HEALTH REQUIREMENTS

Prior to entering the nursing program at Clark State, the following requirements must be met (additional details will follow):

- Physical Exam
- TB Test
- Chest X-ray (if TB test is or has been positive)
- MMR
- Varicella
- Tetanus/Diphtheria/Pertussis
- Hepatitis B
- Influenza (available in the fall on campus, prior to Oct. 31 deadline)
- Health Insurance
- Forms (Personal Medical History, Hepatitis B, Records Release, Health Insurance Attestation)
- Appointment with school nurse

ALL CLARK COUNTY/SPRINGFIELD/LEFFEL LANE STUDENTS - You are required to meet with the school nurse on an individual basis. Postcards are being distributed to aid in scheduling your appointment. These postcards will be mailed to you in July with your scheduled appointment time. If you do not receive your postcard by the end of July or if you need to change your appointment, call Roberta Richards in the Health Clinic (328-6042, beginning in mid-August) or contact her by email anytime (richardsr@clarkstate.edu). Please use an email account other than your school account, if possible, as she is unable to send a direct reply.

ALL GREENE CENTER STUDENTS - Nursing students attending classes (not referring to residents of Greene County) in Beavercreek should mail their papers directly to the clinic at the following address (no appointment is required):

Clark State Community College Health Clinic
570 East Leffel Lane
Springfield, OH 45505
or FAX them to 937-328-3853 or EMAIL as an attachment to richardsr@clarkstate.edu

ALL LOGAN COUNTY STUDENTS - Nursing students attending classes (not referring to residents of Logan County) in Bellefontaine should submit their requirements to their instructors, who will then forward them to the Health Clinic. No appointment is required.

ALL REINSTATED STUDENTS - Call, stop by or email me, before the end of the current semester, so that we can review your records and determine which of your health requirements need updating. If you were in our program recently, it may not be necessary for you to repeat all of these requirements. Requirements have changed though and it is possible that you may have to submit items that were not required when you attended in the past. (FYI-TB tests and flu shots are given yearly. Tetanus shots cannot be older than 10 years and physicals cannot be older than two years).
PLEASE READ the following details carefully, as some of these requirements can become confusing, depending on your individual situation. Take this information with you when you go for your physical, immunizations or titers, so that your health care provider understands exactly what needs to be done. If you do not have a family physician or medical insurance, refer to the enclosed table of healthcare providers as possible resources. If you have any questions, call Roberta Richards at 328-6042 before the end of the school year, as the Health Clinic is CLOSED over the summer. Should you misplace any of the enclosed medical forms, duplicates may be obtained by going to the following web site:

https://my.clarkstate.edu/students/Pages/Health.aspx

1. Physical Examination-A physician or nurse practitioner needs to complete and sign the physical examination form located in this packet. When getting a physical, take with you proof of a current TB test, as some physicians will not sign the form without it. Please be certain that the physician has answered the last two questions on the exam form. If you have already had a physical within the past year (employment, school, OB/Gyn, etc.) copies will be accepted as fulfillment of this requirement.

2. TB Test (Mantoux)-If you have never had a TB test before or if it has been greater than 13 months since you’ve had a test, you are required to get a two-step TB (followed by a yearly one-step TB). To qualify as a two-step TB test, two separate tests must be given and read one to three weeks apart.

If you have never received a two-step TB test, but have received yearly one-step TB tests (for the past two years or longer), you will need to submit proof of at least your last two annual tests and the two tests must have been given less than 13 months apart. Otherwise, you will need to get the two-step TB.

In addition, it is your responsibility to update your TB yearly. If your TB test expires while you are a student at Clark State, you will need to update your test and bring proper documentation to the school nurse in the Health Clinic.

Chest X-rays-If your TB test comes back as positive, or you have had a positive reaction in the past, you must submit proof of a negative chest x-ray (taken after your skin test converted to positive), followed by yearly “TB Questionnaires” which screen for symptoms. You may obtain an authorization slip for a chest x-ray from the Clark County Combined Health District (including Greene or Logan County students), which will allow you to get an x-ray at Springfield Regional Imaging Center, (see enclosed table) free of charge. If you have already received a chest x-ray within the past year, you must complete a TB Questionnaire this summer (during May, June or July) so that this requirement will not expire during the upcoming school year. TB Questionnaires are available through the Clark County Combined Health District or may be completed in the Clark State Health Clinic during your appointment with the school nurse in August.
3. **MMR (Rubella, Rubeola and Mumps Immunization or Titers)**-You will need to submit documentation of two MMR vaccines given at least one month apart (after the age of 12 months) or laboratory evidence (positive titers) of having immunity to Rubella, Rubeola and Mumps. Titers are blood tests that show immunity to a specific disease and normally require a physician’s order to be done. Currently, Compunet will draw blood to determine your immunity without an order and without an appointment. Payment is by check or credit card only. They will not accept cash and tests cannot be submitted as claims to insurance companies. Results are sent directly to you, generally within a week. For more information and nearest location(s), go to:

   [http://www.compunetlab.com/patients/order-your-own-lab-tests.html](http://www.compunetlab.com/patients/order-your-own-lab-tests.html)

If any of your Rubella, Rubeola or Mumps titers come back as negative, you must get the MMR vaccine anyway, as a negative titer is an indication that you are not protected against one or all of these diseases. Obtain a copy of two immunizations or your lab reports. (FYI-Rubella titers are routinely drawn during pregnancy and results may be available from your obstetrician.) **NOTE-If the MMR vaccine is needed, complete your TB test(s) first.**

4. **Chicken Pox (Immunizations or Positive Varicella Titer)**-You must have had two Varicella vaccines, given at least 1 month apart or a positive Varicella titer. If your Varicella titer comes back as negative (an indication that you are not protected against this disease), you must get two Varicella vaccines. Obtain a photocopy of your two immunizations or your Varicella titer lab report. **NOTE-If the Varicella vaccine is needed, complete your TB test first.**

5. **Tetanus/Diphtheria/Pertussis Booster(s)**- Students must submit proof of a one-time dose of the Pertussis vaccine (Tdap), given as an adult. If the vaccine was given less than 10 years ago, nothing else is needed, other than proper documentation of the Tdap. If the Tdap was given greater than 10 years ago, an additional Tetanus/Diphtheria (Td) booster is required. You would then need to submit documentation of both the Tdap and the Td.

   Tetanus shots are frequently given in the ER or Urgent Care for injuries that require stitches. If this pertains to you, you will need to obtain a copy of your records from the health care facility where you received treatment or you may choose to repeat the immunization.

6. **Hepatitis B or AB (Immunizations or a Positive Titer)**-This requirement is currently optional, but **strongly encouraged**, as you are considered to be “at risk” for possible contact with the virus that causes Hepatitis B, through exposure to blood and body fluids during your clinicals. All students must sign a Consent/Declination Hepatitis B Vaccine form, regardless of your decision to receive or not receive these immunizations. The Hepatitis B vaccine is a series of
3 shots, given at 1 month, 2 months and 6 months intervals. (Hepatitis B titers are more accurate if drawn 1 month after the series is completed).

7. **Influenza Vaccine**-Students must submit proof of a flu shot, dated August 1 or later, to be certain that you are receiving the vaccine for the upcoming flu season. You will most likely not have had your current flu shot before your appointment with the school nurse. If this is true for you, you will need to make a second trip to the clinic to hand in proof of this vaccine. No appointment will be required. The CCCHD will be offering flu shots on campus prior to the October 31 deadline (cost and location to be determined), but you may receive it from any provider.

8. **Health Insurance**-All nursing students are required to obtain and maintain adequate health insurance while enrolled in clinical courses. Students who do not have health insurance may purchase a student policy through a provider of their choosing or through the College’s provider. (See Health Insurance Attestation Form for additional information on how to enroll with the College’s provider.)

9. **Forms**-The student completes the following forms, found in this packet: Personal Medical History (this is a two-sided form, please complete and copy both sides and sign the bottom of the second page), Hepatitis B, Records Release and Health Insurance Attestation forms. If you misplace your forms, they may be downloaded from the following site:

   [https://my.clarkstate.edu/students/Pages/Health.aspx](https://my.clarkstate.edu/students/Pages/Health.aspx)

10. **Appointment with School Nurse** (except students attending classes at the Greene Center, not referring to residents of Greene County)-Appointments will be held during the two weeks prior to the start of fall semester and will last approximately 10 minutes. The purpose of the appointment is to turn in documented proof of having fulfilled your health requirements. PLEASE make COPIES of all papers before you come for your appointment.

On the day of your appointment, come to the Health Clinic in the ASC (Applied Science Center) room 210 and bring COPIES of the following:

- Physical Exam
- TB Test
- Chest X-ray (if TB test is positive)
- MMR
- Varicella
- Tetanus/Diphtheria/Pertussis
- Hepatitis B
- Influenza (most likely to be submitted at a later time)
- Health Insurance
- Forms (Personal Medical History, Hepatitis B, Records Release, Health Insurance Attestation)
Your requirements must be completed and returned to Roberta Richards before fall semester begins or you will not be allowed to attend clinicals or have patient contact. Keep all originals for your own records, as future employers will need this information, too. Records will remain on file in the Health Clinic for 10 years after you graduate.

(Revised 3/15)
Personal Medical History

<table>
<thead>
<tr>
<th>Program</th>
<th>RN</th>
<th>LPN</th>
<th>EMT-P</th>
<th>MLT</th>
<th>PTA</th>
<th>Faculty</th>
<th>Other</th>
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- Miss
- Mr.
- Mrs.

