DUE DATES FOR SOPHOMORE NURSING STUDENTS (Clinical Related Items)
STUDENTS MUST HAVE ALL ITEMS (other than flu vaccine) COMPLETE TO GO TO CLINICAL SITE

<table>
<thead>
<tr>
<th>Instructions</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete instructions and forms are in this packet.</td>
<td></td>
</tr>
<tr>
<td>Health documentation and eLearning due 6/15</td>
<td></td>
</tr>
<tr>
<td>CPR registration due 7/15 for 8/27 class, Upload by 8/31</td>
<td></td>
</tr>
<tr>
<td>Fingerprinting/background check – Drug testing – due 8/1</td>
<td></td>
</tr>
<tr>
<td>Flu vaccine: This requirement cannot be met until after the start of the semester when the new flu season vaccine is available. You will upload the verification you obtain from the provider by 10/15.</td>
<td></td>
</tr>
</tbody>
</table>

**ORDER/PURCHASE**

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills kit &amp; Injection Kit for NURS 231</td>
<td>(you will receive information separately regarding these items and how to order for the Spring semester)</td>
</tr>
<tr>
<td>Uniforms</td>
<td>(navy scrub top &amp; pants, white jacket specific to XU Nursing students to be worn with name badge while at clinical facilities). Order online or buy off the shelf in the bookstore – may not be in stock in all sizes. See Uniform Policy.</td>
</tr>
<tr>
<td>Pen light, B/P sphygmomanometer, dual head stethoscope</td>
<td>(for an order option: SNO is partnered with MDF instruments - a percentage will be donated to SNO – <a href="http://www.mdfinstruments.com/xavier">http://www.mdfinstruments.com/xavier</a>)</td>
</tr>
<tr>
<td>White or black non-permeable shoes for clinicals</td>
<td>(see uniform policy for details)</td>
</tr>
</tbody>
</table>

**LOAD X-CASH & PAY IN NURS 225**

<table>
<thead>
<tr>
<th>Name Badge for clinicals</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>The School of Nursing will pre-order your clinical name badge. Load $10 on your ALL CARD X-Cash account. Your ALL Card will be swiped and badge presented to you in NURS 225 if health and eLearning completed.</td>
<td></td>
</tr>
</tbody>
</table>

**Due before semester starts**

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot purchase elsewhere:</td>
<td></td>
</tr>
<tr>
<td>Scrub top and jacket (embroidered with Xavier University School of Nursing)</td>
<td></td>
</tr>
<tr>
<td>Skills kit (specific to NURS 225) – see information sheet in packet</td>
<td></td>
</tr>
</tbody>
</table>

**Due 8/31**

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to Student Hub Systems icon, All Card/X Cash link to load $10</td>
<td></td>
</tr>
</tbody>
</table>

**Liability Insurance:** The University maintains a blanket liability insurance policy on all nursing students. Details are in the nursing student handbooks. See handbook for fees.

**Waiver and Confidentiality Agreement:** Each nursing student in clinicals and simulation experiences will be provided a waiver and a confidentiality agreement to sign at the start of the semester.

**Transportation to and from clinical sites:** The University does not provide transportation to and from clinical sites. Since clinical groups average eight to ten in sophomore year, students typically car pool.

Soph Due Dates – Updated 4/19/17
Order Instructions for Xavier University - School of Nursing

1. Go to https://mycb.castlebranch.com/

2. In the upper right hand corner, enter the Package Code that is below.

Package Code XA20bsnall: BSN Medical Document Manager, Influenza Document Manager, HIPAA & OSHA eLearning Tracker, Drug Test, & Fingerprinting

About

About CastleBranch

Xavier University - School of Nursing has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.

You will return to your account by logging into castlebranch.com and entering your username (email used during order placement) and your secure password.

