

Policy S-1.01
UNIVERSITY OF FLORIDA
COLLEGE OF NURSING

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TITLE: **STUDENT HEALTH POLICY**

POLICY: All College of Nursing students must be in compliance with health policies as required by the University of Florida, Health Sciences Center, and the College of Nursing. The student is responsible for providing the College of Nursing with evidence of immunity, health status, blood-borne pathogen training, and, for reporting exposures to communicable disease and blood-borne pathogens.

RATIONALE: College of Nursing students having clinical experiences in settings where patient care is provided are at increased risks for both exposure to and transmission of communicable diseases and blood-borne pathogens. Therefore specific procedures are needed to:

1. Protect patients and other health care providers with whom students interact.
2. Decrease health risks to students.
3. Comply with College of Nursing agency contracts, University of Florida Health Science Center policies, OSHA regulations, and Centers for Disease Control Guidelines.

PROCEDURE:

A. Immunity Criteria To be in compliance with the mandatory immunization requirements, students must provide documentation of numbers 1-8 which follow. Information submitted will be compiled on the Mandatory Immunization and Health History Form <http://shcc.ufl.edu/services/primary-care/immunizations/> which will be located in their Certified Background profile.

1. Measles
 - Born before December 31, 1956; **or**,
 - Laboratory evidence of immunity; **or**,
 - Immunization with two doses of measles vaccine after the first birthday with at least 30 days between doses.

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2. Mumps

- Born before December 31, 1956; **or**,
- Health care provider-diagnosed mumps; **or**,
- Laboratory evidence of immunity; **or**,
- Immunization with 2 doses of mumps vaccine on or after the first birthday.

3. Rubella

- Laboratory evidence of immunity; **or**,
- Immunization with 2 doses of Rubella vaccine on or after the first birthday.

4. Tetanus and Diphtheria/(Td) or Tetanus/Diphtheria/Pertussis (Tdap)

- Record of booster every 10 years

5. Hepatitis B (HBV)

- A series of three doses of vaccine is required ; **or**,
- Evidence of Hepatitis B vaccination series in process, with completion of series by the start of the second semester of study in the College of Nursing; **or**,
- Laboratory evidence of Hepatitis B immunity.

6. Tuberculosis

- Annual PPD skin test with negative reactivity; **or**,
- Evidence of chest x-ray and medical follow-up for those with past history of positive reactivity.

7. Varicella

- Born before December 31,1956; **or**,
- Health care provider-diagnosed history of disease; **or**,
- Completed vaccinations with a series of two doses; **or**,
- Laboratory evidence of immunity.

8. Influenza

- Annually (beginning each fall) with current seasonal formulation
- Begin as early as vaccine is available each year
- Intramuscular, intradermal, or intranasal injection is acceptable

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B. Documentation of Immunity, Health Status, and Blood-borne Pathogen Training

1. The University of Florida Office of the Registrar requires that all students complete a CON specific Mandatory Immunization and Health History Form obtained from the Office for Student Affairs (OSA) Students must document immunization status prior to initial registration in nursing courses by submitting a copy of this form to the student tracking website, CertifiedBackground.com.
2. After acceptance into the College of Nursing program, and prior to enrollment for the first semester, students will complete the Student Health Form (Attachment #1) and Essential Functions for Clinical Course Work (Attachment #2) and submit it to the Office for Student Affairs (OSA) at least one week before classes begin. Students will not be allowed to begin clinical experiences in the nursing major until this form has been submitted.
3. A master list of current students and their immunization status will be maintained by the OSA and will be available for review by regulatory and contracting agencies.
4. To ensure that students' records are complete and updated, the OSA will review a student's record every semester until graduation. Certified Background sends out notification(s) of required outstanding immunization(s).
5. Students who are not in compliance with this policy will be notified by the OSA that a registration hold will be placed on their record, or their registration may be cancelled.
 - a. Students will have one week to submit documentation of requirements.
 - b. Those students not in compliance at the end of the first week of classes will be removed from clinical experiences. The Associate Dean for Student Affairs (ADSA) will notify the student, faculty member and department chair.
 - c. Students may return to clinical experiences after clearance by the OSA. The registration hold will be removed when all documentation is submitted.
 - d. Faculty members will not be expected to make special accommodations for students who miss clinical experiences for failure to comply.
 - e. Students are responsible for any late registration fees imposed by the University.
6. All requirements that will be due any time during the semester are to be completed by the first day of each semester or within the annual deadline (for TB only).

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C. Blood-borne Pathogen Training

1. The ADOSA will ensure all students receive annual blood-borne pathogen training as a supplement to course content. Initial training sessions will be conducted during orientation of new students, and subsequent training is located on mytraining.hr.ufl.edu
2. Initial Blood-borne Pathogen training will be documented by OSA on CertifiedBackground.com. The OSA's office will document subsequent annual training for students on CertifiedBackground.com.