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
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Date of birth

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<th>Height</th>
<th>Weight</th>
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Local address

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<th>City</th>
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Parent, guardian, or nearest relative

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</thead>
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Person to notify in case of emergency

<table>
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<tr>
<th>Name</th>
<th>Home Phone Number</th>
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</table>

<table>
<thead>
<tr>
<th>Street address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Work Phone number</th>
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Family physician

<table>
<thead>
<tr>
<th>Name</th>
<th>Street address</th>
<th>Phone number</th>
</tr>
</thead>
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1. General Health Status:  
- Excellent  
- Good  
- Fair  
- Poor

2. For what reasons have you been hospitalized during the last five years?

3. Are you under a doctor’s care at the present time?  
- Yes  
- No  
If yes, please explain.

4. List any medications you are taking at the present time

5. Have you had any allergic reactions to medications, foods, latex, or insect bites?  
- Yes  
- No  
If yes, please explain.

6. List any physical impairments or restrictions you may have (paralysis, difficulty hearing, vision, speech, etc.)
**Personal Medical History (continued)**

**Have YOU ever had any of the following?** Please circle yes or no next to each.

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<th>Food Allergies</th>
<th>YES</th>
<th>NO</th>
<th>Eye / Visual Impairment</th>
<th>YES</th>
<th>NO</th>
<th>Liver Problems / Hepatitis</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Allergy to Wasp/Bee Stings</td>
<td>YES</td>
<td>NO</td>
<td>Ear / Hearing Problems</td>
<td>YES</td>
<td>NO</td>
<td>Mononucleosis</td>
<td>YES</td>
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<tr>
<td>Head Injuries / Concussions</td>
<td>YES</td>
<td>NO</td>
<td>Nose / Throat / Sinus</td>
<td>YES</td>
<td>NO</td>
<td>Kidney / Bladder Problems</td>
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<td>NO</td>
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<td>Seizures</td>
<td>YES</td>
<td>NO</td>
<td>Thyroid / Endocrine Problems</td>
<td>YES</td>
<td>NO</td>
<td>Women: Menstrual Problems</td>
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<td>Recurrent Headaches</td>
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<td>NO</td>
<td>Diabetes</td>
<td>YES</td>
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<td>Chance of being pregnant</td>
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<td>NO</td>
<td>Cancer</td>
<td>YES</td>
<td>NO</td>
<td>Disease / Injury of Joints</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Weakness / Paralysis / Disability</td>
<td>YES</td>
<td>NO</td>
<td>Lung / Respiratory Problems</td>
<td>YES</td>
<td>NO</td>
<td>Arm / Shoulder / Hand Injury</td>
<td>YES</td>
<td>NO</td>
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<td>Insomnia / Sleep Disorder</td>
<td>YES</td>
<td>NO</td>
<td>Hay Fever / Asthma</td>
<td>YES</td>
<td>NO</td>
<td>Leg / Knee / Foot Injury</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Depression</td>
<td>YES</td>
<td>NO</td>
<td>Pneumonia</td>
<td>YES</td>
<td>NO</td>
<td>Fractures / Broken Bones</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Panic Attacks / Anxiety</td>
<td>YES</td>
<td>NO</td>
<td>Tuberculosis</td>
<td>YES</td>
<td>NO</td>
<td>Back Problems / Injuries</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Emotional Problems</td>
<td>YES</td>
<td>NO</td>
<td>Heart Disease</td>
<td>YES</td>
<td>NO</td>
<td>Surgeries:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>YES</td>
<td>NO</td>
<td>Heart Murmur</td>
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<td>NO</td>
<td>Appendectomy</td>
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<tr>
<td>Recent Weight Change</td>
<td>YES</td>
<td>NO</td>
<td>Skipping / Racing Beats</td>
<td>YES</td>
<td>NO</td>
<td>Tonsillectomy</td>
<td>YES</td>
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<tr>
<td>ADD / ADHD</td>
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<td>NO</td>
<td>Elevated Blood Pressure</td>
<td>YES</td>
<td>NO</td>
<td>Hernia Repair</td>
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<td>NO</td>
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<tr>
<td>Cigarettes: # packs/day, # of years</td>
<td>YES</td>
<td>NO</td>
<td>Anemia / Sickle Cell</td>
<td>YES</td>
<td>NO</td>
<td>Other:</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Alcohol / Substance Abuse</td>
<td>YES</td>
<td>NO</td>
<td>Bleeding Disorders</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Problems</td>
<td>YES</td>
<td>NO</td>
<td>Stomach / Intestinal Problems</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please comment on significant "yes" answers: ____________________________________________

Have you had any illness, injury or hospitalization other than what is already noted? □ NO □ YES, please explain ____________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Signature: _______________________________ Date ____________________________

Revised 9/2014
“TOP FOURTEEN” MOST COMMON MISTAKES STUDENTS MAKE WHEN TRYING TO FULFILL THEIR HEALTH REQUIREMENTS

Students…

#14. …spend too much time trying to get copies of shot records from their doctor’s office, the military, their school, parents or “baby books.” While it is important to know if you have already received any of these shots, if the semester is fast approaching, go ahead and get the first shot in the series. Continue searching for your shot records, as this will help your medical provider to determine if additional shots are necessary.

#13. …compare what they need to what another student needs. Requirements will vary depending upon your age and individual situation.

#12. …turn this responsibility over to someone or something else. Do not totally trust past employers, current employers, doctors, mail, fax machines or even faculty to deliver your papers to me. This is your responsibility! Follow-up to make sure that I have really received them. The safest way is to hand them directly to me and leave out the “middle-man,” (with the exception of Greene or Logan County students).

#11 …give their original papers to someone and then have no copies for themselves.

#10. …get names mixed up.

TB=tuberculosis
Td (or Tdap)=tetanus
MMR=the vaccine for Measles (Rubeola), Mumps and Rubella
Rubeola=Old Fashioned or 10 day measles (part of the MMR)
Rubella=German or 3 day measles (part of the MMR)
Varicella=another name for Chicken Pox
IgM=blood test to determine if you are currently or recently ill with a specific disease
IgG=blood test to determine if you have had a past exposure to a specific disease and therefore have naturally developed antibodies against that disease

#9. …get their shots done in the “wrong” order. The MMR, Varicella, Influenza Nasal Spray and other “live” vaccines will interfere with TB test results. If you receive one of these vaccines before your TB test(s) are done, you will need to wait for 4-6 weeks before you can get a TB test. The safest way to handle this is to fulfill all of your TB requirements before getting any other immunizations.

#8. …don’t understand what a “titer” is or they get the wrong titers done. A “titer” is a blood test that determines if you have immunity to a specific disease. Titers can be done to fulfill the Rubella, Rubeola, Varicella and Hepatitis B requirements. If the titer(s) are not positive, you will still need to get the vaccine. A Rubeola titer is not often done and a Rubella titer is sometimes mistakenly ordered/drawn instead. Please verify that your
physician has ordered the correct test(s) and that your lab has drawn blood for the correct test(s). You will need to have the IgG done, not the IgM.

7. …think that because they had a certain disease as a child, they don’t need to do anything else. While having the disease does provide you with “natural” immunity, as a healthcare provider, you are still required to show laboratory evidence of immunity/positive titer results.

6. …confuse the TB one-step and the TB two-step. Check the dates! Two separate tests must have been given 1-3 weeks apart, to qualify as a two-step. Do not confuse this with getting a one-step TB test and then having it read 2-3 days later. Two-steps require four appointments.

5. …get their physicals done and leave the doctor’s office without having made certain that the doctor has marked answers to the two questions at the bottom of the physical form.

4. …come for their appointment in August without having already made copies of their papers to submit to me.

3. …don’t ask questions. Read the information in your packet first and call (328-6042) or stop by the clinic (ASC, room 210) if you are confused or uncertain of which shots you need. The clinic will be closed during the summer. If questions arise during the summer, you may send me an email at richardsr@clarkstate.edu (prefer you use an email account other than your student email account) and I will attempt to reply within a few days. Please be certain that your question is specific and that you are supplying me with as much information as possible.

2. …procrastinate and minimize the importance of getting these things done. For some students, it may take several months to complete some of these requirements. You will not be allowed to attend clinicals until all of these items have been turned in. If you miss a clinical day, you may not be given the opportunity to make it up.

1. …neglect to update their files while in the nursing program. You will be required to keep your TB test/TB Questionnaire, flu shot and health insurance current, at all times and you may not receive any other notification other than this.

(Revised 4/15)
Physician’s Exam Form

Program □ RN □ LPN □ EMT-P □ MLT □ MAS □ PTA □ STNA □ Faculty □ Other

Name__________________________________________________________ Sex_____ Age_____ Height______ Weight____

Blood pressure_________Pulse_________Respirations_________Vision rt. 20/______ If. 20/____

Allergies_____________________________________________________

Are there any abnormalities of the following: Comments:

1. Head, neck, face, and scalp □ Yes □ No ____________________________

2. Nose and sinuses □ Yes □ No ____________________________

3. Mouth, teeth, gingivae, and throat □ Yes □ No ____________________________

4. Ears □ Yes □ No ____________________________

5. Eyes □ Yes □ No ____________________________

6. Lungs, chest, and breasts □ Yes □ No ____________________________

7. Heart and vascular system □ Yes □ No ____________________________

8. Abdomen and viscera (include hernia) □ Yes □ No ____________________________

9. Ano-rectal and pilonidal □ Yes □ No ____________________________

10. Endocrine system □ Yes □ No ____________________________

11. Genito-urinary system □ Yes □ No ____________________________

12. Upper extremities □ Yes □ No ____________________________

13. Lower extremities □ Yes □ No ____________________________

14. Spine, other musculo-skeletal □ Yes □ No ____________________________

15. Skin and lymphatics □ Yes □ No ____________________________

16. Neurologic system □ Yes □ No ____________________________

***MUST COMPLETE***

Is this person physically capable of lifting 25 pounds? □ Yes □ No
Is this person free from communicable diseases? □ Yes □ No

Examination Date ____________________________________________

Examining Physician or Nurse Practitioner Signature ________________________________

Address ____________________________________________________________
Hepatitis B Vaccine

What You Need to Know

1 What is hepatitis B?

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus.