Order Summary

Payment Information

Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

Accessing Your Account

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us

For additional assistance, please contact the Service Desk at 888-723-4263 or visit https://mycb.castlebranch.com/help for further information.
To complete your eLearning Tracker, follow the instructions below:

- You will be prompted by your eLearning tracker once your registration is successful. Once prompted, access MyCB’s eLearning Center at the following URL: castlebranch.litmos.com
- Your username is your MyCB username (email address). Your temporary password is “changeme” with no quotation marks.
- Your first login will prompt you to change your password. Please record your password somewhere private and secure for future reference. (Note: CastleBranch cannot reset your password. If you forget your password, you must use the “Forgot Password?” link on the eLearning Center login page.)
- To access your eLearning assignments, select the “Course Library” tab from the left side panel. Hover your cursor over course tiles to view completion percentages. To view course info, click on a course tile.
- To begin working on a course, click “Start this course.”
- Each course will contain at least one module. Each module will begin with an overview of what the course contains, including total number of slides, review questions, and estimated time needed to complete the section. Navigate through course materials by using the “Next” button, or by using the topic headings to the left hand side.
- To stop in the middle of a course and save your progress, click the “Save & Exit” button in the bottom right-hand corner of the course window. You will be able to pick up where you left off the next time you log in.
- In order to complete a course, you must review all the included materials and take the required tests. For some course sections, a minimum test score is also required for completion.
- After all sections of an assignment have been completed, you must download the certificate of completion. This becomes available from the “Achievements” tab on the left panel once you have completed a course. Save this certificate to your desktop, then upload the file to your MyCB eLearning tracker under the appropriate “Upload Your Certificate of Completion...” requirement.
- Your certificate of completion will be reviewed within 24-48 business hours. Upon approval of all certificates, your eLearning Tracker will be complete.
PHYSICAL EXAMINATION FORM

STUDENT: COMPLETE THIS SECTION

I understand that a certification of physical health is required in order to attend clinical courses and that if my health status changes such that restrictions are required for clinicals, I must notify the School of Nursing and provide appropriate documentation as outlined in the nursing student handbook under compromised or altered health status. Annually thereafter, I will submit Page 2 to verify my health status for clinicals and will notify the School of Nursing if changes at any other time.

I understand that I am not permitted in the clinical area until this completed form and all other required documentation has been submitted as instructed. I will maintain documentation for my records. I understand that I may need to provide it for a future clinical experience/employer and that the School of Nursing is not responsible for providing it to me in the future.

Student signature ___________________________ Date ________________

Student printed name ___________________________ DOB ________________

HEALTH PROFESSIONAL: COMPLETE THIS SECTION – student must use this form

The student named above has had a complete physical examination and has:

_____ no restrictions  _____ restrictions – see attached information

Note to physician: If restrictions do exist, please attach explanation.

Date of this physical examination was: ___________ Month ___________ Day ___________ Year ___________

Signature (physician/nurse practitioner verifying information) ___________________________

Printed name ___________________________ Date signed ___________

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER

__________________________

__________________________

__________________________

The healthcare provider signature and contact information must be provided or this form will be rejected.

Instructions for submission of documentation are at www.xavier.edu/nursing/Current-Students.cfm
# Student Immunization Record

I understand that my immunization record and other documentation is required in order to attend clinical courses, that it may be required for a future clinical experience/employer and that the School of Nursing is not responsible for providing submitted documentation to me. I will keep a record of my immunizations.

Student signature ___________________________ Student name ___________________________ DOB ________________

## Health Professional: Complete This Section

Please ✓ the appropriate box to signify that the requirement has been met. Provide additional documentation/explanation if appropriate.

Documentation of additional vaccination will be required for negative serology results.

<table>
<thead>
<tr>
<th>Disease</th>
<th>HCW Requirements for Immunity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MMR</strong> (Measles, Mumps, Rubella)</td>
<td>□ Measles Positive serology – Date________  (lab results required)</td>
</tr>
<tr>
<td></td>
<td>□ Mumps Positive serology – Date________</td>
</tr>
<tr>
<td></td>
<td>□ Rubella Positive serology – Date________ OR</td>
</tr>
<tr>
<td></td>
<td>□ 2 MMR vaccines - Dates 1.__________ 2.__________</td>
</tr>
</tbody>
</table>

**Hepatitis B**

□ Positive serology – Date________  (lab results required) OR

□ Three doses of Hepatitis B vaccine; the first 2 doses given at least one month apart, and 3rd given at least 4 months after the 2nd

Dates of Hepatitis B Vaccine:

1.__________ 2.__________ 3.__________

**Tetanus, Diphtheria, Pertussis**

□ 1 dose of Tdap (Adacel) (NOTE: Neither Td nor DTaP meet this requirement).

