COLLEGE of NURSING

EAST TENNESSEE STATE UNIVERSITY

The next step in your acceptance process is the submission of your **Clinical Healthcare Requirements**.

- **This packet contains the Clinical Healthcare Requirements (CHRs) for each nursing program offered at ETSU. Submitting these CHRs is not optional.**
  - All students must complete the CHRs for their program per ETSU College of Nursing (CON) Policy and to comply with CCNE Accreditation Standards. **The *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (Amended 2018)* and the clinical practice experience requirements therein are <u>applicable to all programs that are CCNE-accredited regardless of the mode of educational delivery</u>.** This means whether your nursing courses are all online, partially online, or completely in-person, you have to complete and submit the CHRs listed in this packet.
  - Students are also required to complete agency CHRs for the fulfillment of clinical contracts, as well as, for the protection of students and those they assist and/or work with during their clinical placements. Clinical requirements are enforced by clinical affiliates, Occupational Safety and Health Administration (OSHA), and Center for Disease Control (CDC) regulations. Clinical requirements may be added or changed based on current information regarding communicable diseases and/or revisions/additions of new healthcare agency requirements. Students will be notified by email regarding any new requirement(s) and the deadline(s) to submit the requirement(s).
- **CHRs are more extensive than the requirements for enrollment at ETSU.** The CON does not have access to your immunization records submitted to the University Health Center or to any documentation you sent to ETSU Records or Admissions. Also, the CON may require information in addition to the CHRs listed in this packet. Some students may have to undergo and pay for a more extensive state and national background check based on the requirements of a clinical agency. Plus, any student enrolled in a CON course or program may be asked to present evidence of physical or mental health at any time during the nursing program, and program continuance may be contingent upon this evidence.

➢ **You have to submit all of the required information for a CHR as instructed in this packet for the CHR to be accepted.** Correct submission of your CHRs is the first step in obtaining your clinical placement slot. **Reading the CHR packet and following the instructions to submit your CHR documents correctly by the submission deadline is your responsibility.** Please do not ask anyone questions about submitting your CHRs other than the two CHR Reviewers listed on page 2 of this packet. Changes occur every semester to the CHR packet and others will not be aware of these changes.

➢ Once all of your CHRS have been submitted, approved and your Project Concert Record updated, **the Clinical Placement Coordinator for your program will submit your required information into the Clinical Placement System**. A request for approval is then made to the Clinical Agency for you to be placed at one of their clinical sites. Once approval is received from the Clinical Agency, you will then be placed in a clinical slot. **This Clinical Placement Process takes several weeks to complete and cannot begin until <u>all</u> of your CHRs have been submitted, reviewed and approved.**

❖ **You will submit your CHRs to the CON Office of Student Services (OSS) through the Project Concert website only.** Instructions for Project Concert start on page 34 of this packet. (Graduate Students – If you were a BSN student at ETSU, your undergraduate information will transfer to your graduate record, but all CHRs have to be updated to include having a new background check and drug screen.)

❖ **When you submit a CHR to your Project Concert CHR Documents tab, the CHR Reviewer is notified the <u>following business day</u>.** The CHR will typically be reviewed within two business days, and if accepted, the Effective Date, and Expiration Date, will manually be entered into your Project Concert Record. If the CHR is not accepted, a Note will be entered in the Details column explaining why.

❖ **CHRs are only reviewed on business days when ETSU Administrative Offices are open.** CHRs are <u>not</u> reviewed on weekends, holidays, or over winter break. Thousands of CHRs are submitted at the beginning of fall and spring semesters by both new and returning students and are reviewed in the order received. **If you choose to wait until right before the semester starts to submit your CHRs, your Project Concert Record will more than likely not be updated for a month or so.** This will not affect you being able to start classes in your first semester, but you could be stopped from going to clinicals in later semesters. **DO NOT PROCRASTINATE!**

- **Your CHRs have to be kept current throughout your enrollment in the CON.** Even if you are not enrolled in a clinical course during a semester, your CHRs still have to be kept updated. The current CHR packet is always located on the ETSU CON website under "Undergraduate Resources/Clinical Health Requirements" for future reference.
- After the review process has been completed and information regarding your CHRs has been entered into your Project Concert Record, **you need to confirm the Status for every CHR listed in your "Clinical Requirements Data & Forms" tab. You alone have the final responsibility to make sure that all information entered into your Project Concert Record for your CHRs is correct and up-to-date.** You also need to review your Project Concert Record throughout the semester and during breaks to see which CHRs are expiring so that your record is always current.
- For CHRs that expire, **Project Concert will start sending you automated reminder emails two months before the expiration date letting you know the CHR is expiring and what you need to do to update the CHR**. The only CHR that cannot be updated early is the HIPAA training. All other CHRs can be updated as soon as you start receiving the automated reminder emails.
- **CHR Reviewers** – For any questions or issues regarding **BSN CHRs**, please email Ms. Susan Diddle at diddles@etsu.edu. For any questions or issues regarding **Graduate CHRs**, please email Ms. Jenna Marcum at marcumje@etsu.edu. Please do not send "update" emails to your CHR Reviewer before the semester starts. The Reviewer's time has to be spent reviewing CHR documents and updating records. "Just letting you know" emails will not receive a reply.
- **Submit CHR documents one time only** – Do not keep submitting the same document because you think the review is taking too long or that the document has not been seen. The CHR Reviewer will see your document in your Documents tab and will update your record in the order received. If your record has not been updated after 10 business days from submission, then please email the CHR Reviewer listed above responsible for your CHRs. Emails received before 10 business days will not receive a reply.

➔ The **submission deadline** for your CHRs is no later than **4:30 pm on Monday, August 15, 2022** which is one week before classes start.