- In 2009, about 38,000 people became infected with hepatitis B.
- Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B.

Hepatitis B can cause:

**Acute (short-term) illness.** This can lead to:
- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness, with symptoms, is more common among adults. Children who become infected usually do not have symptoms.

**Chronic (long-term) infection.** Some people go on to develop chronic hepatitis B infection. Most of them do not have symptoms, but the infection is still very serious, and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are chronically infected can spread hepatitis B virus to others, even if they don’t look or feel sick. Up to 1.4 million people in the United States may have chronic hepatitis B infection.

Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person. People can also be infected from contact with a contaminated object, where the virus can live for up to 7 days.

- A baby whose mother is infected can be infected at birth;
- Children, adolescents, and adults can become infected by:
  - contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
  - contact with objects that have blood or body fluids on them such as toothbrushes, razors, or monitoring and treatment devices for diabetes;
  - having unprotected sex with an infected person;
  - sharing needles when injecting drugs;
  - being stuck with a used needle.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis.

Hepatitis B vaccine may be given by itself or in the same shot with other vaccines.

Routine hepatitis B vaccination was recommended for some U.S. adults and children beginning in 1982, and for all children in 1991. Since 1990, new hepatitis B infections among children and adolescents have dropped by more than 95%—and by 75% in other age groups.

Vaccination gives long-term protection from hepatitis B infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

**Children and adolescents**

- Babies normally get 3 doses of hepatitis B vaccine:
  - 1st Dose: Birth
  - 2nd Dose: 1-2 months of age
  - 3rd Dose: 6-18 months of age

Some babies might get 4 doses, for example, if a combination vaccine containing hepatitis B is used. (This is a single shot containing several vaccines.) The extra dose is not harmful.

- Anyone through 18 years of age who didn’t get the vaccine when they were younger should also be vaccinated.

**Adults**

- All unvaccinated adults at risk for hepatitis B infection should be vaccinated. This includes:
  - sex partners of people infected with hepatitis B,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people under 60 years of age with diabetes,
  - people with jobs that expose them to human blood or other body fluids,
- household contacts of people infected with hepatitis B,
- residents and staff in institutions for the developmentally disabled,
- kidney dialysis patients,
- people who travel to countries where hepatitis B is common,
- people with HIV infection.

• Other people may be encouraged by their doctor to get hepatitis B vaccine; for example, adults 60 and older with diabetes. Anyone else who wants to be protected from hepatitis B infection may get the vaccine.

• Pregnant women who are at risk for one of the reasons stated above should be vaccinated. Other pregnant women who want protection may be vaccinated.

Adults getting hepatitis B vaccine should get 3 doses—with the second dose given 4 weeks after the first and the third dose 5 months after the second. Your doctor can tell you about other dosing schedules that might be used in certain circumstances.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine.

6 What if there is a serious reaction?

What should I look for?
• Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?
• If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
• Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS is only for reporting reactions. They do not give medical advice.

7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?
• Ask your doctor.
• Call your local or state health department.
• Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim)
Hepatitis B Vaccine

2/2/2012

42 U.S.C. § 300aa-26
## CLARK COUNTY HEALTHCARE PROVIDERS (revised 4/15)

### HEALTHCARE PROVIDERS

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>PHYSICALS</th>
<th>TB TEST</th>
<th>CHEST X-RAY</th>
<th>MMR</th>
<th>Chicken Pox</th>
<th>TETANUS</th>
<th>HEP. B</th>
<th>INFLUENZA VACCINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clark County Combined Health District</td>
<td>No</td>
<td>1 or 2 step</td>
<td>Gives order form to take to SRMC Imaging Center</td>
<td>MMR Vaccine</td>
<td>Varicella Vaccine, series of two</td>
<td>Td or Tdap</td>
<td>series of three</td>
<td>Vaccine</td>
</tr>
<tr>
<td>Community Mercy Occupational Health &amp; Medicine</td>
<td>1 or 2 step</td>
<td>No</td>
<td>*MMR Vaccine</td>
<td>*Varicella Titer, only, vaccine not available</td>
<td>*Yes</td>
<td>*Yes</td>
<td>*Yes</td>
<td>No</td>
</tr>
<tr>
<td>Springfield Regional Medical Center, Imaging Center</td>
<td>No</td>
<td>No</td>
<td>Free with order from CCCHD. X-rays are read on Thurs. only, so plan accordingly.</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Compunet Clinical Laboratories</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>No</td>
<td>Varicella Titer</td>
<td>No</td>
<td>N/A</td>
<td>No</td>
</tr>
</tbody>
</table>

### Notes:

- Physicals are performed at most Urgent Care Centers on a walk-in basis, but anticipate a higher fee.
- TB test or two 1-step given a year apart.
- MMR 2 MMR vaccines or + Rubella, Rubeola & Mumps Titer (Need copy of lab report).
- Chicken Pox 2 Varicella vaccines or + Varicella Titer (Need copy of lab report).
- TETANUS One-time dose of Tdap as adult (plus Td, if Tdap not within past 10 years).
- HEP. B If required by your program (dated after Aug. 1st, due by Oct. 31st, also available at most pharmacies).

### Fees:

- No
- 1 or 2 step
- $42 (bring physical form and all shot records to appt.)
- N/A
- N/A
- N/A
- N/A

### Additional Information:

- T-Spots (in lieu of skin test)
- Rubeola, Mumps and Rubella Titer
- Varicella Titer
- Hepatitis B Titer

---

*Vaccines & Titers available from this provider, only if your physical is performed by them, as well.*

*Varicella Titer only, vaccine not available.*

*Free with order from CCCHD. X-rays are read on Thurs. only, so plan accordingly.*
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<td>(In addition, physicals are performed at most Urgent Care Centers on a walk-in basis, but anticipate a higher fee.)</td>
<td>2-step TB test or two 1-step given a year apart</td>
<td>Only if + TB skin test</td>
<td>2 MMR vaccines or + Rubella, Rubeola &amp; Mumps Titer (Need copy of lab report)</td>
<td>2 Varicella vaccines or + Varicella Titer (Need copy of lab report)</td>
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**Clark State Community College Health Clinic, ASC Room 210**
570 East Leffel Ln, Springfield, OH 937-328-6042

| No | 1 or 2 step | No | No | No | No | No | No |

Revised 4/15. Prices are subject to change without notice. Call for current pricing, if this is a concern for you.

### OTHER COUNTY HEALTH DEPARTMENTS

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Champaign County 1512 South US Hwy 68, Suite Q 100, Urbana, OH (937) 484-1605</td>
<td></td>
</tr>
<tr>
<td>Franklin County 280 East Broad Street, 2nd floor, Columbus, OH (614) 525-3160</td>
<td></td>
</tr>
<tr>
<td>Greene County 360 Wilson Dr. Xenia, OH (937) 374-5600</td>
<td></td>
</tr>
<tr>
<td>Logan County 310 S Main Street, Bellefontaine, OH (937) 592-9040</td>
<td></td>
</tr>
<tr>
<td>Madison County 306 Lafayette Street, Suite B, London, OH (740) 852-3065</td>
<td></td>
</tr>
<tr>
<td>Miami County 510 West Water Street, Suite 130, Troy, OH (937) 573-3500</td>
<td></td>
</tr>
<tr>
<td>Montgomery County 1 S Main St # 440, Dayton, OH (937) 285-6250</td>
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</table>
CLARK STATE COMMUNITY COLLEGE

CONSENT OR DECLINATION FORM FOR THE HEPATITIS B VACCINE

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection, a serious disease. I have received information about the Hepatitis B vaccine and I have had a chance to ask questions, which were answered to my satisfaction. I understand the benefits and risks of the vaccine and I have decided to **CHOOSE** to receive or complete the Hepatitis B vaccine series.

Signature ___________________________________ Date ________________________

OR

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection, a serious disease. I have received information about the Hepatitis B vaccine and I have had a chance to ask questions, which were answered to my satisfaction. I understand the benefits and risks of the vaccine and I have decided to **DECLINE** the Hepatitis B vaccine for one of the following reasons:

- I **DECLINE** Hepatitis B vaccine at this time for personal, financial or other reasons.
- I **DECLINE** the Hepatitis B vaccine because I have already received the vaccine series.

Signature ___________________________________ Date ________________________

Created 4/15
Health, Human, and Public Services Division
Health Insurance Attestation Form

Health professions students are at risk for exposure to pathogens and infections. It is the student’s responsibility to provide payment for the cost of any diagnostic or therapeutic measures recommended as a result of an exposure or injury. The College’s affiliation agreements with many facilities where students are assigned for their clinical experiences require students to have health insurance. Therefore, all students in the Medical Laboratory Technology, Registered Nursing, Practical Nursing, Physical Therapist Assistant, and Emergency Medical Services programs at Clark State Community College are required to obtain and maintain adequate health insurance while enrolled in clinical courses.

Students who do not have health insurance may purchase a student policy through a provider of their choosing or through the College’s provider, EJ Smith & Associates, Inc., who markets a Student Security Plan underwritten by Transamerica Life Insurance Company. Information about this plan is available on the College’s web site at http://www.clarkstate.edu/student-life/health-fitness/student-health-insurance/ and at E. J. Smith’s web site www.ejsmith.com. Once on E.J. Smith’s web site, select Students > Student Security Plan > and the appropriate academic year plan. Forms to enroll in the plan are also available on this web site.