Date of Tdap Vaccine: 1.__________ If Tdap is older than 10 years, also provide date of subsequent Td Vaccine:

________________________________________

**Varicella** (Chicken pox)

□ History of varicella (Chickenpox) or zoster (Shingles) Date or year:__________ OR

□ Positive serology – Date________  (lab results required) OR

□ 2 doses of VZV vaccine, 6-8 weeks apart.

Prior recipients of 1 dose of vaccine must receive a 2nd vaccine dose.

Dates of Chicken pox Vaccine: 1.__________ 2.__________

________________________________________

Signature (physician/nurse practitioner verifying information) __________________________________________

Printed name ___________________________ Date signed ___________________________

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

NOTE TO STUDENT: A copy of an electronic immunization record from your healthcare provider will satisfy this requirement if the document includes all necessary information.

Immunization Record Rev. 2 19 2016
TB (Tuberculosis) TEST VERIFICATION FORM

Page 1: Year 1 Clinical Pre-Licensure Students (BSN Sophomores & Year 1 MIDAS Students)
FNP Students are also required to provide verification of absence of TB

STUDENT: COMPLETE THIS SECTION

I understand that in the first year of clinicals I must obtain and submit documentation of a negative two-step TB test (given/read and 1-3 weeks later given/read again). Annually thereafter I must obtain and submit proof of absence of tuberculosis. After year 1, the usual method of meeting this requirement is verification of a one-step negative tuberculin skin test (two-step in first clinical year and one-step annually thereafter) or a negative QuantiFERON TB Gold blood test.

If a student has had a positive TB test, chest X-ray results are required, followed annually by a completed symptom check form.

Student signature _______________________________ Date _______________
Student printed name _______________________________ DOB _______________

HEALTH PROFESSIONAL: COMPLETE THIS SECTION (or provide student with your facility's verification which must include results)

Mantoux Skin Test #1 (THIS 2 STEP SERIES TB TEST IS ONLY REQUIRED IN YEAR 1 OF CLINICAL COURSES.)

Date Given ___________ Given by _______________ Signature ___________ Credentials ___________

Date Read ___________ Read by _______________ Signature ___________ Result ___________ record as MM induration

Mantoux Skin Test #2 (STEP #2 GIVEN 1-3 WEEKS AFTER STEP #1).

Date Given ___________ Given by _______________ Signature ___________ Credentials ___________

Date Read ___________ Read by _______________ Signature ___________ Result ___________ record as MM induration

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER

_____________________________ _______________________________

_____________________________ _______________________________

ALTERNATE FORMS OF VERIFICATION OF ABSENCE OF TB

Provide documentation of results of a negative blood test for TB OR
Provide documentation of a current negative TB test and a negative TB test within the prior 12 months. OR
Provide documentation of results of a negative chest X-ray (< 1 yr. old). Requirement for subsequent years, rather than additional chest x-rays, is a Symptom Checklist completed by a medical professional verifying absence of TB symptoms.

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER (if not on attached verification):

_____________________________ _______________________________

_____________________________ _______________________________

TB_Form. 5/11/2018
CARDIO-PULMONARY RESUSCITATION

To assist you in acquiring your mandatory certification in Basic Life Support (BLS), sessions of the American Heart Association BLS for Healthcare Provider course will be offered at Xavier University.

**BSN Students: Sat., Aug. 26 is the ONLY date for BSN students – (registration due by 7/8)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sat. August 26, 2017</td>
<td>8:00am to noon</td>
</tr>
<tr>
<td></td>
<td>OR</td>
</tr>
<tr>
<td>Sat. August 26, 2017</td>
<td>1:00 pm to 5:00 pm</td>
</tr>
</tbody>
</table>

---

**MIDAS Students ONLY (Registration due by 8/15)**

<table>
<thead>
<tr>
<th>WHEN</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sat. September 23, 2017</td>
<td>8:00am-noon</td>
</tr>
</tbody>
</table>

WHERE: Xavier University – Cohen Center- Nursing Skill Laboratory, Room 128
CLASS SIZE: Maximum 30 students per class
COST: $90.00 per person. (CPR Text $20.00 and card $5.00 is included)