- Collecting and submitting the documentation for your CHRs may take several weeks so **you need to begin this process now**.
- When you have completed a CHR, go ahead and submit the document to your Project Concert CHR Documents tab.
- **Do NOT wait until you have all of your CHRs completed to submit all of your documentation at one time.**

Project Concert Instructions

- The CHRs you are required to submit are listed in four sections of this Packet: 1) Forms; 2) Medical; 3) Purchase; and 4) Training. **Your program and cohort determine which CHRs you submit. Pay attention to the * as you follow the CHR instructions and only submit the requirements for your program and cohort.** If you are unsure if you need to submit a CHR, look at your "Clinical Requirements Data & Forms" tab to see which CHRs are listed on the left side. If a CHR is listed, then you have to submit that requirement.
- **Title your CHR document with key words for the name of the CHR you are submitting.** Do not enter any comments such as "This is my immunization record" or "Student Name's Physical".
- **CHRs need to be submitted as PDF files. Do not submit documents that are .heic or .mht files** because **.heic or .mht file types cannot be opened and viewed**. IPhone users can use their "Notes" to scan pages into a PDF, and Android users can use Google Drive. There are also apps you can download that will scan documents into PDFs.
- **Do not submit website screen shots or website .html links for documents because links do not work.** You have to submit the actual document.
- **Submit all pages of a document together as one PDF.** Do not submit each page separately.
- **Submit your CHR documents under the "CHR Documents" tab** and NOT under the "Portfolio" tab or in the "Experience" section. Instructions will be provided by other individuals when you need to submit documents to these different sections of Project Concert. **When you receive instructions to submit facility documents to the Experience section, do NOT submit those same documents to your CHR Documents tab.**
- **Medical Documents must have the student's name and the facility name and address.**

- **Titer reports must have the student's name, the processing lab's information, a numerical result, and a reference range.**
- **Submit your immunization/health record ONE time. Do NOT submit the same immunization record multiple times for each vaccine.** Also, do not submit every document you have for a required vaccine. You only have to show you have received the vaccine or you have had a positive titer – not both.
- **Use the forms in this packet to submit required CHR information.** Take the appropriate form to appointments and check the form before you leave the facility to make sure all the required information has been entered and that there are no blank lines.

Section 1 – Forms

Depending on your program and cohort, there **will be up to eight signature forms** that you will need to read, complete, sign and date as indicated. Submit your completed forms as ONE PDF document titled Signature Forms to Acknowledgement, Release and Signature Forms under Type.

1. **Acknowledgment of Requirements for Clinical and Professional Experiences** – Form is on page 13. Make sure you initial the form.
2. **Acknowledgement of Understanding Nursing Skills Practice Supplies** – ***NOT RN to BSN, Graduate or PhD**
   Form is on page 14.
3. **Attestation of Healthcare Insurance** – ***NOT Graduate or PhD**
   Form is on page 15. **Do not submit your health insurance card – just this form**.
4. **Audio/Visual Image Release Form** – Form is on page 16.
5. **Consent to Release Confidential Information Form** – Form is on page 17.
6. **Release of Liability Form** – Form is on page 18.
7. **Student Signature Form** – Form is on page 19. **This form contains statements that require reading of additional documents before you sign the form.**
8. **Workforce Confidentiality Agreement** – The Agreement is on page 20. Form is on page 21. You do not have to submit the agreement from page 20.

- **N95 Sizing Doc (fit test) Form** – If required by your clinical agency, you will be fit tested, after the semester starts, during your clinical lab time. You will be given a form with the results of your fit test that you will submit to N95 Fitting Document under Type. If you have already had a fit test at another facility, you may submit that document for this requirement. The "Missing" Status will be updated after you submit your document.
- **Facility Approval, Facility Paperwork or TCPS Orientation** – ***ONLY Sevierville and LPN to BSN Students (Not LPN to BSN Johnson City Cohort)** – Depending on your Program, Ms. Mandra Hicks will email you during your first or second semester, once your clinical placement is decided, to provide you with further information and instructions for these three entries. Please do not email Ms. Hicks asking for updates or information regarding your clinical placement. You have to wait for her email. The "Missing" Status will be updated by Ms. Hicks after you complete your facility documents and orientation requirements.

Section 2 – Medical

You are required to submit proof of receiving **A) immunizations**, **B)** having a **physical** completed with **vision and hearing screenings**, and **C)** completing an **Initial TB Screening**.

A. Immunizations

There are **six immunizations** you have to show proof of receiving.

1. **COVID Vaccine** – Submit your COVID vaccine card showing the name of the vaccine you received, the date you received the vaccine and the name of the facility where you received the vaccine.

   COVID-19 Vaccination Statement
   The College of Nursing supports recommendations from the Centers for Disease Control regarding COVID-19 vaccination (CDC, 2021). Nursing students are strongly encouraged to seek accurate, up-to-date, scientific evidence

through the CDC website regarding available vaccines and other information. Although ETSU does not, at this time, mandate COVID-19 vaccination, many of our clinical partners across the state do mandate the COVID-19 vaccine prior to the beginning of clinical rotations. The National Council for State Boards of Nursing (NCSBN, 2021) is the regulatory agency for nursing. Students should be aware that:

a. Many clinical facilities now mandate the COVID-19 vaccine prior to clinical placement;

b. Nursing education programs, including ETSU, are mandated by boards of nursing and accreditors to provide clinical experiences;

c. Nursing education programs, including ETSU, are not obligated to provide substitute or alternate clinical experiences based on students' requests or vaccine preferences;

d. Clinical facilities have the authority to mandate vaccinations for students, including the COVID-19 vaccine;

e. Boards of nursing have no obligation to waive current rules or regulations about clinical experiences for unvaccinated students;

f. Students can refuse vaccines. If a student refuses a mandated vaccine and is not entitled to a reasonable accommodation under the disability laws or for a sincerely held religious belief then, progression in the nursing program may be impacted and may include a) disenrollment from the program or b) failure to graduate due to inability to fulfill clinical requirements;

g. Exemptions from vaccination requirements are decided on a case-by-case basis and are at the discretion of the clinical agency, ***not*** ETSU or the College of Nursing. Information about exemptions starts on page 6.

Centers for Disease Control. (2021). Retrieved https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html
National Council for State Boards of Nursing. (2021). Policy brief: Clinical experiences for unvaccinated students. Retrieved https://www.ncsbn.org/COVID19VaccineAdministrationPolicyBrief.pdf

2. Flu (Influenza) Vaccine

a. Flu Season is October 1 to May 31.

b. The flu vaccine is a seasonal vaccine, not a calendar year vaccine. Depending on when you start your program, you may receive two flu vaccines within one calendar year.

c. **Students starting or already enrolled in a nursing program in fall semester** have to have the flu vaccine for the upcoming flu season. The **vaccine has to be received and the required documentation submitted to the Project Concert CHR Documents tab no earlier than October 1st and no later than October 31st** every fall.

d. **Students starting a nursing program in spring semester** have to have the flu vaccine for the current flu season. The vaccine has to be received and the required documentation submitted to the Project Concert CHR Documents tab by the CHR submission deadline. Students will then receive the flu vaccine in October for the upcoming flu season as explained in 2.c. above.

e. **Students starting a nursing program in summer semester** do not have to submit flu shot documentation until October as explained in 2.c. above. The "Missing" Status for the Flu Vaccine in your Project Concert Record will be updated in October and will not affect you being able to start classes in the summer.

f. The vaccine administered date, vaccine lot number, lot expiration date, and the healthcare agency/facility name where the vaccine was administered must be included on the proof of vaccination. Form is on page 22.

g. Do NOT submit pharmacy receipts as proof of receiving the flu vaccine. The information required by clinical agencies is not listed on pharmacy receipts. You will need to use the form provided in the CHR packet on page 22.

h. Some healthcare agencies may require the flu vaccine be administered prior to October. Students attending clinicals at those healthcare agency facilities are required to comply with the healthcare agency's policies regarding flu vaccine administration.