Review or Approval Authority	Responsible Party	Initial Approval / Review	Most Recent Approval / Review Of Changes	Editorial Changes	Policy A-01 Review
Review	*Leadership Council	09/00	4/12	1/16	4/12
Approval	Administrative Council	10/01	3/12	11/15	
Approval	Dean	10/01	4/12	1/16	

***Bold indicates committee with A-01 responsibilities.**

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Attachment #1

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Student Health Form

Name: _____ UF ID: _____

Local Address: _____

Telephone: (Home) (____) _____ (Work) (____) _____

Whom to notify in event of emergency:

Name: _____ Relationship: _____

Address: _____

Telephone: (Home) (____) _____ (Work) (____) _____

Health History & Physical Examination
(Must be completed by a licensed Health Care Provider.)

Is there any significant medical history or condition that could affect functioning as a nursing student, including interaction with patients and staff in clinical settings? **

NO YES If yes, please explain: _____

Is this individual currently taking any medication that could affect participation in a nursing education program, including interaction with patients and staff in clinical settings? **

NO YES If yes, please explain: _____

I, (Print Name) _____, certify that the above named student has been examined by me on (Date): ____ / ____ / ____ and is found to be in good physical and mental health and appears able to undertake all aspects of the nursing education program, including interaction with patients and staff in clinical settings. **

Practitioner's signature: _____

License number: _____ State/Country Licensed: _____

Licensed as (check one): ARNP Physician Assistant Physician

** Please see Attachment #2: "Essential Functions for Clinical Course Work in the College of Nursing"

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Attachment #2

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College of Nursing Essential Functions for Clinical Coursework

Students expecting to enroll in clinical courses in the College of Nursing must be able to fully perform the essential functions in each of the following five categories: observational, communicative, motor, intellectual and behavioral/social. It is recognized that degrees of ability vary widely among individuals. The College of Nursing is open to consider candidates with any form of disability utilizing case by case analysis. Individuals are encouraged to discuss disabilities with the University of Florida Office for Students with Disabilities and with the Office for Student Affairs in the College of Nursing. The University of Florida College of Nursing is committed to providing reasonable accommodations to students with disabilities upon notice and through established university policies and procedures.

1. Observational: Candidates must be able to observe demonstrations of physical and psychosocial nursing interventions. Candidates must be able to accurately assess the health status of patients. Observation and assessment of patients require the functional use of the senses of vision and hearing, as well as other sensory modalities.
2. Communicative: The candidate must be able to communicate effectively and efficiently in oral and written forms with patients and with members of the health care team. The foci of nursing communication are gathering assessment data, patient teaching and the provision of emotional support for patients and their families.
3. Motor: Candidates must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers. Candidates must be able to execute motor movements reasonably required to provide general care and emergency treatments to patients. Such actions require moderate motor strength, coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.
4. Intellectual: Candidates must have the ability to measure, calculate, reason and analyze; they must be able to synthesize and apply complex information. Candidates must be fully alert and attentive at all times in clinical settings.
5. Behavioral/Social: Candidates must possess a level of emotional health that allows full utilization of intellectual abilities, the exercise of good judgment, prompt completion of all responsibilities attendant to the nursing diagnosis and care of patients, and the development of mature, empathetic and effective nurse-patient relationships. Candidates must be able to function effectively under stress.

Students in the health professions are held to standards of conduct that may exceed those typically expected of University students. Adherence to the standards of acceptable conduct as outlined in the American Nurses Association Code of Ethics and the Florida Nurse Practice Act is required.

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Attachment #3

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**BLOODBORNE PATHOGEN PROGRAM
for individuals having contact with
HUMAN BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS
Training and Vaccination Form
Acceptance/Declination Statement**

1. I have received training on the risks of working with human blood or other potentially infectious materials as outlined in the University of Florida's Blood-borne Pathogen Program.

UF Department Providing Training Date of Training Trainer

2. In full recognition of the above

I accept participation in the vaccination series and have not yet been vaccinated.
Take a copy of this form to the Student Health Care Center (see info below) to begin the vaccination series. Jacksonville personnel go to the Employee's Health Office, Suite 505 Tower 1, 5th floor, 8th and Jefferson Streets.

I received the HBV vaccination series on _____, _____, & _____.
(dates)

I decline participation in the vaccination series.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline the hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Name (Please print)

Date

UF ID #

Position Title (Official UF)

Position #

Department

Campus Mailing Address

Phone

Supervisor/PI Signature

Supervisor/PI Name (Please print)

Date

Please Note: This form, completed in full, is required to get a HBV vaccination at the Student Health Care Center and to decline vaccination if desired. Photocopy this form as needed.

Main Office for Occupational Health:
Student Health Care Center at the Health Center Dental Tower
D2-49 392-0627
Call for appointment

Satellite office:
Student Health Care Center - Infirmary
392-1161 x4212
Call for appointment