All students must provide the following information about their health insurance coverage, read and sign this form, and submit along with their medical history, physical and immunizations documentation to the designated person for their program (Health Clinic nurse/program coordinator). This information will be kept on file in the student’s file. Students will not be permitted to participate in clinical courses until this form is completed, signed and submitted.

Student Name (print): ________________________________

Student’s Clark State ID#: ________________________________________________

Name of Health Insurance Provider: _______________________________________

Subscriber or Group Number: ____________________________________________

I, the undersigned, attest that I have health insurance coverage as listed above. I understand that I must maintain health insurance coverage throughout the time that I am enrolled in clinical courses. I further understand that if my health insurance coverage provider changes, I need to complete and sign another form and submit it to the designated individual for my program (Health Clinic nurse/program coordinator) to update my student file.

Student Signature: ____________________________ Date: ________________

Rev. 01/2014, 08/2014, 3/2015
CLARK STATE COMMUNITY COLLEGE

RECORDS RELEASE FORM

I give the Clark State Community College Health Clinic permission to release my medical records to any of the health technology instructors or staff, to my assigned clinical sites, as necessary or to myself.

________________________________________
Student’s Name (printed)

________________________________________
Student’s Signature

________________________________________
Date

Created 12/13, Reviewed 3/15
Clark State Community College – Springfield Regional School of Nursing
Standard Precautions for protection from blood
or body fluid transmitted infections

Students in this Associate Degree Nursing Program are assigned to care for patients in clinical practice with health conditions studied within the theory of the nursing courses. This clinical practice assignment may include the care of patients with infections transmitted by blood or body fluids, if the instructor sees the assignment as supportive to student learning.

In order to protect the student nurse from the accidental transmission of the HIV or other infections transmitted by blood and body fluids, Standard Precautions as prescribed by CDC for all contact with blood and body fluids will be taught within the program theory and lab instruction and practiced at all times in the clinical practice setting. The precautions are as follows:

- Use blood and body fluid precautions for all patients, since medical history and examination cannot reliably identify all patients infected with HIV and other fluid or blood-borne pathogens.
- Use of special precautions during pre-hospital and emergency care since the risk of blood exposure to health care workers is increased and the infection status of the patient is usually unknown.
- Use of the appropriate barrier precautions to prevent exposure to skin and mucous membrane when contact with blood or other body fluids is anticipated.
- Gloves should be worn when in contact with blood, body fluids and mucous membranes and for handling items or surfaces soiled with blood or body fluids.
- Masks and protective eyewear or face shields should be worn during procedures that are likely to generate airborne droplets of blood or other body fluids to protect exposure of mucous membranes of the mouth, nose and eyes.
- Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
- Use caution to prevent injuries caused by needles, scalpels and other sharp instruments. To prevent needle sticks, needles should not be recapped, purposely bent or broken by hand. After use, Sharps should be placed in puncture resistant containers for appropriate disposal.
- Although saliva has not been implicated in HIV transmission, minimize the need for emergency mouth-to-mouth resuscitation by making resuscitation bags, mouth pieces and ventilation devices available in areas in which the need for resuscitation is predictable.
- Health care workers with open lesions or weeping dermatitis should refrain from all direct patient care and from handling equipment until condition resolves.
- Wash hands prior to and immediately after patient contact.
Health care providers are entrusted with the health, safety and welfare of patients; have access to controlled substances and confidential information; and operate in settings that require the exercise of good judgment and ethical behavior. Clinical facilities are increasingly required by accreditation agencies, such as The Joint Commission (TJC), to conduct background checks on individuals who provide services within the facility and especially those who supervise care and render treatment. In addition, the Ohio Revised Code requires a criminal records check for all prospective employees for positions where the individual will be caring for older adults or children.

Clinical learning experiences are an essential element of the curriculum of health care programs. Effective fall quarter 2007, all students enrolled in Clark State's health care programs must successfully complete a criminal records check as a criterion for participating in clinical courses. Participation in clinical courses is required for progression and completion of health care programs.

The check must include fingerprinting and must be completed by the Ohio Bureau of Criminal Identification and Investigation (BCII). If the student has not been a resident of Ohio continuously for the previous five years, a Federal Bureau of Investigation report is also required. The criminal records check must be completed within the twelve months immediately prior to the student's entry into clinical courses. Agencies that offer both civilian (BCI) and federal (FBI) electronic fingerprinting for background checks are listed on the following website:

http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing

The student shall be responsible for all costs associated with the criminal records check. Please be sure to identify the college as the agency to receive the results. The results must be sent directly from the Bureau of Criminal Identification and Investigation to the college to be valid. Please have your results sent to:

Dean of Health, Human, and Public Services Division
Clark State Community College
570 East Leffel Lane
P. O. Box 570
Springfield, Ohio 45501

The information provided in the criminal records report will only be used to evaluate the student's qualifications for entry into clinical courses. Reports will be kept in secured confidential files separate from the student’s academic file with access limited to authorized college personnel. The results will be destroyed two years after the individual is no longer enrolled in clinical courses in the Health, Human, and Public Services Division.
Criminal record reports will undergo administrative review. If a student has been convicted of or pled guilty to a disqualifying offense (or any substantially equivalent offenses in any state), the student may be unable to complete clinical learning experiences and may therefore be disqualified from admission, readmission, or progression in the health care program. Some of the disqualifying offenses are absolute bars while others might bar the student from admission, readmission or progression in the program. The absolute and potentially disqualifying offenses are listed in the following table.

In the event that the student's background check includes a disqualifying offense, the student will be asked to schedule a meeting with the Health, Human, and Public Services Division Dean to discuss the information received. If the background check identifies offenses that the student considers incorrect, these concerns or issues must be addressed, by the student, to the Bureau of Criminal Identification and Investigation for resolution. If the background check identifies offenses that may preclude admission, the student will be given an opportunity to respond to the information. Relevant considerations may include but are not limited to: the date, nature and number of convictions; the relationship the conviction bears to the duties and responsibilities of the health care provider; and successful efforts toward rehabilitation. The decision to allow or disallow participation in a clinical course for a student whose background check includes a disqualifying offense is up to the clinical facility. Clinical facilities may consider expunged convictions in placement decisions. In addition, some clinical facilities may decide not to accept students who have been convicted of minor misdemeanors or felonies not included in the Disqualifying Offenses table.

All students who are admitted to a health care program have a continual obligation to report any criminal conviction that may impact the student's continued ability to participate in the clinical program to the Health, Human, and Public Services Division Dean within 30 days of its occurrence. Failure to do so will result in immediate dismissal from the program.

Attached is the list of offenses that will or might disqualify a student from participating in clinical courses.
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<th>Tier II 10 Year Exclusion (from the date the individual is fully discharged from all imprisonment, probation, or parole)</th>
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<tbody>
<tr>
<td>Aggravated Murder</td>
<td>NOTE: The individual is subject to a fifteen-year exclusionary period if the individual was convicted of one of the following offenses and another Tier II, III or IV offense if the multiple disqualifying offense(s) are not the result of, or connected to, the same act.</td>
</tr>
<tr>
<td>Murder</td>
<td></td>
</tr>
<tr>
<td>Voluntary Manslaughter</td>
<td>Involuntary manslaughter</td>
</tr>
<tr>
<td>Felonious Assault</td>
<td>Reckless Homicide</td>
</tr>
<tr>
<td>Permitting Child Abuse</td>
<td>Child Stealing</td>
</tr>
<tr>
<td>Failing to provide for a functionally impaired person</td>
<td>Child Enticement</td>
</tr>
<tr>
<td>Patient Abuse or Neglect</td>
<td>Extortion</td>
</tr>
<tr>
<td>Patient Endangerment</td>
<td>Compelling Prostitution</td>
</tr>
<tr>
<td>Kidnapping</td>
<td>Promoting Prostitution</td>
</tr>
<tr>
<td>Abduction</td>
<td>Enticement or solicitation to patronize a prostitute</td>
</tr>
<tr>
<td>Human Trafficking</td>
<td>Procurement of a prostitute for another</td>
</tr>
<tr>
<td>Unlawful conduct with respect to documents</td>
<td>Aggravated Arson</td>
</tr>
<tr>
<td>Rape</td>
<td>Arson</td>
</tr>
<tr>
<td>Sexual Battery</td>
<td>Aggravated robbery</td>
</tr>
<tr>
<td>Unlawful sexual conduct with a minor</td>
<td>Aggravated burglary</td>
</tr>
<tr>
<td>Gross sexual imposition</td>
<td>Illegal use of SNAP or WIC program benefits</td>
</tr>
<tr>
<td>Importuning</td>
<td>Workers compensation fraud</td>
</tr>
<tr>
<td>Voyeurism</td>
<td>Identity fraud</td>
</tr>
<tr>
<td>Felonious sexual penetration</td>
<td>Aggravated riot</td>
</tr>
<tr>
<td>Disseminating matter harmful to juveniles</td>
<td>Illegal use of a minor in nudity-oriented material or performance</td>
</tr>
<tr>
<td>Pandering Obscenity</td>
<td>Soliciting or providing support for an act of terrorism</td>
</tr>
<tr>
<td>Pandering Obscenity involving a minor</td>
<td>Illegal possession of an object indistinguishable from a firearm in a school safety zone.</td>
</tr>
<tr>
<td>Pandering sexually-oriented matter involving a minor</td>
<td>Illegal conveyance, possession, or control of a deadly weapon or ordnance into a courthouse.</td>
</tr>
<tr>
<td>Illegal use of a minor in nudity-oriented material or performance</td>
<td>Having weapons while under disability</td>
</tr>
<tr>
<td>Soliciting or providing support for an act of terrorism</td>
<td>Improperly discharging a firearm at or into a habitation or school</td>
</tr>
<tr>
<td>Making terroristic threats</td>
<td>Discharge of a firearm at or near prohibited premises</td>
</tr>
<tr>
<td>Terrorism</td>
<td>Improperly furnishing firearms to a minor</td>
</tr>
<tr>
<td>Medicaid fraud</td>
<td>Engaging in a pattern of corrupt activity</td>
</tr>
<tr>
<td>ALSO, if related to an offense listed above</td>
<td>Participating in a criminal gang</td>
</tr>
<tr>
<td>Conspiracy</td>
<td>Illegal manufacture of drugs or cultivating marijuana</td>
</tr>
<tr>
<td>Attempt</td>
<td>Corrupting another with drugs</td>
</tr>
<tr>
<td>Complicity</td>
<td>Trafficking in drugs</td>
</tr>
<tr>
<td>ALSO, a conviction related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct involving a federal or state-funded program, excluding illegal use of SNAP or WIC program benefits which are Tier II offenses.</td>
<td>Illegal assembly or possession of chemicals for the manufacture of drugs</td>
</tr>
<tr>
<td>ALSO, if related to an offense listed above</td>
<td>Placing harmful or hazardous objects in food or confection</td>
</tr>
<tr>
<td>Conspiracy</td>
<td></td>
</tr>
<tr>
<td>Attempt</td>
<td></td>
</tr>
<tr>
<td>Complicity</td>
<td></td>
</tr>
</tbody>
</table>
### Tier III Seven Year Exclusion (from the date the individual is fully discharged from all imprisonment, probation, or parole)