3. Hepatitis B Vaccines – These are usually administered at a very young age so check your immunization records.

Any student enrolled in a higher education institution who is a health science student and is expected to have patient contact has to present proof of protection against Hepatitis B ***before*** patient contact begins.

Proof of protection is defined as:

a. A completed Hepatitis B vaccination series – Submit proof of the dates you received the two-dose Heplisav-B series or proof of the dates you received the three-dose Engerix-B or Recombivax HB series. These are usually administered at a very young age so check your immunization records.

or

b. Submit laboratory evidence of immunity via a Hep B Surface Antibody titer (HbsAb). This is the only Hep B Titer that will be accepted.

- If you know you had the Hep B vaccines as a child, but cannot find proof of the dates, then you will need to get a HbsAb titer ASAP.
- If you submit a Hep B Surface Antibody titer (HbsAb) that shows you do not have immunity to Hep B, **then the Hep B vaccine series will have to be completed before you can attend clinical**.

- If you need to get the Hep B vaccines, you will need to start the two-dose series immediately. The two-dose series takes four weeks to complete; the three-dose series takes six months to complete.
- If you need the Hep B Vaccines, and you start the three-dose series, you will not be able to go to clinical, and you will have to withdraw from your lecture and clinical courses.
- If you have to have the Hep B vaccines, make sure to confirm BEFORE you receive the first dose of the Hep B vaccine that the series is the two-dose series.

4. **MMR (Measles, Mumps, Rubella) Vaccines** – These are usually administered at a young age so check your immunization records.

   Submit one of the following:

   a. Documentation of two doses of MMR vaccine administered at least 30 days apart with the first dose given at 12 months of age or later.

   b. Documentation of two doses each of separate measles, mumps and rubella vaccines given at least 30 days apart with the first doses given at 12 months of age or later. If first doses were separate vaccines, second dose may be MMR combined vaccine.

   c. Documentation of positive serological immunity to measles, mumps and rubella.

   d. If born before 1957, may provide a licensed Health Care Provider documented history of each of the diseases. Self or parent-reported disease history is not acceptable.

   e. Documented allergy to any component of the vaccine.

5. **TDaP (Tetanus, Diphtheria, Acellular Pertussis) Vaccine** – Submit proof of the date you received the TDaP vaccine within the last 10 years.

   To reduce pertussis morbidity among adults and maintain the standard of care for tetanus and diphtheria prevention and to reduce the transmission of pertussis to infants and in healthcare settings, the Advisory Committee on Immunization Practices (CDC, 2022) recommends that Health Care Providers who have direct patient contact should receive a single dose of TDaP as soon as feasible if they have not previously received TDaP. An interval as short as 2 years from the last dose of Td is recommended; however, shorter intervals may be used. Other varieties of tetanus will not be accepted.

   Centers for Disease Control and Prevention. (2022). *Pertussis: Summary of vaccine recommendations*. Retrieved https://www.cdc.gov/vaccines/vpd/pertussis/recs-summary.html

6. **Varicella (Chickenpox) Vaccines** – These are usually administered at a young age so check your immunization records.

   Submit one of the following:

   a. Proof of the dates you received two doses of the Varicella vaccine at least 1 month apart

   b. Positive Varicella antibody titer

   c. **Proof or history of disease will not be accepted.**

<u>Exemptions</u> – Undergraduate and graduate students have to either 1) provide proof of receiving required vaccinations, 2) provide proof of having positive titers, or 3) submit documentation supporting one or more valid exemptions.

a. If you submit an exemption, the exemption must be approved by each clinical agency you attend.

b. Be aware there is no guarantee a clinical agency will approve an exemption and clinical agencies may have differing requirements.

c. Clinical affiliates may refuse clinical rotation access to students who fail to obtain required immunizations or to those with unapproved exemptions which can negatively affect completion of course requirements.

d. In the event of a documented shortage of vaccines, the policy of the clinical agency will be followed.

e. Valid exemptions include medical and/or religious:

<u>Medical Exemption:</u> Physician, health department, or Health Care Provider provides documentation indicating medical exemption from specific vaccinations due to risk of harm stating one of the following as a contraindication for the vaccination: (1) the individual meets the criteria for contraindication set forth in the manufacturer's vaccine package insert; (2) the individual meets the criteria for contraindication published by the U.S. Centers for Disease Control; or (3) in the best professional judgment of the Health Care Provider, based on the individual's medical condition and history, the risk of harm from the vaccine outweighs the potential benefit. Please see page 23, have your Health Care Provider complete the form and then submit the completed form to your Project Concert CHR Documents tab.

<u>Religious Exemption:</u> Complete the form on page 24 and submit to your Project Concert CHR Documents tab.

➔ Student should be aware that medical and religious exemptions may result in the student being prohibited from participation in clinical experiences. All College of Nursing students are required to receive the immunizations specified in the College of Nursing "Clinical Healthcare Requirements" packet unless a medical or religious immunization exemption has been submitted. Additional immunizations not identified in this packet may be required by clinical sites. Students should be aware of the possible risks of not receiving immunizations such as: becoming infected with the disease, death, transmitting vaccine-preventable disease to others, exclusion from school, or house quarantine during an outbreak. Student should visit the website for the Centers for Disease Control and Prevention for more information: https://www.cdc.gov/vaccines/acip/index.html.

B. <u>Physical Examination Form</u>

a. The ETSU CON Physical Examination form, on pages 25 and 26, must be signed by a licensed Health Care Provider (HCP), i.e., a physician, nurse practitioner, or physician assistant.

b. **The hearing test is mandatory**. A whisper test is not acceptable. Students should make sure the hearing test is documented on the ETSU physical form.

c. Before you leave the Health Care Provider's office, check to make sure the form is filled out completely and accurately.

