

## OAKLAND UNIVERSITY SCHOOL OF NURSING

**Instructions for Completing the SON Clinical Health Requirements**

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| **Semester Admitted to Begin Nursing Courses** | **Submission Deadline Date** |
| Fall (Basic-BSN) | August 15th |
|  |  |
| Winter (Basic-BSN) | November 15th |
| Fall (Accelerated students) | August 15th |
| Winter (Accelerated students) | December 15th |
| Summer (Accelerated students) | April 15th |

### Clinical Requirements for NEW Accelerated and NEW Basic-BSN Students

1. Students must complete all the School of Nursing (SON) clinical health requirements. The Health Requirement Packet is also found at [Forms - School of Nursing - Oakland University](https://wwwp.oakland.edu/nursing/student-resources/forms/) under the health requirements tab. Included in your packet and listed below, are the **Clinical Requirements Submission Checklist,** indicating the required health requirements and guidelines. The checklist does not need to be submitted. The **Student Core Performance Standards** form must be reviewed and signed by the student. The **Student Clinical Clearance Form** must be signed and dated by a qualified healthcare provider (HCP) (e.g., physician, nurse practitioner, physician’s assistant). The **School of Nursing clinical health requirements are listed below:**
   1. Proof of current **Tdap** vaccine.
   2. **Skin testing for tuberculosis** (or normal chest x-ray results if TB skin test is positive AND completed **Health Screening Questionnaire for History of Positive TB Skin Test**). The TB questionnaire is located on the School of Nursing website at [Forms - School of Nursing - Oakland University](https://wwwp.oakland.edu/nursing/student-resources/forms/)
   3. **Proof of immunity to:**
      * Measles (Rubeola), Mumps and Rubella (MMR)
      * Varicella
      * Hepatitis B (If student elects not to receive the Hepatitis B vaccines or the student has not completed the Hepatitis B series prior to the deadline date, then the student needs to submit the **Hepatitis B Vaccine Refusal and Acknowledgment of Risk and Release** form).
   4. **Influenza vaccine –** proof of flu vaccine (**due annually on October 1st**.) (\*\*Note: the clinical sites will not accept the declination form\*\*).
      * Winter start cohort: Flu vaccination due by health requirement submission deadline
      * Summer start cohort: Flu vaccination due October 1st for next fall flu season (flu vaccine not required for April 15th deadline)
      * Fall start cohort: Flu vaccination due October 1st
   5. **American Heart Association: BLS Provider** certification ONLY. No other provider or “CPR” course will be accepted (Red Cross, Lifesaver, Heartsaver, etc)
   6. Criminal background check **result** (done through [American Databank,](http://www.oaklandunivcompliance.com/) only).
   7. Urine drug screen **result** (done through [American Databank,](http://www.oaklandunivcompliance.com/) only).

**\*** Students’ criminal background check and urine drug screen are completed through Oakland University’s [American Databank l](http://www.oaklandunivcompliance.com/)ink at [www.oaklandunivcompliance.com,](http://www.oaklandunivcompliance.com/) prior to the School of Nursing clinical health requirements submission deadline date, **but within 45 days of the submission deadline date (**see table above). The fee for both is the responsibility of the student.

**\*Please note that OU SON does not receive drug screen results or background check results – students must download reports from American Databank website and upload to ACEMAPP for review. Do not submit payment confirmation page – only submit results PDF\***

* 1. **ACEMAPP Assessments:** (Bloodborne Pathogens, HIPAA, OSHA) must be completed by health requirement deadline with passing score. There is a $50 annual fee for ACEMAPP to be paid by the student. Assessments are not available to student until ACEMAPP account is fully set up and paid for. An email with a link to register your ACEMAPP account will be sent by the clinical department to your Oakland email. Your ACEMAPP membership is valid for one year and must be renewed annually. Assessments must be re-taken when membership is renewed.
  2. **Site Specific Requirements**: After placement in ACEMAPP for clinical, any site-specific requirements will become available (ex: modules, e-signature documents, etc.). These must be completed a minimum of 3 weeks prior to the start of clinical rotation. Failure to complete these requirements will result in removal from clinical rotation.

1. Students must have a health examination performed by a qualified healthcare provider (HCP) (e.g., physician, nurse practitioner, physician’s assistant) and have the HCP complete, sign, and date the **Student Clinical Clearance Form**. Health examinations are to be obtained through your personal HCP or at the Oakland University Graham Health Center (GHC). To schedule an appointment at the GHC, call (248) 370-2341, and identify yourself as a new OU SON undergraduate student.

**Clinical Requirements for CONTINUING Accelerated and Basic-BSN Students** If you are scheduled to take **School of Nursing courses in the Fall semester**, your continuing clinical health requirements that are set to expire during the fall semester will be due every year on August 1st.

