability.com
Address: 1440 Renaissance Dr., Park Ridge, IL 60068-1400
- The Office of Academic Programs & Student Services has applications for NSO available for students who prefer to mail a hard copy application.

- d. The **submission deadline** for liability insurance is prior to your first clinical course. Generally, the first clinical course is in your second semester and is as follows:

Traditional 4-year students-ALNU 3031
Evening/Weekend students-ALNU 3031
Accelerated 2nd Degree students-ALNU 3031
LPN-BSN students-FCNU 3071, FCNU 3081, PMNU 3091
RN-BSN students –PMNU 4061 or PMNU 4062
MSN Administration students- PMNU 5560
MSN NP-ALNU 5010
RODP-MSN NP-NURS 5102
RODP-MSN Administration students-NURS 5309
RODP-MSN Education students-NURS 5207
PhD students-any courses with clinical experience

Note: Students have the option of requesting an effective date. In order to avoid insurance lapsing during the middle of a semester, students should request effective dates based on the following list:

August 15th if first clinical course will be Fall semester
April 15th if first clinical course will be Summer semester
January 1st if first clinical course will be Spring semester

2. **Tennessee Licensure (if applicable)**

For information on obtaining a registered nurse license in the state of Tennessee, contact the:

Tennessee Board of Nursing
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37247-1010
(615) 532-5166

3. **CPR - Basic Life Care Support (BLCS) – (renewed upon expiration)**

- a. Approved course through either American Red Cross or American Heart Association.
- b. Current and renewed according to agency policy following American Red Cross or American Heart Association guidelines.
- c. Course must include information and practice for:
 - One- and two-person CPR;
 - infant/child CPR;
 - the choking victim; and
 - automatic external defibrillator.

Health Care Providers' CPR courses usually cover these areas.

- d. Totally online CPR courses are **not** acceptable.

Resources for CPR:

- Some area hospitals and agencies offer CPR to students through their education departments. Contact them for specific information.
- Community rescue squads, lifesaving crews, fire departments, EMT services, and the American Red Cross offer CPR through their organizations. Call those agencies for schedule information.
- Other CPR classes are offered by local hospitals. Student must contact the hospital for dates classes are offered.

4. **Physical Examination**

- a. Statement must be signed by a licensed health care provider (HCP), i.e., a physician, nurse practitioner, or physician assistant, and performed preferably within three months before beginning the first clinical course (physicals older than one year will not be accepted). Must be completed on the ETSU College of Nursing form.
- b. The student should complete and sign the Health Verification Form (attached or available from the Office of Academic Programs & Student Services).
- c. SHS conducts physicals during summer period only, and by appointment only. Cost is \$75.00* and includes urinalysis, CBC, comprehensive panel, eye exam, and simple hearing exam.
Other Resources: 1st Assist, Doctor's Care, or Medical Care.
(*prices subject to change without notice)

5. **Tuberculosis Screening – (renewed annually)**

- a. Procedure for Mantoux Tuberculin Skin Test (**TB Tine test is not acceptable**).
 1. Give 0.1 ml 5 TU PPD intradermal injection in a forearm.

2. Read test in 48-72 hours.
 3. If reading (indurations) is 5mm or greater, the test is positive for certain persons at increased risk; 15mm or greater is considered positive for healthy people who are not at risk.
- b. **The results of testing should always be recorded in millimeters of indurations. Do not** record as positive, negative, or in plus signs. If there is no induration, results should be recorded as zero mm. The person administering the test should place his/her initials next to “date given” and the person reading the test should initial next to the results and indicate the date the test was read.
 - c. Students who are known positive reactors or cannot be tested must furnish documentation (including an initial negative chest x-ray) from a HCP that there is no danger of communicability. Appropriate preventive therapy should be considered by those with positive tests.
 - d. Students who are known positive reactors or cannot be tested must report any signs or symptoms of tuberculosis, for example, shortness of breath, malaise, fatigue, fever and chills, hemoptysis, weight loss, anorexia, chest pain, coughing, and night sweats. A student who develops signs and symptoms will be required to document non-communicability before continuing in the program.
 - e. TB skin tests (PPD) are available at Student Health Services on a walk-in basis on Monday, Tuesday, Wednesday, and Friday, between the hours of 8:00- 11:30am and 1:30 – 3:30pm. Skin tests are not available on Thursdays because the test must be read in 48-72 hours. Current cost of TB testing: \$5.00* (*price is subject to change without notice)

6. **Hepatitis B Vaccine – Evidence of one of the following:**

- a. Positive antibody titer.