C. <u>Tuberculosis (TB) Screening</u>

1. <u>Initial TB Screening Requirement</u> – After you are accepted to your program, you <u>HAVE to submit the results for one of the following three options</u> to complete your Initial TB Screening Requirement:

Option 1 – A TB Two-Step Screening which is **TWO** PPDs administered within 1-3 weeks of each other and both results read within 48-72 hours. Having one PPD injected and read is NOT a TB Two-Step Screening. Instructions start on page 7 and Form is on page 27.

- If you have ever had a complete TB Two-Step Screening done before, then that screening can be submitted for your Initial TB Screening requirement no matter when the Two-Step Screening was completed. On the form on page 27 you will need to enter the two PPD Administered Dates (must be within 1-3 weeks of each other), both Read Dates (must be read within 48-72 hours after injection), and both measurements. (If you are unable to obtain the Administered and Read signatures, you may leave those lines blank.)

- If the Two-Step Screening was completed over one year ago, then you will also need to submit an Annual TB One-Step Screening, which is one PPD injected and read within 48-72 hours with the measurement listed.

Option 2 – Results for one IGRA blood test completed within the past year – Form is on page 29 and lab results must be included.

Option 3 – Radiology report for a Chest X-Ray specifically screening for TB taken within the past 10 years. If the chest x-ray is over one year old, then you will also need to submit a current TB Screening Questionnaire Symptoms Checklist completed by your Health Care Provider within the past year stating you do not have any TB symptoms. You do not need to have another chest x-ray.

2. **Annual TB Screening Requirement – Starting the second year of your program,** an Annual TB Screening is required to continue participating in patient care in healthcare facilities. You will need to submit the results for either 1) a TB One-Step Screening – Form is on page 28; 2) an IGRA blood test; or 3) a TB Screening Questionnaire Symptoms Checklist completed by your Health Care Provider and, if not previously submitted for your Initial TB Screening, a Radiology report for a Chest X-Ray taken within the past 10 years specifically screening for TB.

Further Information about Acceptable TB Screening Options

Acceptable Screening Options include a Mantoux Tuberculin Skin Test (TST), an Interferon Gamma Release Assay (IGRA) blood test or a Chest X-Ray specifically screening for TB. ***A Tine test is not acceptable***.

a. Mantoux Tuberculin Skin Test (TST) – **Nursing students choosing TST testing must initially have a Two-Step TST, then yearly One-Step screening. Two-Step tuberculin screening requires a second intradermal injection, 1-3 weeks after the first injection.**
   - A positive test usually indicates the person has the tuberculosis bacteria or latent tuberculosis, and will require further testing which includes a chest x-ray to rule out active tuberculosis.
     - Latent tuberculosis cannot be spread to others; but can convert to active disease at any time. Preventive medications are usually recommended to prevent the infection from becoming active and communicable.
   - Students who have had previous two-step testing must submit documentation and should not have a repeat two-step test.
   - Individuals who have had a past positive TST should never have a repeat TST.

b. Interferon Gamma Release Assay (IGRA) - Students born in high incidence countries (according to the World Health Organization), including most countries in Asia, Africa, Central America, South America, Eastern Europe and other countries, or who have received the immunization BCG (Bacille Calmette-Guerin) should preferably have IGRA testing (i.e. Quantiferon Gold or T spot), to avoid a possible false positive result for tuberculosis.
   - Any student may choose to have interferon testing especially if they have had a previous positive TST.

c. Students who have had a chest x-ray for tuberculosis screening should not have another chest x-ray to screen for TB unless symptoms of TB are present. Symptoms of tuberculosis may include cough, chest pain with breathing, chills, unexplained weight loss, fatigue, night sweats or coughing up blood. A yearly review of symptoms and assessment by a Health Care Provider will be required for those with past positive TB screening. A copy of this exam signed by a Health Care Provider will be required yearly instead of other types of tuberculosis screening.

➔ Make sure to coordinate with your Healthcare Provider the timing of receiving vaccines and having your TB Screening done. A TST or IGRA may be given on the same day as all immunizations; however, students receiving only live virus immunizations (e.g. MMR, varicella) must wait four weeks before receiving tuberculin screening. Immunizations may be given any time after TB screening is completed.

Detailed Instructions for Tuberculin Skin Test (TST) Screening

1. **Two-Step Screening – Use ONLY for Initial TB Screening** – You have to have TWO PPDs administered within 1-3 weeks of each other and both have to be read within 48-72 hours and the measurements have to be listed. Form is on page 27.

   A. Step One of Two-Step Screening

   a. An intradermal injection in the forearm with 0.1ml of purified protein derivative (PPD) derivative resulting in a 6 mm bleb is required for accurate screening.

b. Any induration (raised area, not redness) **must be read and measured in millimeters within 48-72 hours**. Results outside this time frame are invalid and the TST must be repeated. The time, date and signature of individual administering the test and interpreting the results, must be also be recorded. **Acceptable results are measured in millimeters with a negative test recorded as 0 mm**. Tuberculosis screening results will not be accepted if not recorded correctly. The student will need to be rescreened. Documented results of negative or positive are unacceptable. Results must be interpreted considering the risk factors of the individual for tuberculosis. (World Health Organization)

B. <u>Step Two of Two-Step Screening (Use the same form used for Step One.)</u>

a. **<u>Second tuberculin skin test must be administered 1-3 weeks after the first PPD administered date</u>**.

b. An intradermal injection in the forearm with 0.1ml of purified protein derivative (PPD) derivative resulting in a 6 mm bleb is required for accurate screening.

c. Any induration (raised area, not redness) **must be read and measured in millimeters within 48-72 hours**. Results outside this time frame are invalid and the TST must be repeated. The time, date and signature of individual administering the test and interpreting the results, must be also be recorded. **Acceptable results are measured in millimeters with a negative test recorded as 0 mm.** Tuberculosis screening results will not be accepted if not recorded correctly. The student will need to be rescreened. Documented results of negative or positive are unacceptable. Results must be interpreted considering the risk factors of the individual for tuberculosis (World Health Organization).

