Clark State Community College
Registered Nursing Program
Orientation Packet
Fall 2016
HEALTH REQUIREMENTS

Prior to entering a health technology program at Clark State, there are specific clinical and health-related requirements that must be met. Please read the following details carefully, as some of these requirements can become confusing, depending on your individual situation. You may want to take this information with you when you go for your physical, immunizations or blood titers, so that your health care provider understands exactly what needs to be done. If you do not have a family physician or have a high insurance co-pay or deductible, refer to the enclosed table of healthcare providers for other possible resources.

Should you misplace any of the enclosed forms, duplicates may be obtained by going to the Clark State home page and choosing the following:

myClarkState>Students>Campus Resources>Health Clinic>Health Services>Services for Health Students and select the appropriate form.

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. These questions are: "Is this person capable of lifting 25 pounds?" and "Is this person free from communicable diseases?" 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 skin test, you will need to get a two-step TB test. To qualify as a two-step TB test, two separate tests must be given and read one to three weeks apart. (For example, one test is given on 6/1/16, read on 6/3/16 and the second test is given on 6/8/16 and read on 6/10/16). We will need copies of the results/readings of each of these two tests.

   If you have never received a two-step TB test, but you receive yearly one-step TB tests, you will need to submit proof of your last two annual tests and your last test must have been done within the past year. (For example, a one-step is given on 6/1/15 and another one-step is given a year later on 6/20/16). We will need copies of each of these tests.

   In addition, it is your responsibility to update your TB requirements yearly. If your TB test expires while you are a health technology student at Clark State, you will need to update your test and submit documentation to the appropriate person.

   - **T-Spot or Quantiferon** negative blood assay will also be accepted as fulfillment of this requirement.
• Chest X-ray - A negative chest x-ray is required only if your TB test comes back as positive. If 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. TB Questionnaires are available through the Clark County Combined Health District or through the Clark State Health Clinic.

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

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 the two immunizations or your lab reports. Your lab report must show your results PLUS the “reference/standard range” for that specific test. Lab reports without the reference range will not be accepted. (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. Your lab report must show your results PLUS the “reference/standard range” for that specific test. Lab reports without the reference range will not be accepted. 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 at age 11 or older. 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 *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. If you choose to have a Hepatitis B titer drawn, results are more accurate if drawn 1 month after the series is completed. Your lab report must show your results **PLUS** the “reference/standard range” for that specific test. Lab reports without the reference range will not be accepted.

7. **In"flu"enza Vaccine**- Students must submit proof of a current flu shot (dated after August 1 but before October 31, for those students beginning the nursing program in the fall semester). The Health Department offers flu shots on campus each fall, but you may receive it from any provider. You will need to update your flu shot yearly while in a health technology program and submit documentation to the appropriate person.

8. **Health Insurance**- Most health technology 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.

Keep proof of all of the above requirements for your own records, as future employers will need this information, too. Your records will remain on file with the college for 10 years after you graduate.

(Revised 3/16)
“TOP 13” MOST COMMON MISTAKES STUDENTS MAKE WHEN TRYING TO FULFILL THEIR CLINICAL HEALTH REQUIREMENTS

Students...

#13. ...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 deadline 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.

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

#11. ...turn this responsibility over to someone or something else. Do not totally trust past employers, current employers, doctors, and postal mail or fax machines to deliver your papers to the college. This is your responsibility!

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

#9. ...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.

#8. ...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.

#7. ...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. Titors 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.
#6. ...hand in a lab report with their titer results, but the paper does not have the lab’s “reference/standard range” listed as well as your results. Without this range to refer to, it is not possible to know if your results are positive or negative. Lab reports without the reference range will not be accepted.

#5. ...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 or proof of immunization(s).

#4. ...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.

#3. ...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. These are: “Is this person capable of lifting 25 pounds?” and “Is this person free from communicable diseases?”

#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 their health technology program. You will be required to keep your TB, Flu Shot and Health Insurance current, at all times.