OR

- b. Three doses according to following schedule:

1st dose: at elected date

2nd dose: at least 4 weeks after the first dose

3rd dose: at least 8 weeks after the second dose and 16 weeks after the first dose

- 1.) Students must have received at least the first two doses prior to the first clinical course and must complete the series as recommended to continue in subsequent clinical courses.
- 2.) If the series is delayed between doses, the vaccine schedule should be continued from where it was left off.
- 3.) Should the student present a report for a blood test for antibody to Hepatitis B (Hb,Ab); and the result shows that the individual did not respond adequately to the vaccine series, the three-dose series must be repeated.
- 4.) Hepatitis B vaccines and antibody titers (serology for immunity) are available at Student Health Services on a walk-in basis on Monday – Friday between 8:00 -11:30 a.m. and 1:30 – 3:30 p.m. Current cost for Hep B are:

Hep B vaccine age 19 and younger: \$15.00*

Hep B vaccine age 20 and older: \$37.00*

Hep B titer: \$12.00*

(*prices subject to change without notice)

7. **MMR (Measles, Mumps, Rubella)** –

One of the following is required:

- a. Documentation of 2 doses of MMR vaccine administered at least 30 days apart with the 1st does given at 12 months of age or later. (MMR vaccine is available at the Student Health Clinic.)
- b. Graduates of a Tennessee high school between 1978-2001 are presumed to have had one MMR dose and are only required to supply proof of the second dose.
- c. Documentations of 2 doses each of separate measles, mumps, and rubella vaccines given at least 30 days apart with the 1st doses given at 12 months of age or later. If first doses were separate vaccines, 2nd dose may be MMR combined vaccine.
- d. Documentation of positive serological immunity to measles, mumps and rubella.
- e. Licensed health care provider documented history of each of the diseases. Self-reported or parent-reported disease history is not acceptable.
- f. Documented allergy to any component of the vaccine.
- g. Exemption: Attendance at a Tennessee public school in any grade after 2001.
- h. Exemption: Born 1957 or earlier.
- i. Please let Student Services Staff know if you are exempt when submitting documentation.

MMR vaccine and titers for immunity documentation are available at SHS on a walk-in basis Monday-Friday from 8:00-11:30 a.m. and 1:30-3:30 p.m.

MMR-\$61.00*
Measles Titer-\$26.00*
Mumps Titer-\$20.00*
Rubella-\$19.00*

(*Includes \$2.00 charge for venipuncture; prices subject to change without notice)

8. **Tdap** –

Tetanus, diphtheria, acellular pertussis immunization must be documented within the last 10 years. To reduce pertussis morbidity among adults and maintain the standard of care for tetanus and diphtheria prevention and to reduce the transmission of pertussis to infants and in health-care settings, the Advisory Committee on Immunization Practices recommends that health-care personnel who work in hospitals or ambulatory care settings and have direct patient contact should receive a single dose of Tdap, as soon as feasible, if they have not previously received Tdap. An interval as short as 2 years from the last dose of Td is recommended; shorter intervals maybe used.

9. **Varicella (Chickenpox)** – Evidence of **one** of the following:

- a. 2 doses of varicella vaccine at least 1 month apart if given at age 13 or later.
- b. 1 dose of varicella vaccine if given before age 13.
- c. Positive antibody titer.

Even if you had the chicken pox as a child you must have titer drawn.

The SHS does keep Varicella vaccine on hand in the clinic. The current cost is \$130.00* Varicella titers are available at SHS during walk-in hours at current cost of \$24.00* (*prices subject to change without notice)

10. **Meningococcal Vaccine (Optional)**

- a. Not a required vaccine for the nursing program
- b. Students residing in a dormitory setting may wish to receive the vaccine which is available through Student Health Services.
- c. <http://www.etsu.edu/nursing/shserv/forms/hepameniwaiver.aspx>

Note: Any student having questions or concerns about the advisability of receiving any of the required immunizations (for example, due to age, medical or other circumstances) should check with his or her health department or HCP. A statement will be required indicating why it is not advisable for the student to have a specific immunization. A student who does not receive an immunization must accept any responsibility for the increased risk of infection.