2. One-Step Screening – Use <u>after one year</u> in your program for Annual TB Screening. Form is on page 28.

a. An intradermal injection in the forearm with 0.1ml of purified protein derivative (PPD) derivative resulting in a 6 mm bleb is required for accurate screening.

b. Any induration (raised area, not redness) **must be read and measured in millimeters within 48-72 hours**. Results outside this time frame are invalid and the TST must be repeated. The time, date and signature of individual administering the test and interpreting the results, must be also be recorded. **Acceptable results are measured in millimeters with a negative test recorded as 0 mm**. Tuberculosis screening results will not be accepted if not recorded correctly. The student will need to be rescreened. Documented results of negative or positive are unacceptable. Results must be interpreted considering the risk factors of the individual for tuberculosis (World Health Organization).

<u>Classification of TST Reactions (Results for One-Step and Two-Step Screenings)</u>

Interpretation of TST results is based on measurement in millimeters, the person's risk of acquiring Tb infection, or the risk of progression to disease if infected.

a. *A TST reaction of ≥ **5 mm** of induration is considered positive in:*
- HIV – infected persons
- Recent contact with a person with infectious TB disease
- Persons with fibrotic changes on chest x-ray consistent with prior TB
- Patients with organ transplants and/or immunosuppressed patients, including patients taking equivalent of ≥ 15mg/day of prednisone for one month or longer, or taking TNF-α antagonists.

b. *A TST reaction of ≥ **10 mm** of induration is considered positive in:*
- Recent arrivals to the United States (within last 5 years) from high-prevalence areas (See WHO list)
- Injection drug users
- Residents or employees of high-risk congregate settings (e.g. correctional facilities, long-term care facilities, hospitals and other healthcare facilities, residential facilities for patients with HIV infection/AIDS and homeless shelters)
- Mycobacteriology laboratory personnel
- Persons with clinical conditions that increase the risk for progression to TB disease
- Children younger than 5 years of age
- Infants, children and adolescents exposed to adults in high-risk categories

c. *A TST reaction of ≥ **15 mm** of induration is considered positive in the following individuals:*
- Persons with no known risk factors for TB

IGRA – Results may be positive, negative or indeterminate. Form is on page 29.

a. A positive IGRA result indicates infection with tuberculosis. A chest x-ray will be performed to determine if person has latent or active disease.

b. A negative IGRA result indicates that infection with tuberculosis is unlikely. Student will then get an IGRA test annually.

c. An indeterminate result must be repeated in two weeks.

University Health Center (UHC) – Nursing students are not required to use the University Health Center.
Located on the first floor of Nicks Hall; Clinic Hours are Monday – Friday 8:30 am – 4:30 pm; Telephone: 423-439-4225; Insurance will be billed, or self-pay will be full price.

Available Vaccines/Services

a. Flu (Influenza) vaccine

b. Three-Dose Hepatitis B vaccine and Hep B Surface Antibody titer (serology for immunity); the UHC does not have the two-dose Hep B series, so you will need to call around and inquire to find a location

c. MMR vaccine and antibody titer (serology for immunity)

d. TDaP Vaccine

e. Varicella vaccine and antibody titer (serology for immunity)

f. Tuberculosis screening for Initial Two-Step Screening, Annual One-Step Screening and IGRA blood test

g. Physical, Hearing Test and Vision Test

Section 3 – Purchase

There are four CHRs you have to purchase. Depending on your program and cohort, there are two additional CHRs that you have to submit.

1. Background Check

a. ETSU requires background checks for all students entering programs in the Health Sciences. This is to ensure a safe clinical environment for both students and the public and to meet the contractual requirements of area healthcare facilities.

b. This is a **mandatory** requirement before beginning nursing clinicals.

c. Instructions for completing the background check are on page 30. ETSU CON has collaborated with Truescreen to manage this requirement. All Background Checks have to be completed through Truescreen.

d. Once your background check is complete, you will need to log in to your Truescreen Application Station, as explained on page 33, download all the pages from your background report and submit the pages to your Project Concert CHR Documents tab. **Please do not use a link to submit your report because .html links do not work.**

e. If you do not receive a Pass Status on your Background Screening Report, then you will have to be approved by each clinical agency for the clinical site where you will attend. As soon as you receive your report with a Review Status, please email Ms. Susan Diddle at diddles@etsu.edu. Ms. Diddle will forward your information to the appropriate person to request approval from your clinical agency. **(Students should never under any circumstance contact a clinical agency on their own.)** There is no guarantee a site will approve you which may mean you will not be able to progress in your program.

2. CPR

a. **You have to complete the American Heart Association Basic Life Support (BLS) Provider Course – This is the only course that will be accepted.**

b. Must renew upon/before expiration date

c. Certification must be kept current throughout enrollment in your program

d. Course must be a face-to-face course offered through and approved by the American Heart Association

e. ***Totally*** online BLS Provider courses are not acceptable

f. Course will include information and practice for:

- One-and two-person BLS
- Infant/child BLS
- The Choking Victim
- Automatic External Defibrillator

g. American Red Cross and other CPR courses are not accepted by all clinical agencies. American Red Cross and other CPR courses cannot be accepted so do not submit a certificate from the Red Cross or other agencies.

h. Resources for AHA BLS
https://cpr.heart.org/en/cpr-courses-and-kits/healthcare-professional/basic-life-support-bls-training

i. This is the correct certificate. If your certificate does not look like this, then you have taken the wrong course.

3. **Driver License – *ONLY Sevierville, LPN to BSN (Not LPN to BSN Johnson City Cohort), and Graduate Students**
Upload a **color** copy of the **front** of your driver's license. If you do not have a driver's license, then submit a government issued ID.

4. **Drug Screen**
   a. Follow instructions on page 32 to obtain the drug screen. The drug screen has to be completed through Truescreen. No other drug screen will be accepted.

   b. Do not wait to complete this CHR. Depending upon the backlog at the lab, you may not receive your drug screen results for a month or longer. You will still be able to start classes, so please do not email your CHR Reviewer with updates.

   c. Once your drug screen is complete, you have to download all the pages in your Drug Screen Report from your Truescreen Application Station and submit the report to your Project Concert CHR Documents tab. The lab may tell you that ETSU will receive your drug screen results, but you have to follow the instructions on page 33. **Do not use a link to submit your results because .html links do not work.**

   d. If you drink lots of fluid before submitting your urine sample, your drug screen could result as Negative Dilute. If this happens, you will have to pay to have another drug screen completed.

   e. If you have a positive drug screen, you must be approved by each clinical agency for the clinical site where you will attend. As soon as you receive your Drug Screen Report with a Review Status, please email Ms. Susan Diddle at diddles@etsu.edu. Ms. Diddle will forward your information to the appropriate person to request approval from your clinical agency. **(Students should never under any circumstance contact a clinical agency on their own.)** There is no guarantee a site will approve you which may mean you will not be able to progress in your program.

   f. Truescreen will try three times to notify students with positive drug screens.

