

DUE DATES FOR SOPHOMORE NURSING STUDENTS (Clinical Related Items)

STUDENTS MUST HAVE ALL ITEMS (other than flu vaccine) COMPLETE TO GO TO CLINICAL SITE

<p>See instructions in this packet to place your order for you CastleBranch account which you will use throughout your career for health documentation and CPR. Use your Xavier email address as your username You will upload verifications to this account. Preferred forms are in this packet. Instructions for each requirement are clearly stated on your CastleBranch page.</p> <p>Physical Examination Form (this form is preferred)</p> <p>Immunization Record (use this form or provider supplied verification)</p> <p>TB Test Verification Form Page 1 (2 Step Tuberculin Skin Test) - 2 step TB test requires 4 visits (given/read/given/read) –OR a negative TB blood test is acceptable – (this form is preferred)</p> <p>CPR Verification (BOTH SIDES of your CPR card or cert with QR code): MUST BE <u>AHA BLS Healthcare Provider (www.heart.org) OR ARC BLS Healthcare Provider (www.redcross.org).</u></p> <p>Health Insurance Verification (copy of BOTH SIDES of card)</p> <p>eLearning: TAKE HIPAA & OSHA COURSE</p> <p>Assumption of Risk Release Agreement and Release of Records Authorization forms need to be signed and submitted.</p> <p><u>Drug testing and Background checks (fingerprinting)</u></p>	<p>Complete instructions and forms are in this packet.</p> <p><u>Health documentation and eLearning due 6/15</u></p> <p><u>CPR – Must be BLS Health Care Provider – AHA OR ARC</u></p> <p><u>Fingerprinting/background check –Drug testing – due 8/1</u></p> <p>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.</p>
<p>ORDER/PURCHASE – <u>Due BEFORE semester starts</u></p> <p>Uniforms (navy scrub top & 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.</p> <p>Pen light, MANUAL B/P sphygmomanometer (no automated cuff), dual head stethoscope (for an order option: SNO is partnered with MDF instruments - a percentage will be donated to SNO – http://www.mdfinstruments.com/xavier)</p> <p>White or black non-permeable shoes for clinicals (see uniform policy for details)</p>	<p><u>Due before semester starts</u></p> <p>Cannot purchase elsewhere:</p> <p>Scrub top and jacket (embroidered with Xavier University School of Nursing)</p> <p>You MUST purchase your scrubs – top and bottom – at the Xavier bookstore.</p> <p>SEE UNIFORM POLICY</p>
<p>NAME BADGE IN NURS 225</p> <p>Name Badge for clinicals: The School of Nursing will pre-order your clinical name badge. The badges will be distributed to you during one of your nursing classes.</p>	

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.

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



School of Nursing
 3800 Victory Parkway
 Cincinnati, OH 45207-7351
 513 745-3814

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.

Disease	HCW Requirements for Immunity
MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Measles Positive serology – Date _____ (lab results required) <input type="checkbox"/> Mumps Positive serology – Date _____ <input type="checkbox"/> Rubella Positive serology – Date _____ OR <input type="checkbox"/> 2 MMR vaccines - Dates 1. _____ 2. _____
Hepatitis B	<input type="checkbox"/> Positive serology – Date _____ (lab results required) OR <input type="checkbox"/> Three doses of Hepatitis B vaccine; the first 2 doses given at least one month apart, and 3 rd given at least 4 months after the 2 nd Dates of Hepatitis B Vaccine: 1. _____ 2. _____ 3. _____
Tetanus, Diphtheria, Pertussis	<input type="checkbox"/> 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)	<input type="checkbox"/> History of varicella (Chickenpox) or zoster (Shingles) Date or year: _____ OR <input type="checkbox"/> Positive serology – Date _____ (lab results required) OR <input type="checkbox"/> 2 doses of VZV vaccine, 4-8 weeks apart. Prior recipients of 1 dose of vaccine must receive a 2 nd 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

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 _____ Result _____ record as MM induration
Signature _____ Credentials _____

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

Date Given _____ Given by _____
Signature _____ Credentials _____

Date Read _____ Read by _____ Result _____ record as MM induration
Signature _____ Credentials _____

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):



School of Nursing
3800 Victory Parkway
Cincinnati, OH 45207-7351
513 745-3814

FLU VACCINATION FORM

Nursing students participating in clinical experiences are required to receive the seasonal flu vaccine ANNUALLY and provide proof by the third week of OCTOBER of the current flu season. Students will be advised of exact due date each year.

SOME FACILITIES MAY NOT ALLOW NON-VACCINATED STUDENTS ONSITE.

Student Name _____ **Date of Birth** _____

HEALTH PROFESSIONAL: COMPLETE THIS SECTION

Flu vaccine administered on (DATE) _____ for flu season _____

Flu mist is acceptable for students who do not have patients in isolation.

Administered by (Signature) _____ (Print Name) _____ Date Signed _____

Provider name and address:

The vaccine is contraindicated. Health professional explanation:

Health Professional Signature _____ (Print Name) _____ Date Signed _____
(if vaccine is contraindicated) Also complete Provider name and address section.

I decline the vaccine. Student signature _____ Date _____

BE AWARE THAT SOME FACILITIES MAY NOT ALLOW YOU ONSITE WITHOUT THE VACCINE.

Alternate verification of vaccination is acceptable if it includes the necessary information.

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

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 practicum experiences.

REQUIRED SUPPLIES: All students are required to purchase the following:

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

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.

Deadlines for ordering uniform and supplies is provided at www.xavier.edu/nursing/current-students.cfm