If you are scheduled to take **School of Nursing courses in the Winter semester**, your continuing clinical health that are set to expire will be due every year on December 1st.

If you are scheduled to take **School of Nursing courses in the Summer semester**, your continuing clinical health requirements that are set to expire during the summer semester will be due every year on April 1st.

**Continuing health requirements include all with expiration date (TB, BLS, Tdap, and ACEMAPP assessments)**. Please note that any student that has not submitted updated healthcare requirements three weeks before the start of clinical will be removed from the clinical rotation. This includes site specific requirements.

# Requirement Submission Process

1. **All health requirements are submitted via ACEMAPP. Please ensure that all uploaded documents are clean copies with all sections completed and student name visible. Uploads with no name visible or sections missing will be denied. Please refer to the submission checklist for further information on required documentation for each requirement. For issues with uploading documents or questions regarding ACEMAPP accounts, please contact ACEMAPP support:**

**ACEMAPP Support: (844)-223-4292 OR support@acemapp.org**

**\*\*All students in the Oakland University SON must have active health insurance during the entire program.**

**Failure to have active coverage will prevent placement with the affiliating institutions. \*\***

**If you have any questions regarding the SON clinical health requirements, please email the SON Clinical Department at SONClinical@oakland.edu.**

**Oakland University School of Nursing Clinical Requirements Submission Checklist**

|  |  |  |
| --- | --- | --- |
| **REQUIREMENT** | **ACCEPTABLE PROOF** | **COMPLETED** |
| BLS (Basic Life Support)  *Required every two years* | Copy of BLS course completion card listing expiration date. (**American Heart Association - BLS Provider ONLY**)*.* |  |
| TB Test (PPD)  *Required annually* | TB test documentation must include the following information:   * Patient’s name * Dr./Facility name * Date given * Date read and result in MM *(not positive or negative)* |  |
| Health Examination | Health examination by qualified healthcare provider (must be within 4 months of program start date). Have health care provider complete, sign, and date the ***Student Clinical Clearance Form***. |  |
| Hepatitis B | Hepatitis B titer indicating immunity **or** documented dates of 3 Hepatitis B vaccinations **or** signed ***Hepatitis B Vaccine Refusal and Acknowledgement of Risk and Release*** if hepatitis vaccination series not completed by deadline date. |  |
| Mumps | IGG titer indicating immunity (***include lab work from Titer if not done at Graham Health Center)* or** documented dates of 2 Mumps vaccinations. |  |
| Rubella | IGG titer indicating immunity (***include lab work from Titer if not done at Graham Health Center)* or** documented dates of 2 Rubella vaccinations. |  |
| Rubeola (Measles) | IGG titer indicating immunity (***include lab work from Titer if not done at Graham Health Center)* or** documented dates of 2 Rubeola vaccinations. |  |
| Tetanus **(Tdap only)** | Documentation of Tdap vaccination (expires after 10 years) |  |
| Varicella | IGG titer indicating immunity (***include lab work from Titer if not done at Graham Health Center)* or** documented dates of 2 Varicella vaccinations. |  |
| Drug Screen | Follow directions provided by the OU **American Databank** link – [www.oaklandunivcompliance.com](http://www.oaklandunivcompliance.com/)  A copy of the results page must be uploaded to ACEMAPP; do not upload order confirmation page without results |  |
| Criminal Background Check | Follow directions provided by the OU **American Databank** link – [www.oaklandunivcompliance.com](http://www.oaklandunivcompliance.com/)  A copy of the results page must be uploaded to ACEMAPP; do not upload order confirmation page without results |  |
| ACEMAPP Assessments and Fee *annually* | Assessments for Bloodborne Pathogens, HIPAA, and OSHA must be completed via ACEMAPP with a passing score. |  |



**Student Clinical Clearance Form**

TO BE FILLED OUT BY THE STUDENT

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Date of Exam** | |
| **Email** | Phone Number | DOB | Sex |
| **Address** | City | State | Zip |

TO BE FILLED OUT BY HEALTHCARE PROVIDER

|  |  |  |  |
| --- | --- | --- | --- |
| EXAMINATION | NORMAL | ABNORMAL | COMMENTS |
| Head, Neck, Thyroid |  |  |  |
| Nose and Sinuses |  |  |  |
| Mouth,Throat,Teeth,and Gums |  |  |  |
| Eyes and Vision |  |  |  |
| Ears |  |  |  |
| Skin |  |  |  |
| Chest and Lungs |  |  |  |
| Heart and Vascular System |  |  |  |
| Gastrointestinal System and Abdomen |  |  |  |
| Musculoskeletal System and Extremities |  |  |  |
| Neurological |  |  |  |
| Mental Health |  |  |  |

I have given the student a complete physical examination. I feel the student is physically and mentally capable of participating without hazard in clinical practice settings for the Oakland University School of Nursing.