5. **Liability Insurance Policy** – (renewed annually)
   a. Must submit proof of having a current individual Professional Liability Insurance Policy (Malpractice Insurance)

   b. Minimum coverage of $1,000,000/$6,000,000 is required

   c. Submit your Certificate/Memorandum of Insurance to your Project Concert CHR Documents tab

d. Do not submit a screenshot of your application or the payment confirmation. These will not be accepted to clear this requirement.

e. Certificate/Memorandum must show
   i. Your name
   ii. Coverage as a "Registered Nurse Student"
   iii. The policy period – Effective date has to be no later than the first day of classes in your first semester
   iv. The amount of liability coverage
   v. The policy number

f. If you already have insurance coverage, be sure the above items in 5.e. are included in your policy

g. Contact Information for Professional Liability Insurance Providers:

Nurses Service Organization (NSO) Phone: 1-800-247-1500 Fax: 1-800-739-8818 Website: www.nso.com 159 E County Line Rd. Hatboro, PA 19040-1218	Chicago Insurance Company Phone: 1-800-503-9230 Website: www.Proliability.com 1440 Renaissance Dr. Park Ridge, IL 60068-1400

h. ***ONLY LPN to BSN Students** – **These instructions in 5.h. are ONLY for students in the LPN to BSN program.**

   i. You have to have a current LPN license to follow these instructions in 5.h.

   ii. LPN to BSN Students ONLY – Since your clinicals start the third semester of your LPN to BSN program, the Effective Date for your Professional Liability Insurance policy can be the first day of classes of your second semester. – LPN to BSN Students ONLY

   iii. LPN to BSN Students ONLY – In order to request the Effective Date for your Liability Insurance policy to be the start of your second semester in the LPN to BSN program, you have to wait until at least 90 days before the start of your second semester to purchase your policy. This will be the middle of your first semester in the LPN to BSN program.

   iv. The "Missing" Status for the Liability Insurance requirement in your Project Concert Record will not be updated until after you submit your Certificate of Professional Liability Insurance. This will not affect you being able to start classes.

i. ***ONLY RN to BSN and Graduate Students** – **These instructions in 5.i. are ONLY for students in the RN to BSN program and for Graduate Students.**

   i. You have to have a current Registered Nurse license to follow these instructions in 5.i.

   ii. RN to BSN and Graduate Students ONLY – You may purchase your Professional Liability Insurance at this link. **You have to have a current Registered Nurse license to use this link.** https://www.etsu.edu/nursing/documents/2018_application_for_professional_liability_insurance.pdf

   iii. You have to submit both the Application and the Receipt to your Project Concert CHR Documents tab to show complete proof of insurance.

   iv. RN to BSN and Graduate Students – If you purchase your liability insurance from another insurance provider, instead of using the above link, your policy coverage must state "Student" for the Medical Specialty/Type on your policy certificate.

6. Licensure – *ONLY LPN to BSN, RN to BSN and Graduate Students

a. Submit a screen shot from Nursys https://www.nursys.com/ to show your current License information to include the License State, Number, Status, Original Issue Date and Expiration Date.

b. ***ONLY LPN to BSN** – If your LPN license status is encumbered at any time while you are in your LPN to BSN program, please submit the details to Jake Terry terryjm@etsu.edu, the LPN to BSN Clinical Placement Coordinator.

Section 4 – Training

There is 1 survey and 2 online trainings you have to complete.

1. **Demographic Survey** - The purpose of this survey is to obtain demographic data for students. This information can then be used to apply for financial aid for students or for grants to support student education. All information is confidential.

   a. Click on the Demographic Info Survey tab in Project Concert. (If you do not know where the Demographic Info Survey tab is located, please watch the Project Concert Tutorial Video "Demographic Info Survey" when you first log in to Project Concert.)

   b. Complete all required fields

   c. Make sure to click Save

2. **Health Insurance Portability and Accountability Act (HIPAA) – After you have registered for classes, you will receive an email from TalentLMS to complete this training.**

   All nursing students are required to complete annual training on the Health Insurance Portability and Accountability Act (HIPAA) through the ETSU HIPAA Compliance Office. To ensure our students receive the most up-to-date information on how to protect the health information of our patients, outside HIPAA training will not be accepted.

   a. After you are registered for classes, HIPAA training will be assigned to you. You will receive an email from TalentLMS with instructions on how to log in and complete the training. Please watch for this email.

   b. ETSU HIPAA Training consists of two parts and should take approximately 1 hour to complete. **Please complete both Part 1 and Part 2 on the same day.**

   c. After completing the training, **you will need to download and save both Part 1 and Part 2 Training Certificates to upload to your Project Concert CHR Documents tab**. The actual Certificates are the only acceptable proof you completed the training.

   d. The HIPAA training is completed annually and cannot be completed early. Starting the second year of your program, you will receive an email from TalentLMS one hour after the day and time that your current training expires with instructions on how to access the new training modules.

   e. Do not take the Google HIPAA quiz found on the internet or complete and submit any other HIPAA training.

   f. If you have any questions, have trouble logging in, or require accommodations, please contact the HIPAA Compliance Office at 423-439-8533 or hipaa@etsu.edu.

3. **OSHA Bloodborne Pathogens/Hazardous Materials Training Quiz**

   a. You will complete an exam over this material annually.

   b. The exam is taken on the Project Concert site. Please watch the "Completing AdHoc Evaluations" tutorial video when you first log in to Project Concert. See page 36 for more information.

   c. You will not receive a score or a certificate when you complete the quiz. The exam results will automatically be submitted to the CHR Reviewer so you do not need to scan a copy of the exam. No paper/hard copy will be accepted.

   d. You must score an 18/20 or higher to pass. If you do not pass, you will be notified to retake the exam, typically within two business days.

ACKNOWLEDGEMENT OF REQUIREMENTS FOR CLINICAL AND PROFESSIONAL EXPERIENCES

As part of your educational programming, you are required to participate in clinical and/or professional experiences. Facilities where these experiences take place have requirements that must be completed in order to participate.

Requirements may include, but are not limited to:

- Vaccinations
- Personal Protective Equipment
- Criminal Background Checks
- Drug Testing
- Insurance Coverage

In some instances, a facility may permit you to request an exemption from one or more requirements. The college will assist you in facilitating the exemption process. Please know, some facilities do not accept exemptions. Additionally, consideration or approval of an exemption at one facility does not mean another facility will consider and approve the same exemption request. Requirements set by facilities are out of the college's control.