(Revised 3/16)
# Clark County Healthcare Providers (Revised 4/15)

## Healthcare Providers

<table>
<thead>
<tr>
<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 SRHC Imaging Center</td>
<td>MMR Vaccine</td>
<td>Varicella Vaccine, series of two</td>
<td>Td or Tdap</td>
<td>series of three</td>
</tr>
<tr>
<td>Community Mercy Occupational Health &amp; Medicine</td>
<td>$42</td>
<td><em>Yes</em></td>
<td>No</td>
<td><em>MMR Vaccine</em></td>
<td><em>Varicella Titer only, vaccine not available</em></td>
<td><em>Yes</em></td>
<td><em>Yes</em></td>
</tr>
<tr>
<td>Springfield Regional Medical Center, Imaging Center</td>
<td>No</td>
<td>No</td>
<td>Free with order from CCHD. X-rays are read on Thurs. only, so plan accordingly.</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Compunet Clinical Laboratories</td>
<td>No</td>
<td>T-Spots (in lieu of skin test)</td>
<td>No</td>
<td>Rubella, Mumps and Rubella Titors</td>
<td>Varicella Titer</td>
<td>No</td>
<td>Hepatitis B Titer</td>
</tr>
</tbody>
</table>

*(See back for listing of other county health departments.)*

*Vaccines & Titors available from this provider, only if your physical is performed by them, as well.*
### HEALTHCARE PROVIDERS

- **PHYSICALS**
  - In addition, physicals are performed at most Urgent Care Centers on a walk-in basis, but anticipate a higher fee.

- **TB TEST**
  - 2-step TB test or two 1-step given a year apart

- **CHEST X-RAY**
  - Only if TB skin test is positive

- **MMR**
  - 2 MMR vaccines or + Rubella, Rubeola & Mumps Titers (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

- **INFLUENZA VACCINE**
  - If required by your program (dated after Aug. 1st, due by Oct. 31st, also available at most pharmacies)

<table>
<thead>
<tr>
<th>Healthcare 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 State Community College Health Clinic, ASC Room 210 570 East Leffel Ln. Springfield, OH 937-328-6042</td>
<td>No</td>
<td>1 or 2 step</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

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

Page 2 of 2
Student Name: ___________________________  DOB: __________________

Please have the following completed and return to the Clinical Records Specialist by July 31, 2016.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>DATE</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculin Mantoux Skin Test (1st step)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2nd step)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Tetanus-Diphtheria Booster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR Immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Titer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella Immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Titer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B series</td>
<td></td>
<td>waiver</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>initials</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Influenza Vaccine

General Medical Condition:
Healthy and no known communicable diseases (if not able to mark, please explain below)

Physician signature: ____________________________________________

Name (printed) & address: ________________________________________
Personal Medical History

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

□ Miss □ Mr. □ Mrs.

Last                First               Middle               Maiden

Date of birth         Height         Weight         SSN #

Local address

Street address           City         State           Zip           Phone number

Parent, guardian, or nearest relative

Name                   Relationship (  )

Street address         City         State           Zip           Phone number

Person to notify in case of emergency

Name                   Home Phone Number (  )

Street address         City         State           Zip           Work Phone number

Family physician

Name                   Street address           Phone number

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)

<table>
<thead>
<tr>
<th>Have YOU ever had any of the following?</th>
<th>Please circle yes or no next to each.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Allergies</td>
<td>YES</td>
</tr>
<tr>
<td>Allergy to Wasp/Bee Stings</td>
<td>YES</td>
</tr>
<tr>
<td>Head Injuries / Concussions</td>
<td>YES</td>
</tr>
<tr>
<td>Seizures</td>
<td>YES</td>
</tr>
<tr>
<td>Recurrent Headaches</td>
<td>YES</td>
</tr>
<tr>
<td>Dizziness</td>
<td>YES</td>
</tr>
<tr>
<td>Weakness / Paralysis / Disability</td>
<td>YES</td>
</tr>
<tr>
<td>Insomnia / Sleep Disorder</td>
<td>YES</td>
</tr>
<tr>
<td>Depression</td>
<td>YES</td>
</tr>
<tr>
<td>Panic Attacks / Anxiety</td>
<td>YES</td>
</tr>
<tr>
<td>Emotional Problems</td>
<td>YES</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>YES</td>
</tr>
<tr>
<td>Recent Weight Change</td>
<td>YES</td>
</tr>
<tr>
<td>ADD / ADHD</td>
<td>YES</td>
</tr>
<tr>
<td>Cigarettes: # packs/day, # of years</td>
<td>YES</td>
</tr>
<tr>
<td>Alcohol / Substance Abuse</td>
<td>YES</td>
</tr>
<tr>
<td>Dental Problems</td>
<td>YES</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
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 ____________________________________________________
CLARK STATE COMMUNITY COLLEGE

RECORDS RELEASE FORM

I give the Clark State Community College Clinical Records Specialist, or their designate, permission to release my medical records, which may include results of potential drug screening(s), to any health technology instructor(s) or staff, to my assigned clinical site(s), or to myself.