11. **Infection Control, Bloodborne Pathogens and Hazardous Material Training**

All nursing majors must complete training on infection control, bloodborne pathogens and hazardous materials. Education and testing on these topics will be provided during class sessions in the first semester Health Assessment class of the major for BSN students. After the initial in-class training, BSN students must complete an online annual update with testing and provide documentation of test results to the Office of Academic Programs & Student Services in order to continue in clinical courses. RN-BSN, MSN and PhD students will not have in-class instruction, but will do both initial and annual online instruction and testing. For the online information, go to http://www.etsu.edu/nursing/conpages/OSHA/OSHA_Training.pdf.

Documentation of training must be turned in to the College of Nursing Office of Academic Programs & Student Services, Roy Nicks Hall, Room 230, fax number 423-439-4522. Faculty will provide to Student Services documentation of the initial in-class training/testing for BSN students. Students are responsible for providing timely documentation of online updates and testing to Student Services. The Office of Academic Programs & Student Services staff will notify students who do not have a passing score (85%) that they must repeat the education program and quiz. Students who do not complete training and document the training to Student Services will not be permitted to participate in clinical experiences.

12. **Consent to Drug/Alcohol Testing, Statement of Acknowledgment and Understanding, Release of Liability Form** –

This form is provided in the new student packet.

13. **Student Signature Form** –

Outlining responsibility for material in Student Handbook. The Student Handbook is on line and the form is in the new student packet you receive.
http://www.etsu.edu/nursing/conpages/Student_Handbook_07_08.pdf

14. **Tennessee Nurses Foundation (TNF) Fee** –

\$15.00 money order (only money orders will be accepted) for non-licensed students. Students who are licensed in the state of Tennessee as a Licensed Practical Nurse, Registered Nurse, Nurse Practitioner, Physical Therapist, Respiratory Therapist, Occupational Therapist, Medical Lab Technologist, Physician's Assistant, and Emergency Medical Technicians do not have to pay the fee.

15. **HIPAA** –

All nursing students must complete training on the Health Insurance Portability and Accountability Act (HIPAA), commonly known as the privacy act.

- a. Students who have received formal training at a health care agency that was not a part of a student orientation session can submit a copy of their certificate as documentation. The certificate must be signed by an agency representative. Students who provide documentation of a health care agency HIPAA training must still read and sign the Workforce Confidentiality Agreement which can be accessed through the Student Information link at <http://www.etsu.edu/nursing/conpages/ClinicalHealthRequirements.asp>
- b. Students can also verify training by completing a College of Nursing online program. The program can be accessed through the Student Information link at <http://www.etsu.edu/nursing/conpages/ClinicalHealthRequirements.asp>

The College of Nursing may add or change clinical requirements based on current information regarding communicable diseases; revised or new College, University, or Board of Regents policies; or agency requirements. For example, criminal background checks may be a requirement for clinical experiences at some clinical sites. Based on the results of these checks, an affiliated clinical site may not allow a student's presence at a facility, which may impact a student's ability to successfully complete the program. Additionally, a criminal background may preclude licensure or employment. Students will be informed of any new requirements and the deadlines for meeting those requirements.

Documentation may be mailed to: East Tennessee State University
College of Nursing
Office of Academic Programs & Student Services
Box 70664
Johnson City, TN 37614-1709

or faxed to: (423) 439-4522

or delivered to: 232 Roy Nicks Hall

or placed in CON Drop Box: located outside 230 Roy Nicks Hall

If you have questions regarding the clinical health requirements, please contact the Office of Academic Programs & Student Services @ (423) 439-4578.

CLINICAL & HEALTH REQUIREMENTS CHECK LIST

Please refer to the previous “*Clinical & Health Course Requirements for Undergraduate and Graduate Students*” for detailed information regarding each requirement listed below.