**NOTE:** The individual is subject to a ten-year exclusionary period if the individual was convicted of one of the following offenses and another Tier III or IV offense if the multiple disqualifying offense(s) are not the result of, or connected to, the same act.

- Cruelty to animals
- Prohibition concerning companion animals
- Aggravated Assault
- Aggravated menacing
- Menacing by stalking
- Coercion
- Disrupting public services
- Robbery
- Burglary
- Insurance Fraud
- Inciting to violence
- Riot
- Inducing Panic
- Endangering Children
- Domestic Violence
- Intimidation
- Perjury
- Falsification
- Escape
- Aiding escape or resistance to lawful authority
- Illegal conveyance of weapons, drugs, or other prohibited items onto the grounds of a detention facility/institution
- Funding drug trafficking
- Illegal administration or distribution of anabolic steroids
- Tampering with drugs
- Ethnic Intimidation

**ALSO, if related to an offense listed above**
- Conspiracy
- Attempt
- Complicity

### Tier IV Five Year Exclusion Period (from the date the individual is fully discharged from all imprisonment, probation, or parole)

**NOTE:** The individual is subject to a seven-year exclusionary period if the individual was convicted of multiple Tier IV offenses if the multiple offenses are not the result of, or connect to, the same act.

- Assault
- Menacing
- Public Indecency
- Soliciting, engaging in solicitation after an HIV + test
- Prostitution
- Deception to obtain harmful matter to juveniles
- Breaking and Entering
- Theft
- Unauthorized use of a motor vehicle
- Unauthorized use of a computer, cable or telecommunication property
- Telecommunications fraud
- Passing Bad Checks
- Misuse of credit cards
- Forgery, forging identification cards
- Criminal simulation
- Defrauding a rental agency or hostelry
- Tampering with records
- Securing Writings by deception
- Personating an officer
- Unlawful display of law enforcement emblem
- Defrauding creditors
- Receiving stolen property
- Unlawful abortion
- Unlawful abortion upon a minor
- Unlawful distribution of an abortion inducing drug
- Interference with custody
- Contributing to the unruliness or delinquency of a child
- Tampering with evidence
- Compounding a crime
- Disclosure of confidential information
- Obstructing Justice
- Assaulting or harassing a police dog, horse or service animal
- Impersonation of a peace officer
- Illegal administration, dispensing, manufacture, possession, selling, or using any dangerous veterinary drug
- Drug Possession, unless a minor drug possession offense
- Permitting drug abuse
- Deception to obtain a dangerous drug
- Illegal processing of a drug document
- Illegal dispensing of drug samples
- Unlawful purchase, underage purchase, improper purchase, using false information to purchase a pseudoephedrine product
- Unlawfully selling, improper sale of a pseudoephedrine product

**ALSO, if related to an offense listed above**
- Conspiracy
- Attempt
- Complicity

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5/2007, revised 2/08, 4/09, 7/10, 9/10, 5/11, 6/13
Reviewed 8/12; Revised 12/14 OAC 173-9-07
Criminal Records Check Policy