__________________________________________
Student’s Name (printed)

__________________________________________
Student’s Signature

__________________________________________
Date

Created 12/13, Rev 3/15, 3/16
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 ID#: ______________________________________________

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
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.

### Who should not get hepatitis B vaccine?

- Anyone with a life-threatening allergy to yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your doctor if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.
- Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your doctor can give you more information about these precautions.

Note: You might be asked to wait 28 days before donating blood after getting hepatitis B vaccine. This is because the screening test could mistake vaccine in the bloodstream (which is not infectious) for hepatitis B infection.

### What are the risks from hepatitis B vaccine?

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The vaccine contains non-infectious material, and cannot cause hepatitis B infection.

Some mild problems have been reported:
- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

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.

### 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 website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

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

### 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.

### 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 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
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.

6/2012
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 three months of the student’s entry into the first clinical course in the program. 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. 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. Some clinical agencies require a criminal background check every year for students enrolled in programs with clinical experiences that span more than one year.

Attached is the list of offenses that will or might disqualify a student from participating in clinical courses.
<table>
<thead>
<tr>
<th>Tier I Permanent Exclusion</th>
<th>Tier II 10 Year Exclusion (from the date the individual is fully discharged from all imprisonment, probation, or parole)</th>
</tr>
</thead>
<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>Carrying concealed weapons</td>
</tr>
<tr>
<td>Pandering Obscenity</td>
<td>Illegal conveyance or possession of a deadly weapon or dangerous ordinance in a school safety zone.</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 ordinance 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 terrorist 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></td>
<td>Participating in a criminal gang</td>
</tr>
<tr>
<td>ALSO, if related to an offense listed above</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>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>Placing harmful or hazardous objects in food or confection</td>
</tr>
<tr>
<td>ALSO, 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>
<tr>
<td>Tier III</td>
<td>Seven Year Exclusion (from the date the individual is fully discharged from all imprisonment, probation, or parole)</td>
</tr>
<tr>
<td>----------</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>NOTE:</strong></td>
<td>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>
</tr>
<tr>
<td>Cruelty to animals</td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>Disrupting public services</td>
<td></td>
</tr>
<tr>
<td>Robbery</td>
<td></td>
</tr>
<tr>
<td>Burglary</td>
<td></td>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>Funding drug trafficking</td>
<td></td>
</tr>
<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>
<tr>
<td>Tier IV</td>
<td>Five Year Exclusion Period (from the date the individual is fully discharged from all imprisonment, probation, or parole)</td>
</tr>
<tr>
<td><strong>NOTE:</strong></td>
<td>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>
<td></td>
</tr>
<tr>
<td>Menacing</td>
<td></td>
</tr>
<tr>
<td>Public Indecency</td>
<td></td>
</tr>
<tr>
<td>Soliciting, engaging in solicitation after an HIV test</td>
<td></td>
</tr>
<tr>
<td>Prostitution</td>
<td></td>
</tr>
<tr>
<td>Deception to obtain harmful matter to juveniles</td>
<td></td>
</tr>
<tr>
<td>Breaking and Entering</td>
<td></td>
</tr>
<tr>
<td>Theft</td>
<td></td>
</tr>
<tr>
<td>Unauthorized use of a motor vehicle</td>
<td></td>
</tr>
<tr>
<td>Unauthorized use of a computer, cable or telecommunication property</td>
<td></td>
</tr>
<tr>
<td>Telecommunications fraud</td>
<td></td>
</tr>
<tr>
<td>Passing Bad Checks</td>
<td></td>
</tr>
<tr>
<td>Misuse of credit cards</td>
<td></td>
</tr>
<tr>
<td>Forgery, forging identification cards</td>
<td></td>
</tr>
<tr>
<td>Criminal simulation</td>
<td></td>
</tr>
<tr>
<td>Defrauding a rental agency or hostelry</td>
<td></td>
</tr>
<tr>
<td>Tempering with records</td>
<td></td>
</tr>
<tr>
<td>Securing Writings by deception</td>
<td></td>
</tr>
<tr>
<td>Personating an officer</td>
<td></td>
</tr>
<tr>
<td>Unlawful display of law enforcement emblem</td>
<td></td>
</tr>
<tr>
<td>Defrauding creditors</td>
<td></td>
</tr>
<tr>
<td>Receiving stolen property</td>
<td></td>
</tr>
<tr>
<td>Unlawful abortion</td>
<td></td>
</tr>
<tr>
<td>Unlawful abortion upon a minor</td>
<td></td>
</tr>
<tr>
<td>Unlawful distribution of an abortion inducing drug</td>
<td></td>
</tr>
<tr>
<td>Interference with custody</td>
<td></td>
</tr>
<tr>
<td>Contributing to the unruliness or delinquency of a child</td>
<td></td>
</tr>
<tr>
<td>Tampering with evidence</td>
<td></td>
</tr>
<tr>
<td>Compounding a crime</td>
<td></td>
</tr>
<tr>
<td>Disclosure of confidential information</td>
<td></td>
</tr>
<tr>
<td>Obstructing Justice</td>
<td></td>
</tr>
<tr>
<td>Assaulting or harassing a police dog, horse or service animal</td>
<td></td>
</tr>
<tr>
<td>Impersonation of a peace officer</td>
<td></td>
</tr>
<tr>
<td>Illegal administration, dispensing, manufacture, possession, selling, or using any dangerous veterinary drug</td>
<td></td>
</tr>
<tr>
<td>Drug Possession, unless a minor drug possession offense</td>
<td></td>
</tr>
<tr>
<td>Permitting drug abuse</td>
<td></td>
</tr>
<tr>
<td>Deception to obtain a dangerous drug</td>
<td></td>
</tr>
<tr>
<td>Illegal processing of a drug document</td>
<td></td>
</tr>
<tr>
<td>Illegal dispensing of drug samples</td>
<td></td>
</tr>
<tr>
<td>Unlawful purchase, underage purchase, improper purchase, using false information to purchase a pseudoephedrine product</td>
<td></td>
</tr>
<tr>
<td>Unlawfully selling, improper sale of a pseudoephedrine product</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>