Due Prior to First Clinical Course:

1. _____ Liability Insurance Policy Cover Sheet

Due Prior to Beginning of Semester:

2. _____ Tennessee Licensure (if applicable)
3. _____ CPR Certification Card
- 4.a) _____ Physical Examination Form (HCP completes using ETSU form)
b) _____ Health Verification Form (student completes)
5. _____ Tuberculosis Screening (TB) (renewed annually)
6. _____ Hepatitis B vaccines or positive titer
7. _____ Measles, Mumps, Rubella (MMR) vaccines or positive titers
8. _____ Tdap tetanus/diphtheria/acellular pertussis (renewed upon expiration)
9. _____ Varicella (Chickenpox) vaccine or positive titer (even if you had chickenpox as a child you will still need to have a titer drawn)
10. _____ Meningococcal Vaccine (optional)
11. _____ Infection Control, Bloodborne Pathogens and Hazardous Materials Training and test for RN-BSN, MSN and PhD students. Other BSN students will have classroom instruction on these topics.
12. _____ Drug/Alcohol Consent Form in clinical health packet or pick up at the Office of Academic Programs & Student Service, Roy Nicks Hall, Room 230
13. _____ Student Signature Form for the Student Handbook in clinical health packet or pick up at the Office of Academic Programs & Student Services, Roy Nicks Hall, Room 230
14. _____ Payment to the TN Nurses Foundation (\$15 money order) **or** proof of licensure
15. _____ HIPAA Accountability Form (Privacy Act)

Student Name: _____ **SID:** _____

CORE PERFORMANCE STANDARDS FOR UNDERGRADUATE AND GRADUATE STUDENTS

Admission to the College of Nursing's programs is not based on the following performance standards, but on the eligibility requirements defined elsewhere (including G.P.A. and course requirements). The following performance standards are used to assist students in determining whether accommodations or modifications are necessary and provide an objective measure upon which informed decisions can be based about whether the student can meet requirements.

1. Critical thinking ability sufficient for clinical judgment.
2. Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
3. Communication abilities sufficient for interaction with others in verbal and written form.
4. Physical abilities sufficient to move from room to room and maneuver in small spaces.
5. Gross and fine motor abilities sufficient to provide safe and effective nursing care.
6. Auditory abilities sufficient to monitor and assess health needs.
7. Visual ability sufficient for observation and assessment necessary in nursing care.
8. Tactile ability sufficient for physical assessment.

If an otherwise qualified student believes that he or she cannot meet one or more of the standards without accommodation or modifications, the nursing program will determine, on an individual basis, whether or not the necessary modifications can be made reasonably. The following process will be used:

1. Before admission to the nursing major, students will have information regarding Core Performance Standards available to them through the College of Nursing information packets sent to persons inquiring about the program.
2. After admission to the major, students will be given a copy of the Core Performance Standards.
3. A student with disabilities who believes that he or she may need assistance in meeting the Core Performance Standards should contact Disability Services at ETSU, Lower Level Culp Center, at 439-8346.

**EAST TENNESSEE STATE UNIVERSITY
COLLEGE OF NURSING**

STUDENT SIGNATURE FORM

NAME & STUDENT ID# _____
(PLEASE PRINT NAME)

Note: Signed forms will be submitted to the Office of Academic Programs & Student Services or in designated undergraduate and graduate classes during the student's initial semester in the College of Nursing.

I have read all of the information in the Student Handbook of the College of Nursing of East Tennessee State University and consider myself responsible for all contents of the handbook.

Signature: _____ Date: _____

Universal Precautions/Hazardous Chemical Right-to-Know Law

I have read and understand the policy on universal precautions and the Hazardous Chemical Right-to-Know Law.

Signature: _____ Date: _____

Substance Abuse

I have read and understand the College of Nursing policy and procedures governing the use and/or abuse of drugs and/or alcohol and am aware of the penalties which may result from behavior described by this policy.

Signature: _____ Date: _____

NOTE: Signature required on *Consent to Drug/Alcohol Testing, Statement of Acknowledgement and Understanding, Release of Liability* on separate page.