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<tr>
<td>Felonious Assault</td>
<td>Child Stealing</td>
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</tr>
<tr>
<td>Failing to provide for a functionally impaired person</td>
<td>Extortion</td>
</tr>
<tr>
<td>Patient Abuse or Neglect</td>
<td>Compelling Prostitution</td>
</tr>
<tr>
<td>Patient Endangerment</td>
<td>Promoting Prostitution</td>
</tr>
<tr>
<td>Kidnapping</td>
<td>Enticement or solicitation to patronize a prostitute</td>
</tr>
<tr>
<td>Abduction</td>
<td>Procurement of a prostitute for another</td>
</tr>
<tr>
<td>Human Trafficking</td>
<td>Aggravated Arson</td>
</tr>
<tr>
<td>Unlawful conduct with respect to documents</td>
<td>Arson</td>
</tr>
<tr>
<td>Rape</td>
<td>Aggravated robbery</td>
</tr>
<tr>
<td>Sexual Battery</td>
<td>Aggravated burglary</td>
</tr>
<tr>
<td>Unlawful sexual conduct with a minor</td>
<td>Illegal use of SNAP or WIC program benefits</td>
</tr>
<tr>
<td>Gross sexual imposition</td>
<td>Workers compensation fraud</td>
</tr>
<tr>
<td>Importuning</td>
<td>Identity fraud</td>
</tr>
<tr>
<td>Voyeurism</td>
<td>Aggravated riot</td>
</tr>
<tr>
<td>Felonious sexual penetration</td>
<td>Carrying concealed weapons</td>
</tr>
<tr>
<td>Disseminating matter harmful to juveniles</td>
<td>Illegal conveyance or possession of a deadly weapon or dangerous ordnance in a school safety zone.</td>
</tr>
<tr>
<td>Pandering Obsenity</td>
<td>Illegal possession of an object indistinguishable from a firearm in a school safety zone.</td>
</tr>
<tr>
<td>Pandering Obscenity involving a minor</td>
<td>Illegal conveyance, possession, or control of a deadly weapon or ordnance into a courthouse.</td>
</tr>
<tr>
<td>Pandering sexually-oriented matter involving a minor</td>
<td>Having weapons while under disability</td>
</tr>
<tr>
<td>Illegal use of a minor in nudity-oriented material or performance</td>
<td>Improperly discharging a firearm at or into a habitation or school</td>
</tr>
<tr>
<td>Soliciting or providing support for an act of terrorism</td>
<td>Discharge of a firearm at or near prohibited premises</td>
</tr>
<tr>
<td>Making terroristic threats</td>
<td>Improperly furnishing firearms to a minor</td>
</tr>
<tr>
<td>Terrorism</td>
<td>Engaging in a pattern of corrupt activity</td>
</tr>
<tr>
<td>Medicaid fraud</td>
<td>Participating in a criminal gang</td>
</tr>
<tr>
<td><strong>ALSO, if related to an offense listed above</strong></td>
<td>Illegal manufacture of drugs or cultivating marijuana</td>
</tr>
<tr>
<td>Conspiracy</td>
<td>Corrupting another with drugs</td>
</tr>
<tr>
<td>Attempt</td>
<td>Trafficking in drugs</td>
</tr>
<tr>
<td>Complicity</td>
<td>Illegal assembly or possession of chemicals for the manufacture of drugs</td>
</tr>
<tr>
<td><strong>ALSO, a conviction related to fraud, theft,</strong></td>
<td>Placing harmful or hazardous objects in food or confection</td>
</tr>
<tr>
<td>embezzlement, breach of fiduciary responsibility,**</td>
<td></td>
</tr>
<tr>
<td>or other financial misconduct involving a federal</td>
<td></td>
</tr>
<tr>
<td>state-funded program, excluding illegal use of SNAP or WIC program benefits which are Tier II offenses.</td>
<td></td>
</tr>
<tr>
<td>Tier III Seven Year Exclusion (from the date the individual is fully discharged from all imprisonment, probation, or parole)</td>
<td></td>
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</tr>
<tr>
<td><strong>NOTE:</strong> The individual is subject to a ten-year exclusionary period if the individual was convicted of one of the following offenses and another Tier III or IV offense if the multiple disqualifying offense(s) are not the result of, or connected to, the same act.</td>
<td></td>
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<tr>
<td>Cruelty to animals</td>
<td></td>
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<tr>
<td>Prohibition concerning companion animals</td>
<td></td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td></td>
</tr>
<tr>
<td>Aggravated menacing</td>
<td></td>
</tr>
<tr>
<td>Menacing by stalking</td>
<td></td>
</tr>
<tr>
<td>Coercion</td>
<td></td>
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<tr>
<td>Disrupting public services</td>
<td></td>
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<tr>
<td>Robbery</td>
<td></td>
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<tr>
<td>Burglary</td>
<td></td>
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<tr>
<td>Insurance Fraud</td>
<td></td>
</tr>
<tr>
<td>Inciting to violence</td>
<td></td>
</tr>
<tr>
<td>Riot</td>
<td></td>
</tr>
<tr>
<td>Inducing Panic</td>
<td></td>
</tr>
<tr>
<td>Endangering Children</td>
<td></td>
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<tr>
<td>Domestic Violence</td>
<td></td>
</tr>
<tr>
<td>Intimidation</td>
<td></td>
</tr>
<tr>
<td>Perjury</td>
<td></td>
</tr>
<tr>
<td>Falsification</td>
<td></td>
</tr>
<tr>
<td>Escape</td>
<td></td>
</tr>
<tr>
<td>Aiding escape or resistance to lawful authority</td>
<td></td>
</tr>
<tr>
<td>Illegal conveyance of weapons, drugs, or other prohibited items onto the grounds of a detention facility/institution</td>
<td></td>
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<tr>
<td>Funding drug trafficking</td>
<td></td>
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<tr>
<td>Illegal administration or distribution of anabolic steroids</td>
<td></td>
</tr>
<tr>
<td>Tampering with drugs</td>
<td></td>
</tr>
<tr>
<td>Ethnic Intimidation</td>
<td></td>
</tr>
<tr>
<td><strong>ALSO</strong>, if related to an offense listed above</td>
<td></td>
</tr>
<tr>
<td>Conspiracy</td>
<td></td>
</tr>
<tr>
<td>Attempt</td>
<td></td>
</tr>
<tr>
<td>Complicity</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier IV Five Year Exclusion Period (from the date the individual is fully discharged from all imprisonment, probation, or parole)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NOTE:</strong> The individual is subject to a seven-year exclusionary period if the individual was convicted of multiple Tier IV offenses if the multiple offenses are not the result of, or connect to, the same act.</td>
</tr>
<tr>
<td>Assault</td>
</tr>
<tr>
<td>Menacing</td>
</tr>
<tr>
<td>Public Indecency</td>
</tr>
<tr>
<td>Soliciting, engaging in solicitation after an HIV + test</td>
</tr>
<tr>
<td>Prostitution</td>
</tr>
<tr>
<td>Deception to obtain harmful matter to juveniles</td>
</tr>
<tr>
<td>Breaking and Entering</td>
</tr>
<tr>
<td>Theft</td>
</tr>
<tr>
<td>Unauthorized use of a motor vehicle</td>
</tr>
<tr>
<td>Unauthorized use of a computer, cable or telecommunication property</td>
</tr>
<tr>
<td>Telecommunications fraud</td>
</tr>
<tr>
<td>Passing Bad Checks</td>
</tr>
<tr>
<td>Misuse of credit cards</td>
</tr>
<tr>
<td>Forgery, forging identification cards</td>
</tr>
<tr>
<td>Criminal simulation</td>
</tr>
<tr>
<td>Defrauding a rental agency or hostelry</td>
</tr>
<tr>
<td>Tempering with records</td>
</tr>
<tr>
<td>Securing Writings by deception</td>
</tr>
<tr>
<td>Personating an officer</td>
</tr>
<tr>
<td>Unlawful display of law enforcement emblem</td>
</tr>
<tr>
<td>Defrauding creditors</td>
</tr>
<tr>
<td>Receiving stolen property</td>
</tr>
<tr>
<td>Unlawful abortion</td>
</tr>
<tr>
<td>Unlawful abortion upon a minor</td>
</tr>
<tr>
<td>Unlawful distribution of an abortion inducing drug</td>
</tr>
<tr>
<td>Interference with custody</td>
</tr>
<tr>
<td>Contributing to the unruliness or delinquency of a child</td>
</tr>
<tr>
<td>Tampering with evidence</td>
</tr>
<tr>
<td>Compounding a crime</td>
</tr>
<tr>
<td>Disclosure of confidential information</td>
</tr>
<tr>
<td>Obstructing Justice</td>
</tr>
<tr>
<td>Assaulting or harassing a police dog, horse or service animal</td>
</tr>
<tr>
<td>Impersonation of a peace officer</td>
</tr>
<tr>
<td>Illegal administration, dispensing, manufacture, possession, selling, or using any dangerous veterinary drug</td>
</tr>
<tr>
<td>Drug Possession, unless a minor drug possession offense</td>
</tr>
<tr>
<td>Permitting drug abuse</td>
</tr>
<tr>
<td>Deception to obtain a dangerous drug</td>
</tr>
<tr>
<td>Illegal processing of a drug document</td>
</tr>
<tr>
<td>Illegal dispensing of drug samples</td>
</tr>
<tr>
<td>Unlawful purchase, underage purchase, improper purchase, using false information to purchase a pseudoephedrine product</td>
</tr>
<tr>
<td>Unlawfully selling, improper sale of a pseudoephedrine product</td>
</tr>
<tr>
<td><strong>ALSO</strong>, if related to an offense listed above</td>
</tr>
<tr>
<td>Conspiracy</td>
</tr>
<tr>
<td>Attempt</td>
</tr>
<tr>
<td>Complicity</td>
</tr>
</tbody>
</table>

5/2007, revised 2/08, 4/09, 7/10, 9/10, 5/11, 6/13
Reviewed 8/12; Revised 12/14 OAC 173-9-07
Clark State Community College – Springfield Regional School of Nursing

ESSENTIAL FUNCTIONS of the STUDENT NURSE

It is recommended that students who enroll in the Clark State Community College – Springfield Regional School of Nursing (CSCC - SRSN) must be able to perform the essential functions of a student nurse identified below with or without reasonable accommodations. Students who may require accommodations to perform the essential functions are responsible for requesting reasonable accommodations through the Disability Services.

- **Vision**: Able to assess patient’s health status using visual inspection and observation to detect changes in physical appearance, contour, and colors. Able to accurately read labels on medications, calibration devices such as syringes and manometers, various monitoring devices, and written communication.

- **Hearing**: Ability to hear within normal range to elicit and detect pertinent information while communicating with patients and health team. Must be able to detect changes in patient condition through accurate use of such auditory monitoring devices, such as stethoscope and to hear and respond to mechanical alarms.

- **Communication**: Able to communicate both verbally and in writing, using the English language in an understandable manner; to assess and impart information concerning patient status; to effectively complete patient/family teaching; and to interact with the interdisciplinary health care team.

- **Walking/Standing**: Able to endure prolonged periods of walking/standing while in the clinical area. In addition, stairs must be negotiated.

- **Sitting**: Required to be able to sit in class, computer lab, and clinical conferences, and while charting in the clinical area.

- **Lifting/Carrying**: Able to lift and carry medical supplies, medications and charts with an average lifting requirement of 10-15 pounds. Required to transfer, move, and lift patients when performing in the demonstration lab and the clinical area. Assistance should be requested when patient lifting or repositioning.

- **Depth Perception**: Ability to recognize that objects have depth, height, and width. Must be able to describe observations of wounds, lesions, etc. Effectively assist clients with rehabilitative processes of ambulation, stair climbing and transferring techniques. Necessary for fine task performance when performing invasive procedures and medication preparation and administration by injection technique.

- **Fine Motor Skills**: Able to perform nursing procedures, assist physicians with examinations, handle and control medical equipment, tubing, and specimens. Must be able to write clearly on all required reports and records.

- **Tactile Sensations**: Ability to assess conditions internal or external using the fingers and hands to touch. Necessary to feel vibration, pulses, and temperature of skin. Also, able to grasp and easily manipulate equipment when providing patient care.

- **Pushing/Pulling**: Able to position, pull and push in preparing patients for scheduled procedures and in transferring patients and medical equipment. Pushing is required to perform cardiopulmonary resuscitation which requires sufficient physical function of the upper and lower body to effectively complete CPR technique.

- **Bending/Reaching/Twisting**: Ability to reach, stoop, bend, kneel, and crouch when bathing patients, making beds, and in setting up and monitoring equipment.
• **Temperament:** Ability to think and adapt to various pressures in times of stress or crises and in unpredictable situations. Must demonstrate self-control and ability to accept limits and suggestions. Must display sensitivity to patient comfort and privacy and express interest in patient progress while interacting in a caring and professional manner. Emotional stability is needed to maintain a therapeutic relationship with patients, families and health care team members. Therapeutic communication and interaction must be effective to meet the unique needs of various patient populations served.

• **Exposure:** Will be exposed to body fluids, communicable diseases, and unpleasant elements (accidents, injuries and illness). Will be provided with the knowledge and skills related to own protection and the protection of others.
OHIO BOARD OF NURSING LICENSURE

Upon completion of the program, the graduate is eligible to apply to take the NCLEX-RN examination. Licensure is mandatory for practice as a RN. Candidates for licensure in Ohio must obtain a criminal background check and disclose information related to any prior felony or misdemeanor, crimes involving gross immorality or moral turpitude, violation of a drug law and/or recent diagnosis or treatment of a psychotic disorder. The Ohio Board of Nursing will determine whether the candidate may take the licensing exam.
CLARK STATE COMMUNITY COLLEGE
EQUIPMENT FOR REGISTERED NURSING STUDENTS

Each student should purchase the following equipment:

1. Equipment
   - Stethoscope
   - Blood Pressure Cuff
   - 5 ½ “ stainless steel scissors
   - Penlight with pupil gauge

2. Uniforms: Must be purchased from The Macray Company (See flyer).
   - Female students - Ladies Fashion Scrub – white tunic
     - Elastic or drawstring pant or skirt - royal blue
   - Male students - Men’s top – white scrub top
     - Drawstring pant – royal blue

   NOTE: Registered Nursing and Practical Nursing students each have different uniforms. Order the correct uniform according to your program.