_____
Student Initials

If you choose to request an exemption and/or to not complete requirements established at a facility, it is your responsibility to carefully consider how that may affect your academic progression, graduation date, educational costs, professional career, etc. This choice may prevent you from progression and graduation in your program. Availability of facility placements that do not require students to complete certain requirements may not be possible or may be extremely limited.

ETSU does not discriminate on the basis of race, color, ethnicity, national origin, sex, sexual orientation, gender identity, gender expression, religion, age, disability, veteran's status, genetic information, or any other protected class in its education programs and activities.

By signing below, you acknowledge your understanding of the requirements to participate in clinical and professional experiences and the potential impact of your choices if you choose not to comply with those requirements.

_____ _____
Student Printed Name E Number

_____ _____
Student Signature Date

Acknowledgement of Understanding
Nursing Skills Practice Supplies

I understand that I will be provided Nursing Skills Practice Supplies to use throughout my clinical courses within the nursing program.

I understand the supplies will be used in the nursing skills lab/virtual lab setting with instructor assistance or for independent practice as instructed by the faculty.

I understand the contents of the Nursing Skills Lab Kit are to be used only on manikins in the skills lab/virtual lab setting. No invasive procedures are to be practiced on family, friends, neighbors, allies, enemies, relations, or animals. This includes any organism, living or dead.

I understand keeping the items in the Nursing Skills Lab Kit secured in a safe place is my responsibility.

_____ _____
Student Printed Name Student Signature

_____
Date

Attestation of Healthcare Insurance

Your clinical facility shall provide emergency treatment to instructors and students if needed for illness or injuries suffered while participating in clinical experiences at the clinical sites. Such treatment shall be at the expense of the individual treated. Signing this form shall ensure that each student and instructor does carry and maintain health insurance. Facilities reserve the right in its sole discretion to allow or refuse a clinical rotation to any student or instructor without health insurance.

I understand I am responsible for medical bills I receive for treatment.

I attest I carry and maintain (or am otherwise covered by) health insurance during my educational experience.

_____
Student Printed Name

_____
Student Street Address

City _____ State _____ Zip Code _____

Phone Number with Area Code (_____) _____

ETSU Email Address: _____

Student Signature: _____

Date: _____

We <u>do not</u> need to see your health insurance card. Please <u>do not</u> submit your card.

Audio/Visual Image Release Form

I grant permission to East Tennessee State University, its employees and agents, to take and use Audio/Visual Images of me. Audio/Visual Images are any type of recording, including but not limited to, photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. ETSU will not materially alter the original images. I agree that ETSU owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses, such as those by the ETSU Foundation and the Medical Education Assistance Corporation (Quillen ETSU Physicians). I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release ETSU and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability, which I may ever have in connection with the taking or use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impacts, and I freely accept the terms.

_____	_____
Student Printed Name	Date
_____	_____
Student Signature	Telephone or E-mail address

(If you do not give consent, line through the document, write “I do not give consent” and sign and complete the bottom of the form.)

Consent to Release Confidential Information Form

I, _____hereby authorize East Tennessee State University and/or its employees in the College of Nursing responsible for reviewing Clinical Healthcare Requirements to release confidential information such as immunization records, required forms, background check information, drug screen results, grades, academic progress reports, or class attendance reports to the person(s) listed herein. I further understand that this release does not apply to information such as counseling and health records protected by the Family Educational Rights and Privacy Act (FERPA) and that authorization is valid as long as I am enrolled at East Tennessee State University or until a written statement from me requesting that the release of confidential information be cancelled. Finally, I understand that my confidential information will only be released upon receipt of a request for specific information and that I may cancel this "Student Consent to Release Confidential Information Form" by submitting a written statement in person at any time to:

College of Nursing Office of Student Services, Nicks Hall Room 230

Persons of whom my confidential information may be released to:

Clinical Healthcare Facility where I am scheduled to do my clinical(s)

Student's Required Information:

Student Printed Name: _____

E Number: _____

Student Signature: _____Date: _____

This form is needed for us to release your CHR information to the healthcare facility where you are doing your clinical rotations, as needed.

COLLEGE of NURSING
EAST TENNESSEE STATE UNIVERSITY

Release of Liability

I, _____ am enrolled in the College of Nursing at East Tennessee State University. I acknowledge receipt and understanding of the institutional policy with regard to drug and alcohol testing, and the potential disciplinary sanctions which may be imposed for violation of such policy as stated in the College of Nursing Student Handbook.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff, and property. Accordingly, I understand that prior to participation in the clinical experience; I may be required to undergo drug/alcohol testing of my blood or urine. I further understand that I am also subject to testing based on reasonable suspicion that I am using or am under the influence of drugs or alcohol.

I acknowledge and understand the intention to test for drugs and/or alcohol and agree to be bound by this policy. I hereby consent to such testing and understand that refusal to submit to testing or a positive result of the testing may affect my ability to participate in a clinical experience, and may also result in disciplinary action up to and including dismissal from East Tennessee State University.

If I am a Tennessee licensed health professional, I understand that the Tennessee Professional Assistance Program (TNPAP) will be contacted if I refuse to submit to testing or if my test result is positive. If I am licensed to practice nursing in Tennessee through the Nurse Licensure Compact, I will be reported to the peer/professional assistance program in my state of residence. Full reinstatement of my license would be required for unrestricted return to the PhD program in the College of Nursing.

My signature below indicates that:

1.) I consent to drug/alcohol testing as required by clinical agencies, or TNPAP, or peer/professional assistance program, or as directed by the Office of Student Affairs, East Tennessee State University.

2.) I authorize the release of all information and records, including test results relating to the screening or testing of my blood/urine specimen, to the Office of Student Affairs, East Tennessee State University, the Dean of the College of Nursing, and others deemed to have a need to know.

3.) I understand that I am responsible for payment of any required drug or alcohol screens. Nurses licensed in Tennessee will not have to pay an additional fee to TNPAP. Nurses licensed through the Nurse Licensure Compact with privileges to practice in Tennessee will not have to pay an additional fee to TNPAP.

4.) I understand that I am subject to the terms of the general regulations on student conduct and disciplinary sanctions of East Tennessee State University and the Policy Statement on Drug-Free Campus of East Tennessee State University, as well as, federal, state and local laws regarding drugs and alcohol.