Consent to Drug/Alcohol Testing, Statement of Acknowledgment and Understanding, Release of Liability

I, _____ am enrolled in the College of Nursing at East Tennessee State University. I acknowledge receipt and understanding of the institutional policy with regard to drug and alcohol testing, and the potential disciplinary sanctions which may be imposed for violation of such policy as stated in the College of Nursing Student Handbook.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff, and property. Accordingly, I understand that prior to participation in the clinical experience; I may be required to undergo drug/alcohol testing of my blood or urine. I further understand that I am also subject to testing based on reasonable suspicion that I am using or am under the influence of drugs or alcohol.

I acknowledge and understand the intention to test for drugs and/or alcohol and agree to be bound by this policy. I hereby consent to such testing and understand that refusal to submit to testing or a positive result of the testing may affect my ability to participate in a clinical experience, and may also result in disciplinary action up to and including dismissal from East Tennessee State University.

If I am a licensed health professional, I understand that the Tennessee Professional Assistance Program will be contacted if I refuse to submit to testing or if my test result is positive. Full reinstatement of my license would be required for unrestricted return to the RN-BSN, LPN-BSN, MSN, MSN-RODP or PhD program in the College of Nursing.

My signature below indicates that:

- 1) I consent to drug/alcohol testing as required by clinical agencies, the Tennessee Professional Assistance Program, or as directed by the Office of Student Affairs, East Tennessee State University.
- 2) I authorize the release of all information and records, including test results relating to the screening or testing of my blood/urine specimen, to the ETSU Office of Student Affairs, the Dean of the College of Nursing, and others deemed to have a need to know.
- 3) I understand that I will be required to pay a fee of \$15.00 to the Tennessee Nurses Foundation (TNF) after admission to the major and that I am responsible for payment of any required drug or alcohol screens. Nurses licensed in Tennessee will not have to pay an additional fee to TNF.
- 4) I understand that I am subject to the terms of the general regulations on student conduct and disciplinary sanctions of East Tennessee State University and the Policy Statement on Drug-Free Campus of East Tennessee State University, as well as, federal, state and local laws regarding drugs and alcohol.
- 5) I hereby release and agree to hold harmless East Tennessee State University and the Tennessee Board of Regents, their officers, employees and agents from any and all action, claim, demand, damages, or costs arising from such test(s), in connection with, but not limited to, the testing procedure, analysis, the accuracy of the analysis, and the disclosure of the results.

My signature indicates that I have read and understand this consent and release, and that I have signed it voluntarily in consideration of enrollment in the College of Nursing.

Student's Signature

Date

Reviewed and approved by Legal Affairs 4/26/02
Approved by Faculty Council 5/8/02
Edited (TNF) 1/06/04
Edited (PhD) 7-15-08

Student Name: _____ SID: _____

PHYSICAL EXAMINATION

(To be completed and signed by a licensed Health Care Provider,
e.g., physician, certified nurse practitioner, physician assistant)

Each section must be completed.

Laboratory Reports (as Health Care Provider determines need): _____

CBC _____ U/A _____

Weight _____ Height _____ Vision: R _____ L _____

B.P. _____ Pulse _____

Hearing: Welch Allyn / AudioScope Screening

20db HL 25db HL 40db HL

Y = Response N = No Response

Right Ear				
Left Ear				
	500	1000	2000	4000

Frequency (Hz)

General: _____

HEENT: _____

Skin: _____

Heart: _____

Lungs: _____

Abdomen: _____

Hernia: _____

Extremities and Back: _____

Neurological: _____

Other: _____

REMARKS: _____

Health Care Provider's Name (Please Print) **M.D., D.O., N.P., P.A.,**
(Circle one or fill in blank)

Health Care Provider's Signature

Address: _____

Phone: () - _____ **Date:** _____

Irritable Bowel Syndrome: _____

Stomach Ulcers: _____

Kidney Disease: _____

Neurological Disorders: _____

Rheumatoid Arthritis: _____

Thyroid Disease: _____

Tuberculosis: _____

Additional Illnesses: _____

Surgeries: _____

Date & Type: _____

Injuries: _____

Date & Type: _____

Are you currently under treatment for any medical illness? If so, explain

Are you taking any medications(s)? If so, list all.

List emotional or chemical dependency problems (past and/or present) and treatment for such.

Student Signature

Date

Physical Examination form is to be completed by your Health Care Provider