3. Watch with a sweep second hand

4. White nylons for women or plain white socks for either men or women

5. All-white shoes

NOTE: A photo ID for the clinical will be done in NUR 1170 or NUR 1174. The cost of this is included in course’s lab fees.
REGISTERED NURSING STUDENTS CLINICAL REQUIREMENTS

OUR CONTRACTS WITH HOSPITALS TO PROVIDE CLINICAL LABORATORY EXPERIENCE FOR CSCC NURSING STUDENTS REQUIRE THAT:

I. EACH STUDENT MUST HAVE A LIABILITY INSURANCE POLICY FOR $1,000,000. THE COST WILL BE ADDED TO YOUR BILL WHEN YOU REGISTER FOR YOUR FIRST CLINICAL COURSE.

II. BEFORE ATTENDING ANY NURSING COURSE WITH A CLINICAL EXPERIENCE, EACH STUDENT MUST SHOW PROOF OF CURRENT PROFESSIONAL CPR CERTIFICATION. THIS COURSE IS AVAILABLE AT CLARK STATE, THROUGH THE AMERICAN RED CROSS, OR THE AMERICAN HEART ASSOCIATION.


IV. EACH STUDENT MUST COMPLETE THE HEALTH REQUIREMENTS. DETAILED INFORMATION IS PROVIDED INSIDE YOUR PACKET.
Pre-requisites for entry into NUR 1170
RN Day Program Students

Students must have the following completed in order to enter NUR 1170. **If these are not completed by the first day of class the student will be administratively withdrawn from the course and the program.**

1. Completion of criminal background check as described in this packet and it must be received by **August 10, 2015**. It may take up to 60 days for BCI&I to process your background check. If you have not completed it do it now. Please do not call and ask if your background check has been received. You will be notified on August 24, 2015 during class.

2. Documentation of the following must be submitted to one of the administrative assistants in ASC 133 by **August 10, 2015**. **Please place in an envelope marked to the attention of Mary Cornell, first year nursing instructor** Please make and keep a copy for your records. No copies or receipts will be provided.
   - Successful completion of Nurse Aide Training (See sheet titled Nurse’s Aide Training Requirements for details)
   - **Current professional** CPR (BLS) provider status (Red Cross or American Heart Association)

3. Health requirements as outlined in this packet.

All **day program** students must have completed the following courses or register to take them this fall semester with NUR 1170.

- MST 1105 Medical Terminology
- BIO 2121 Anatomy & Physiology I
- NUR 1120 Pharmacology and Dosage Calculations
- PSY 1111 Psychology I
Pre or Co-Requisites for NUR 1170
RN Evening Program Students

Students must have the following completed in order to enter NUR 1170. **If these are not completed by the first day of class the student will be administratively withdrawn from the course and the program.**

1. Completion of criminal background check as described in this packet and it must be received by **August 10, 2015**. It may take up to 60 days for BCI&I to process your background check. If you have not completed it do it now.

2. Documentation of the following must be submitted to one of the administrative assistants in ASC 133 by **August 10, 2015**. Please place in an envelope marked to the attention of Kara Jackson, first year nursing instructor. Please make and keep a copy for your records. No copies or receipts will be provided.
   - Successful completion of Nurse Aide Training (See sheet titled Nurse’s Aide Training Requirements for details)
   - **Current professional** CPR (BLS) provider status (Red Cross or American Heart Association)

3. Health requirements as outlined in this packet.

**Evening program RN** students must complete the courses as indicated on their letter of acceptance.
Pre or Co-Requisites for NUR 1174/1175/1176
LPN to RN Day Program Students

Students must have the following completed in order to enter the nursing courses. **If these are not completed by the first day of class the student will be administratively withdrawn from the course and the program.**

1. Completion of criminal background check as described in this packet and it must be received by **August 10, 2015**. It may take up to 60 days for BCI&I to process your background check. If you have not completed it do it now.

2. Documentation of the following must be submitted to one of the administrative assistants in ASC 133 by **August 10, 2015**. Please place in an envelope marked to the attention of Mary Cornell. Please make and keep a copy for your records. No copies or receipts will be provided.
   - Letter verifying employment (if applicable)
   - **Current professional** CPR (BLS) provider status (Red Cross or American Heart Association)

3. Health requirements as outlined in this packet.
Pre or Co-Requisites for NUR 1174/1177/1178
Medic to RN Program Students

Students must have the following completed in order to enter the nursing courses. If these are not completed by the first day of class the student will be administratively withdrawn from the course and the program.

4. Completion of criminal background check as described in this packet and it must be received by August 10, 2015. It may take up to 60 days for BCI&I to process your background check. If you have not completed it do it now.

5. Documentation of the following must be submitted to one of the administrative assistants in ASC 133 by August 10, 2015. Please place in an envelope marked to the attention of Janice Bruns paramedic to RN nursing instructor. Please make and keep a copy for your records. No copies or receipts will be provided.
   - Successful completion of Nurse Aide Training (See sheet titled Nurse’s Aide Training Requirements for details)
   - Current professional CPR (BLS) provider status (Red Cross or American Heart Association)

6. Health requirements as outlined in this packet.

Medic to RN program students must complete the courses as indicated on their letter of acceptance.
Clark State Community College-Springfield Regional School of Nursing
Nurse Aide Training Requirements

All enrolling in the RN program must meet one of the following requirements prior to entering the first clinical class:

- The student is a STNA (State-Tested Nurse Aide) and has maintained the State-Tested Nurse Aide credentials,
  OR
- The student has taken a State-approved Nurse Aide Training course within the last two years,
  OR
- The student has worked as a hospital nurse aide for at least two years within the last five years. This student must have the following information sent by his/her supervisor to the RN Program Coordinator:
  - Job description
  - A letter of recommendation

The Program Coordinator will then evaluate the information and notify the student if he/she meets the requirements.

The student must make a copy of the appropriate credentials and present it to the nursing faculty during the first week of the first clinical course.

- If State tested, the STNA credential card (Nursing faculty will verify for current registry status)
  OR
- The Certificate of Successful Completion of the course,
  OR
- The letter from their supervisor with requested information to the Program Coordinator who will evaluate.

Further Information:
For information about the Nurse Aide Training course (MST 1181) offered at Clark State, consult the class schedule. This course is offered every semester.

For further information, prospective RN students should call Mary Cornell at 328-6096.

9/02, Revised 02/05, 08/07, 07/12, 07/13, 12/2013, 05/14
Clark State Community College – Springfield Regional School of Nursing

Professional Conduct

Nursing is a profession. As a student enrolled in a nursing program, a student is expected to conduct him/herself in a professional manner in the clinical and the classroom setting. Professional behavior will be assessed throughout your participation in the nursing program. Failure to conduct oneself in a professional manner will impact final course grades or may result in dismissal or failure in a course.

General Professional behavior requirements

Nursing students are expected to:
- Arrive for class/clinical on time.
- Come to class
- Participate in class
- Wait until class/clinical is over to leave
- Wait their turn to speak
- Avoid disruptive behaviors (e.g. shouting, slamming doors, using inappropriate language, throwing books or papers, talking/socializing with classmates during lecture etc.)
- Turn off cell phones/pagers in class. If an important call (e.g. sick family member) is anticipated, the students should notify the instructor in advance that the cell phone is on and provide a brief explanation as to why.
- Take responsibility for own learning
  - Review reading assignments before class
  - Come to class prepared with questions
  - Talk to the course/clinical instructor if having difficulty

The conduct of students in clinical facilities is also governed by the employee rules and regulations of that agency. Students should remember that they are guests of the clinical facility.

Student Conduct While Providing Nursing Care Policy

While students are enrolled in either of the nursing programs at Clark State Community College – Springfield Regional School of Nursing and participating in the clinical courses, they must follow the rules listed below pertaining to student conduct while providing nursing care as outlined in Chapter 4723-5-12 of the Ohio Administrative Code Regulating the Practice of Nursing. Violation of these standards will result in clinical failure and dismissal from the nursing program.

1. A student shall, in a complete, accurate, and timely manner, report and document nursing assessments or observations, the care provided by the student for the patient, and the patient’s response to that care.
2. A student shall, in an accurate and timely manner, report to the appropriate practitioner errors in or deviations from the current valid order.
3. A student shall not falsify any patient record or any other document prepared or utilized in the course of, or in conjunction with, nursing practice. This includes, but is not limited to,
case management documents or reports, time records or reports, and other documents related to billing for nursing services.

4. A student shall implement measures to promote a safe environment for each patient.

5. A student shall delineate, establish, and maintain professional boundaries with each patient.

6. At all times when a student is providing direct nursing care to a patient the student shall:
   a. Provide privacy during examination or treatment and in the care of personal or bodily needs; and
   b. Treat each patient with courtesy, respect, and with full recognition of dignity and individuality.

7. A student shall practice within the appropriate scope of practice as set forth in division (B) of section 4723.01 and division (B)(20) of section 4723.28 of the Revised Code for a registered nurse, and division (F) of section 4723.01 and division (B)(21) of section 4723.28 of the Revised Code for a practical nurse;

8. A student shall use universal blood and body fluid precautions established by Chapter 4723-20 of the Administrative Code;

9. A student shall not:
   a. Engage in behavior that causes or may cause physical, verbal, mental, or emotional abuse to a patient;
   b. Engage in behavior toward a patient that may reasonably be interpreted as physical, verbal, mental, or emotional abuse.