**Healthcare Provider's Name, Title (Please Print) and Date** **Healthcare Center/Facility**

**Healthcare Provider's Signature** **Address, City, State, Zip**



## Oakland University School of Nursing

## Student Core Performance Standards

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| --- | --- |
| **Competency** | **Standard** |
| Critical Thinking | Inductive/deductive reasoning sufficient for clinical judgment and decision- making. |
| Interpersonal | Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, spiritual and intellectual backgrounds. |
| Emotional Stability | Emotional stability sufficient to assume responsibility/accountability for actions. |
| Communication | Communication abilities sufficient for interaction with others in verbal and written form. |
| Motor Skills | Gross and fine motor abilities sufficient to provide safe and effective nursing care. The student must be able to perform basic life support; provide physical assistance to patients including repositioning, transfers and ambulation. |
| Mobility | Physical abilities sufficient to move from place to place and maneuver in small places. Students must have the ability to stand for extended periods of time. |
| Visual | Visual ability sufficient to provide safe and effective nursing care. |
| Hearing | Auditory ability sufficient to provide safe and effective nursing care. |
| Tactile | Tactile ability sufficient for assessment and implementation of care. |
| Health | Characteristics that would not compromise health and safety of clients. |

Students must be able to demonstrate the above requirements while a student in the SON. Any undergraduate student who believes that he/she may need assistance meeting the Core Performance Standards should contact the OU Office of Disability Support Services (DSS), 103A North Foundation Hall, phone: (248)-370-3266; TTY (248)-370-3268.

I certify that I am capable of demonstrating the School of Nursing Student Core Performance Standards on a regular basis, with or without a reasonable accommodation. If I experience difficulties in performing the essential Student Core Performance Standards listed above, I agree to notify the Director of Clinical Services and Oakland University Office of Disability Support Services.

## Student Printed Name

## Student Signature Date



**Oakland University School of Nursing**

**Hepatitis B Vaccine Refusal and Acknowledgment of Risk and Release**

I understand that as part of my clinical experiences as a nursing student at Oakland University, I may be exposed to blood or other potentially infectious materials and that, as a result, I may be at risk of being infected by the Hepatitis B virus. I understand that Hepatitis B is a severe and potentially

life-threatening illness and that taking the Hepatitis B vaccination series would significantly reduce my risk of being infected by the Hepatitis B virus. Nevertheless, I have elected not to take the Hepatitis B vaccination series and assume responsibility for all arrangements, costs, and complications arising from not taking the Hepatitis B vaccination series. I agree to release, discharge, indemnify and hold harmless Oakland University, its trustees, officers, employees, representative and agents, and the facility where I receive my clinical education, from any and all costs, liabilities, expenses, claims, demands, or causes of action arising out of or resulting from my declining the Hepatitis B vaccination series.

By signing this form, I understand that I may be subject to exclusion from clinical placements if the clinical agency advises exclusion as a disease control measure. This may affect the timing of and/or my ability to graduate from the School of Nursing program. In consideration for being allowed to participate in the clinical experience without the Hepatitis B vaccination, I fully, unconditionally and forever release and discharge, and agree to, indemnify (including without limitation attorney’s fees and costs of litigation) and hold harmless, Oakland University, its trustees, officers, employees, representative and agents, in their official and personal capacities, and the facility where I receive my clinical education, from any and all costs, liabilities, expenses, claims, demands, or causes of action of any kind, nature or description, actually or allegedly arising out of or resulting from my declining the Hepatitis B vaccination, including without limitation those relating to bodily injury, emotional injury, risk associated with exposure to and/or potential contraction of infectious/contagious diseases and/or conditions, and death.

Student Name:

Student Signature:

Date:



**Oakland University School of Nursing**

### Health Screening Questionnaire for History of Positive TB Skin Test

The current CDC guidelines do not require biannual chest x-ray screening. It is believed that once a normal chest x-ray has been achieved, and documented, it is more important to review common signs and symptoms of pulmonary tuberculosis and assess for risk factors.

Student Name: G#

Date: Program: **Undergraduate**

When did you convert to a positive PPD?

When was your last chest x-ray? Result:

Have you previously been treated for active or inactive TB? Yes No Date

### Are you experiencing any of the following?

**Ongoing night sweats:** Yes No

If yes, are you under treatment? With whom Diagnosis\_

**Unexplained weight loss:** Yes No

If yes, are you under treatment? With whom Diagnosis\_

**Chronic fatigue:** Yes No

If yes, are you under treatment? With whom Diagnosis\_

**Persistent Cough**: Yes No

If yes, are you under treatment? With whom Diagnosis\_

## I declare that my answers and statements are correctly recorded, complete, and true to the best of my knowledge.

**Signature Date**

*This form was developed jointly by the Oakland University School of Nursing, Graham Health Center, and the Oakland County Health Department.*