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, 08/15
Clark State Community College
Health, Human, and Public Services (HHPS)
Drug Screen Policy

Education of health profession students at Clark State Community College requires collaboration between the college and clinical agencies in order to provide quality clinical experiences. Some clinical affiliation agreements require drug screen testing of students prior to starting clinical experiences in their facilities. Additionally, the college shares an obligation with the clinical agency to provide safe patient care and to protect, to the extent reasonably possible, against unsafe care due to a student who is under the influence of illegal drugs or alcohol while in the clinical setting.

“Drug test” or “test” means any chemical, biological, or physical instrumental analysis, for the purpose of determining the presence or absence of alcohol, drugs or its metabolites, as well as for substitution, adulteration, or dilution of the sample. Tests are based on urine or breath samples and are conducted by qualified personal.

Students enrolled in Health, Human, and Public Services Division (HHPS) programs at Clark State Community College must abide by the division’s drug screen policy and will be informed of the drug screen policy prior to or upon acceptance/enrollment in their first clinical course. Student are subject to drug screening as follows:

- As a pre-clinical screening to fulfill contractual obligations with certain clinical agencies.
- For reasonable suspicion testing if the student exhibits behaviors indicative of substance abuse anytime while participating in clinical learning experiences.

I. PRE-CLINICAL SCREENING
1. Students assigned to certain clinical agencies will be required to complete a drug screen prior to the first clinical assignment as specified by the agency in order to meet contractual agreements.
2. Prior to starting this clinical assignment, course faculty will notify students of when and where to report for their drug screen. Instructions for completion of the test will also be provided.
3. The drug screen fee is the responsibility of the student.
4. The drug screen testing facility’s policies and procedures related to drug screen testing must be followed. These policies and procedures are outlined on the individual testing facility handout.
5. Any student who has a positive test result or fails to appropriately complete a drug screen by the specified deadline will not be permitted to continue in the course and program. The student will be notified of his/her inability to continue in the course and program by the Program Director/Coordinator.