10. A student shall not misappropriate a client’s property or:
    a. Engage in behavior to seek or obtain personal gain at the patient’s expense;
    b. Engage in behavior that may reasonably be interpreted as behavior to seek or obtain personal gain at the patient’s expense;
    c. Engage in behavior that constitutes inappropriate involvement in the patient’s personal relationships; or
    d. Engage in behavior that may reasonably be interpreted as inappropriate involvement in the patient’s personal relationships.

For the purpose of this paragraph, the client is always presumed incapable of giving free, full or informed consent to the behaviors by the student set forth in this paragraph.

11. A student shall not:
    a. Engage in sexual conduct with a patient;
    b. Engage in conduct in the course of practice that may reasonably be interpreted as sexual;
    c. Engage in any verbal behavior that is seductive or sexually demeaning to a patient;
    d. Engage in verbal behavior that may reasonably be interpreted as seductive, or sexually demeaning to a patient.

For the purpose of this paragraph, the client is always presumed incapable of giving free, full, or informed consent to sexual activity with the student.

12. A student shall not, regardless of whether the contact or verbal behavior is consensual, engage with a patient other than the spouse of the student in any of the following:
    a. Sexual contact, as defined in section 2907.01 of the Revised Code;
    b. Verbal behavior that is sexually demeaning to the patient or may be reasonably interpreted by the patient as sexually demeaning.
13. A student shall not self-administer or otherwise take into the body any dangerous drug, as defined in section 4729.01 of the Revised Code, in any way not in accordance with a legal, valid prescription issued for the student, or self-administer or otherwise take into the body any drug that is a schedule I controlled substance.

14. A student shall not habitually indulge in the use of controlled substances, other habit-forming drugs, or alcohol or other chemical substances to an extent that impairs ability to practice.

15. A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of habitual or excessive use of drugs, alcohol, or other chemical substances.

16. A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of a physical or mental disability.

17. A student shall not assault or cause harm to a patient or deprive a patient of the means to summon assistance.

18. A student shall not misappropriate or attempt to misappropriate money or anything of value by intentional misrepresentation or material deception in the course of practice.

19. A student shall not have been adjudicated by a probate court of being mentally ill or mentally incompetent, unless restored to competency by the court.

20. A student shall not aid and abet a person in that person’s practice of nursing without a license, practice as a dialysis technician without a certificate issued by the board, or administration of medications as a medication aide without a certificate issued by the board.

21. A student shall not prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion.

22. A student shall not assist suicide as defined in section 3795.01 of the Revised Code.

23. A student shall not submit or cause to be submitted any false, misleading or deceptive statements, information, or document to the nursing program, its administrators, faculty, teaching assistants, preceptors, or to the board.

24. A student shall maintain the confidentiality of patient information. The student shall communicate patient information with other members of the health care team for health care purposes only, shall access patient information only for purposes of patient care or for otherwise fulfilling the student’s assigned clinical responsibilities, and shall not disseminate patient information for purposes other than patient care or for otherwise fulfilling the student’s assigned clinical responsibilities through social media, texting, emailing or any other form of communication.

25. To the maximum extent feasible, identifiable patient health care information shall not be disclosed by a student unless the patient has consented to the disclosure of identifiable patient health care information. A student shall report individually identifiable patient information without written consent in limited circumstances only and in accordance with an authorized law, rule, or other recognized legal authority.

26. For purposes of paragraphs (C)(5), (C)(6), (C)(9), (C)(10), (C)(11) and (C)(12) of this rule, a student shall not use social media, texting, emailing, or other forms of communication with, or about a patient, for non-health care purposes or for purposes other than fulfilling the student’s assigned clinical responsibilities.

11/03
Revised 06/04; 9/08; Reviewed 12/06; 6/2012; 3/2014
Standard of Appearance for Students in the Clinical Area

Uniforms:
The complete student uniform is required whenever the student is at a clinical facility unless other directions are specifically given by the instructor.
The approved student uniform is as follows:
  - Female students: Associate Degree Nursing uniform top and royal blue skirt or slack, white nylons or plain white or black socks, if wearing slacks
  - Male students: Associate Degree Nursing uniform top and royal blue pants, plain white or black socks
  - Shoes: polished white or black shoes with clean shoe strings. Canvas sneakers, clogs with holes, or shoes with open backs shall not be worn.
  - Name pins: CSCC-SRSN pin and College photo ID must be worn when in the clinical facility
Uniform length and fit shall be functional and allow adequate body coverage and a professional appearance during physical activity. Appropriate underclothing to promote a professional appearance is expected. No sweaters should be worn on the patient unit.

Jewelry:
  - Only one small, plain unobtrusive earring per ear lobe shall be worn with the uniform. There shall be no dangling, or hoop earrings worn. A white or clear ear gauge spacer shall be worn instead of the jewelry
  - NO nose, brow, lip, or tongue rings
  - NO necklaces
  - NO bracelets
  - NO ribbons or ornamental clips in the hair
  - NO rings except plain wedding bands
  - NO body piercings jewelry

General Appearance:
  - Hair shall be contained and in a natural color. Hair coverings shall be solid white, royal blue or black
  - NO perfume, strong after shave lotion, or strongly scented body lotion
  - Fingernails are to be short so that they are barely visible when viewed from the palm side
  - NO nail polish
  - NO artificial nails
  - Make-up shall be worn with discretion
  - Tattoos must be covered with clothing, i.e., long sleeves, turtlenecks, slacks
Food-Gum-Cigarettes:
- Gum is prohibited during the clinical experience. Breath mints are permitted in moderation
- Candy, beverages, and other food may be eaten only in the dining area or during break time
- Smoking, in any form, is prohibited while in uniform. If there is a smell of cigarette smoke on your uniform, you will not be eligible to practice in the clinical setting

Supplies:
- Students are expected to carry bandage scissors, a watch that registers seconds, a pen light, and a black waterproof ballpoint pen when in uniform. A small pocket notebook and personal stethoscope are also required.

Nursing Student Clinical ID Badge Ownership Policy

Students entering into their first clinical nursing course at Clark State Community College – Springfield Regional School of Nursing will be given an authorization form allowing the student to be issued one nursing student ID badge from the Records Office. If the ID badge is lost or damaged, it is the student’s responsibility to pay $15 to obtain a replacement badge.

Specific clinical sites may issue the students their own clinical badge. This badge must be returned to the instructor at the end of the clinical period. Failure of the student to return this badge to the clinical instructor will cost the student a replacement fee of up to $20.

Upon exiting the clinical course work of the nursing program by graduation, failure or withdrawal, the student must submit their ID badge to the Health, Human, and Public Service Division. Failure to turn in the badge upon leaving will result in one of the following consequences, depending on the reason for exiting the program:
- Non-issuing of a Certificate of Completion
- Jeopardize reinstatement or transfer into a nursing program

6/2013
5/2014
Clark State Uniform Guide Lines

RN program:
Tops:
8047 Student button up tunic white
9550 Ultimate Stretch V neck top white

Bottom:
9300 Ultimate Stretch cargo pant royal
9306 Ultimate Stretch elastic waist royal
8320 Landau Classic Fit bottom royal
8327 Landau Classic Relaxed bottom royal
8501 Landau Classic elastic cargo bottom royal
8512 Landau Classic draw string bottom royal

Shoes:
White or Black
Landau comfort, energize, unleashed, wild terrain

Misc.:
Student name tag

LPN program:
Tops:
8047 Student button up hunter green trim tunic
9550 Ultimate Stretch V neck top white
(Embroider sleeve)

Bottom:
9306 Ultimate Stretch elastic waist hunter green
8320 Landau Classic Fit bottom hunter green

Shoes:
White
Landau comfort, energize, unleashed, wild terrain

Medical Lab:
K500/L500 teal polo embroidered

STNA:
Tops:
8219 Landau V Neck tunic royal
9550 Ultimate Stretch V Neck tunic royal

Bottom:
9300 Ultimate Stretch cargo pant royal
9306 Ultimate Stretch elastic waist royal
8320 Landau Classic Fit bottom royal
8327 Landau Classic Relaxed bottom royal
HEALTH PROGRAMS

All Student Uniforms are now available through

THE MacRay CO., LLC

128 Eagle City Rd  Springfield  OH 45502
Monday - Friday 8:30am - 6:00pm

Just stop in to try on and order!
If you don’t live in the area or want your orders shipped just give us a call 937.325.1726!

COUPON

10% off ALL HEALTH UNIFORMS WITH CLARK STATE I.D.

phone: 937.325.1726
day: 937.325.1949
macraycompany.com
Registered Nursing Book List

1. NUR 1170 Learning Module

2. Taber’s Cyclopedic Medical Dictionary (ISBN 9780803629776) - Optional


5. Lippincott’s Nursing Drug Guide (ISBN 9781469839370) or recent drug guide


10. Nursing Central App - To be purchased in place of drug guide, lab reference, and medical dictionary. Also includes disease handbook and Medline access. If app is purchased, students do not need Lippincott’s Nursing Drug Guide or Mosby’s Diagnostic and Laboratory Reference.

Optional - Study Guide for Brunner and Suddarth’s Medical Surgical Nursing (ISBN 9781451146684)
REGISTERED NURSING BOOK LIST FOR LPN TO RN TRANSITION

1. NUR 1175 and NUR 1176 Learning Module (must be purchased at CSCC bookstore)


6. NUR 1174 Learning Module (must be purchased at CSCC bookstore)


Optional - Study Guide for Brunner and Suddarth’s Medical Surgical Nursing (ISBN 9781451146684)
1. NUR 1174 Learning Module (must be purchased at CSCC bookstore)


3. NUR 1178 Paramedic to RN Transition Learning Module, Fall 2015


5. NUR 1177 Paramedic to RN Transition Learning Module, Fall 2015