*The American Heart Association strongly promotes knowledge and proficiency in BLS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by The American Heart Association, and any fees charged for such a course do not represent income to the Association.*

REGISTRATION: Complete/mail bottom of registration form WITH non-refundable $90 payment (check or money order payable to B. Harland) TO:

Xavier University School of Nursing
Attn: Student CPR
3800 Victory Pkwy.
Cincinnati, OH 45207-7351

DUE 6/15 (DUE 8/15 MIDAS)
- No refunds can be made. Books, equipment and instructors are reserved/contracted in advance based on enrollment.
- NOTE: Book fee is included with registration fee. (Book Required)

Questions?? Please contact Barb Harland at 513-659-8649 or harlandbs@xavier.edu

---

NAME__________________________
ADDRESS________________________
CITY_________________ STATE_______ ZIP_____________
PHONE________________________ E-Mail________________________

_____ BSN Aug. 26 _____ AM _______ PM _______ MIDAS Sept. 23 AM
Uniform Policy

BSN and MSN MIDAS students must meet the requirements of the uniform policy while at clinical sites for practicum courses and at other times as specified by their clinical instructor.

REQUIRED UNIFORM:

- White warm-up cardigan (women) or jacket (men) with “Xavier University/School of Nursing” embroidery.
- Short sleeve navy scrub top worn over a short sleeve white crew neck T-shirt. “Xavier University/School of Nursing” will be embroidered on the upper chest of the scrub top. Due to infection control, no long sleeved T-shirts are permitted under the navy scrub top.
- Navy scrub pants.
- White or black professional or athletic shoes with closed toe and closed heel which do not allow substances to easily penetrate them. (Shoes with mesh and shoes with holes such as Crocs are examples of unacceptable shoes since substances can penetrate them.) Shoes should be clean and have clean shoelaces. Matching crew or higher socks are required.
- The Xavier student nurse identification badge: should be visible at all times unless otherwise specified by the clinical instructor.
- Hair should be kept off the collar for both male and female students. Beards should be clipped and neat.
- No jewelry, other than name badge, watch and wedding band, should be worn with uniforms. Only one stud earring in each ear is permitted. No facial hardware (piercing of eyebrows, nose, etc.) is permitted. No visible tattoos. No class rings, diamond, dinner, or other rings may be worn. Bracelets, necklaces, bows, scarves, bright nail polish, long finger nails, and excessive perfume or cologne are totally unacceptable for professional dress.

Note: Clinical sites periodically make uniform policy changes. Every effort is made to incorporate these changes into the XU Nursing uniform policy so that students are compliant at all sites at which they may participate in practicums.

REQUIRED SUPPLIES: All students are required to purchase the following:
1. Quality dual-head stethoscope
2. Traditional face watch with a sweeping second hand (not a digital watch)

STUDENTS MUST HAVE UNIFORM ITEMS AND SUPPLIES BY THE FIRST DAY OF FALL SEMESTER.
MIDAS students will be advised of their due date for uniforms.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>SUPPLIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>White embroidered warm-up cardigan or jacket, navy embroidered scrub top and scrub pants</td>
<td>XU Gallagher Bookstore</td>
</tr>
<tr>
<td>Short sleeve white T-shirt</td>
<td>Purchase on your own</td>
</tr>
<tr>
<td>Xavier student nurse name badge ordered by the School of Nursing</td>
<td>Sophomores, new MIDAS students and FNP students. Students will receive instructions from the School of Nursing regarding purchase and distribution of badges.</td>
</tr>
<tr>
<td>White or black professional or athletic shoes</td>
<td>Purchase on your own</td>
</tr>
<tr>
<td>Quality Dual-head stethoscope</td>
<td>Purchase on your own or through Xavier Bookstore</td>
</tr>
<tr>
<td>Traditional face watch with sweeping second hand (not a digital watch)</td>
<td>Purchase on your own</td>
</tr>
</tbody>
</table>

Deadlines for ordering uniform and supplies is provided at [www.xavier.edu/nursing/current-students.cfm](http://www.xavier.edu/nursing/current-students.cfm)

School of Nursing uniform policy 2014, 6/23/2014, Rev. 2/2016