II. REASONABLE SUSPICION SCREENING
1. Students may also be required to submit to reasonable suspicion testing while participating in clinical experiences. Reasonable suspicion is defined as but not limited to the following behaviors:
   a. Observable phenomena, such as direct observation of drug use and/or the physical symptoms or manifestations of being under the influence of a drug; such as, but not limited to, unusual, slurred speech; noticeable change in appearance and hygiene; impaired physical coordination; inappropriate comments, behaviors or responses; trembling hands; persistent diarrhea; flushed face; red eyes; unsteady gait; declining health; irritability; mood swings; isolation; decreased alertness; and/or pupillary changes.
   b. Abnormal conduct or erratic behavior on the clinical unit, absenteeism, tardiness or deterioration in performance;
   c. Evidence of tampering with a drug test;
   d. Information that the individual has caused or contributed to an incident in the clinical agency;
e. Evidence of involvement in the use, possession, sale, solicitation or transfer of illegal drugs while enrolled in the health program; or
f. Odor of alcohol

2. If a faculty member or clinical agency staff member observes such behavior, the faculty member must dismiss the student from the educational or clinical setting immediately and contact the Director/Coordinator of the program or Dean of HHPS who will determine if there is reasonable suspicion to screen the student. If the Director/Coordinator of the program and Dean of HHPS are unavailable the faculty member will contact the Vice President for Academic Affairs who will determine if there is reasonable suspicion to screen the student.
   a. If the decision is made to screen the student the Director/Coordinator of the program, Dean of HHPS, or Vice President for Academic Affairs will direct the faculty member to make arrangements to have the screening performed immediately. The student will be responsible for obtaining transportation to the designated lab or designated Emergency Department for screening. The student will not be allowed to drive to the designated lab/Emergency Department. A student’s failure to consent to the screening will result in immediate dismissal from the health program. Reasonable suspicion testing includes a witnessed urine drug test and/or breath alcohol testing.
   b. Results of the drug/alcohol screen will be sent to Dean of Health, Human, and Public Services
   c. Students will be informed of the drug/alcohol screening results by the Director/Coordinator of the student’s program.
   d. The drug screen fee will be the responsibility of the college.

III. CONSEQUENCES FOR A CONFIRMED POSITIVE DRUG TEST, REFUSAL TO BE TESTED OR DILUTE SPECIMENS CONSIDERED POSITIVE.
1. Definition of a positive test: A positive drug test is defined as “The presence in the test sample of illegal drugs and/or metabolites, or of prescriptions drugs and metabolites for which the student does not have a current prescription at levels exceeding current testing guidelines. A dilute specimen that is positive for drugs is considered to be a positive specimen for those drugs detected. A breath alcohol test result of 0.04 or greater alcohol concentration is considered a positive test.
2. Failure to complete drug screening, a report of 2 dilute specimens, or confirmation of a positive result will result in immediate dismissal from the program and a grade of “F” will be reported for the currently enrolled clinical course(s).
3. If a student holds a LPN license and has engaged in a clinical experience while impaired (a positive drug screen) the Director of the RN program will make a report to the Ohio Board of Nursing as required by Chapter 4723 of the OAC.
4. A dismissed student may petition for readmission to the program (if academically eligible) after successful completion of a substance abuse treatment program which is either certified by the appropriate state agency or is accredited by the “The Joint Commission”. Documentation of successful completion must be sent directly to the Dean by the substance abuse program. Results of a drug screen completed one month prior to the petition for readmission must also be received by the Dean from one of the HHPS approved testing facilities.
5. A readmission decision will be made based on a review of the student’s readmission petition, documentation of successful completion of an approved substance abuse treatment program, and drug screen results by a panel comprised of the Dean of HHPS, Dean of Student Support Services, and Director/Coordinator of the health program into which the student in requesting readmission. To be granted readmission to a health program the student must agree to random drug/alcohol testing while enrolled in the health program.

IV. CONFIDENTIALITY
The Dean of HHPS will receive all test results. Confidentiality of the test results will be maintained with only the Dean, Director/Coordinator of the student’s program, and Administrative Assistant to
the Dean of HHPS having access to the results with the exception of legal actions which require access to test results. Results of negative drug screens will also be provided to clinical agencies upon their request for the purpose of clinical placement.

V. CONSENT
Each health program student is required to sign a statement indicating that he or she has received a copy of the College’s drug testing policy and is aware that compliance with it is required for entrance and progression in a Clark State health program.

08/2015
Clark State Community College
Health, Human, and Public Services
Drug and Alcohol Pre Clinical Screen Requirements
Community Mercy Health Partners (CMHP) Clinical Agencies

Students in Clark State’s Registered Nursing, Practical Nursing, Emergency Medical Services (EMS)/Paramedic, Physical Therapist Assistant, Medical Laboratory Technology, and Phlebotomy programs who are assigned to clinical learning experiences at Community Mercy Health Partners (CMHP) facilities are required to obtain a drug and alcohol urine screen within the 120 days prior to their first clinical assignment at a CMHP facility every 365 days.

Students must obtain their drug screen from the Community Mercy Occupational Health & Medicine facility in Springfield or Urbana during a designated time frame. Faculty will notify students of the time frame during which the student’s drug screen must be completed. **Students must obtain the screen within the designated time frame at the designated location(s).** The drug screen testing facility’s policies and procedures related to drug screen testing must be followed. These policies include:

- Drug screen testing does not require an appointment.
- It is recommended that you arrive for testing a minimum of three hours before the facility closes for the day. That will provide time for submitting a second urine specimen if the first is not acceptable. If a second urine specimen is needed it must be submitted in the same visit to the lab.
- When arriving at the facility, students must provide a picture ID for identification and indicate they are a “Clark State Community College health program student who are there to obtain pre-clinical drug screening for a CMHP facility clinical assignment”. It is essential that you identify yourselves in the above manner to ensure that your tests results are sent to Clark State.
- The student’s name will be checked against the “Clark State Health Programs Clinical Students List” that was provided by Clark State’s Health, Human, and Public Services Division Office.
- Students will be asked to provide their social security numbers, which are required to appropriately process and report the results of the drug screening.
- If the urine is cold or dilute, the student will be required to submit another specimen. This specimen is required to be an observed submission. The student must provide a second specimen within three hours and is not permitted to leave the building prior to providing the second specimen.
- If students refuse or are unable to provide a required second specimen, then the drug screen results are reported as positive.
- The cost of the drug screen is $50.00 and must be paid at the time of the screen. **Payment must be made at the time of the screening and can be made with cash, personal or cashier’s check, or debit/credit card.**
- If a second specimen is required, an additional $50.00 fee must be paid.
- All positive screens are subject to confirmatory testing and review by the Medical Review Officer prior to being reported.

Pre-clinical negative drug screen results are reported in a confidential manner to the Office of the Dean of health, Human, and Public Services (HHPS). Positive results are reported to the Dean of HHPS and/or Director of the RN Program and only shared with the coordinator/director of the student’s program.

If the screen results are positive, the student will be dismissed from the program and a grade of “F” will be reported for the currently enrolled clinical course(s). A dismissed student may petition for
readmission to the program (if academically eligible) after successful completion of a substance abuse treatment program and negative drug screen in accordance with Clark State’s Health, Human, and Public Services Drug Screen Policy and the program’s Reinstatement Policy.

08/2015
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 at Clark State or another college

  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 from Clark State or another college

  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, 09/2015
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
All Student Uniforms are now available through THE MacRay CO., LLC

100 West North Street   Springfield OH 45504
Monday - Friday 8:30 am- 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!

phone: 937.325.1726
fax: 937.325.1949
macraycompany.com

10% off ALL HEALTH UNIFORMS WITH CLARK STATE I.D.
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
Clark State Community College — Springfield Regional School of Nursing (CSCC-SRSN)
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
- A plain white long sleeve top (turtle, mock turtle, or crew neck) may be worn under the uniform
  top
- 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
- **Use of tobacco, 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 water proof ball point 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 feel 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

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 Macrays.
   - 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 or black socks for either men or women

5. All white or black 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.


IV. EACH STUDENT MUST COMPLETE THE HEALTH REQUIREMENTS. DETAILED INFORMATION IS PROVIDED INSIDE YOUR PACKET.
Pre-requisites for entry into NUR 1130

Students must have the following completed in order to enter the RN program.

1. Documentation of the following must be submitted to Clinical Records Specialist in ASC 133 by July 31, 2016 or by email to clinicalrequirements@clarkstate.edu. 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)
   - Health requirements as detailed in these materials

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

BIO 2121 Anatomy & Physiology I
NUR 1110 Dosage Calculations
PSY 1111 Psychology I
RN DAY AND EVENING BOOK LIST FALL 2016

1. NUR 1130 Learning Module (available online in RN Community Group)


5. Prioritization, Delegation, and Assignment, by LaCharity, Kumagai, and Bartz, 3rd edition (ISBN 9780323113434)


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