5.) I hereby release and agree to hold harmless East Tennessee State University and the Tennessee Board of Regents, their officers, employees and agents from any and all action, claim, demand, damages, or costs arising from such test(s), in connection with, but not limited to, the testing procedure, analysis, the accuracy of the analysis, and the disclosure of the results.

My signature indicates that I have read and understand this consent and release, and that I have signed it voluntarily in consideration of enrollment in the College of Nursing.

_____ _____

Student Signature Date

Student Signature Form

Name and Student E Number

_____

(Student Printed Name) (E Number)

Undergraduate or Graduate Nursing Handbook

I have read all the information in the Student Handbook of the College of Nursing, East Tennessee State University. I understand that I am responsible for abiding by all contents of the handbook and any published updates to the Handbook. I also understand that failure to abide by the Student Handbook and any updates to the Handbook may result in disciplinary consequences, up to and including course failure or dismissal from the program. The Nursing Student Handbook on the College of Nursing webpage can be found at Undergraduate: https://www.etsu.edu/nursing/undergrad_nursing/default.php
Graduate: https://www.etsu.edu/nursing/graduate_students/default.php

Signature: _____ **Date:** _____

Clinical Healthcare Requirements

I am aware of the Clinical Healthcare Requirements and understand that each clinical agency will also have security and orientation requirements. I understand that I am required to abide strictly by those requirements in order to participate in clinical experiences.

Signature: _____ **Date:** _____

Social Media, Confidentiality and Professionalism Policy

I have read and understand the College of Nursing Social Media Guidelines, Confidentiality and Professional Behavior policies with applicability to all College of Nursing activities. I understand that violation of those policies may result in disciplinary procedures up to and including course or clinical failure or dismissal from the program.

Signature: _____ **Date:** _____

Criminal Background Check and Drug Screen

I understand that to progress clinically, I will be required to complete a Criminal Background Check at my own expense from a specified vendor. Unfavorable results may result in my inability to continue in clinical courses or meet program learning outcomes.

Signature: _____ **Date:** _____

Core Performance Standards (*Not for Graduate Students)

I have read and understand the College of Nursing Core Performance Standards found in the Undergraduate Handbook.

Signature: _____ **Date:** _____

Substance Abuse Policy

I have read and understand the Substance Abuse Policy found in the ETSU College of Nursing Student Handbook. I understand that any violation will follow these guidelines and may result in dismissal from the program.

Signature: _____ **Date:** _____

Student Drug Screening Policy and Release Form

I have read and acknowledge the student drug screen policy and will follow and participate fully per ETSU College of Nursing's Drug Testing Investigation of Students Policy, found in the ETSU College of Nursing Student Handbook.

Signature: _____ **Date:** _____

Workforce Confidentiality Agreement

I understand that ETSU College of Nursing, hereinafter referred to as ETSU, has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

In addition, I understand that during the course of my employment/assignment/affiliation at ETSU, I may see or hear other Confidential Information such as financial data and operational information pertaining to the practice that ETSU is obligated to maintain as confidential.

As a condition of my employment/assignment/affiliation with ETSU, I understand that I must sign and comply with this agreement.

By signing this document, I understand and agree that:

- I will disclose Patient Information and/or Confidential Information only if such disclosure complies with ETSU policies, and is required for the performance of my job.

My personal access code(s), user ID(s), access key(s), and password(s) used to access computer systems or other equipment are to be kept confidential at all times.

I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required to do my job, I will immediately ask my supervisor for clarification.

I will not discuss any information pertaining to the practice in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any Practice Information in public areas even if specifics such as a patient's name are not used.

I will not make inquiries about any practice information for any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, modifications, or purging of Patient Information or Confidential Information. Such unauthorized transmission include, but are not limited to, removing and/or transferring Patient Information or Confidential Information from ETSU's computer system to unauthorized locations (for instance, home).

Upon termination of my employment/assignment/affiliation with ETSU, I will immediately return all property (e.g. keys, documents, ID badges, etc.) to ETSU.

I agree that my obligations under this agreement regarding Patient Information will continue after the termination of my employment/assignment/affiliation with ETSU.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my employment/assignment/affiliation with ETSU and/or suspension, restriction or loss of privileges, in accordance with ETSU's policies, as well as potential personal civil and criminal legal penalties.

I understand that any Confidential Information or Patient Information that I access or view at ETSU does not belong to me.

ETSU and I acknowledge that this Agreement does not obligate ETSU to employ me for any particular length of time nor does it obligate me to work for ETSU for any particular length of time.

Further, if I should breach this agreement, ETSU is entitled to all available legal and equitable relief, including injunctive relief, and that I shall be liable for all attorneys' fees, court costs incurred by ETSU in the event that ETSU is the prevailing party in an action brought to enforce this Agreement.

Workforce Confidentiality Form

Name _____
(Student Printed Name)

E Number_____

I have read and understand the College of Nursing information and the Workforce Confidentiality Agreement for College of Nursing clinics. I agree to comply with all the terms of these documents as a condition of student clinical experiences.

Student Signature_____ Date_____

Flu Vaccine Information

(Make sure to take this form with you to get all the required information.)

Student Printed Name: _____

E Number: _____

Date Flu Vaccine Administered: _____

Vaccine Lot Number: _____

Lot Expiration Date: _____

Facility/Provider Name: _____

Facility/Provider Address: _____
Street

_____
City State Zip Code

_____
Printed Name and Title of person who administered vaccine

_____
Signature of person who administered vaccine

Date: _____

DOCUMENTATION OF MEDICAL OR RELIGIOUS EXEMPTION
TO A CLINICAL AFFILIATE VACCINE REQUIREMENT

Clinical Affiliates may require vaccinations prior to granting access to their facilities. This form should be completed by East Tennessee State University Faculty or Students requesting a medical or religious exemption to a Clinical Affiliate's vaccine requirement. Please complete the appropriate section.

Faculty/Student
Printed Name: _____ **E#:** _____

REQUEST FOR MEDICAL EXEMPTION FROM VACCINATION

If you are requesting a medical exemption from vaccination please have your Health Care Provider complete this section. Please note that your presence in a clinical setting may increase your risk of exposure to disease.

Note: This section must be completed by your Health Care Provider.

The below vaccination(s) is/are medically contraindicated for the above-named individual:

Hepatitis B: _____ Flu (Influenza): _____ MMR: _____ Varicella: _____ Meningococcal: _____ TDaP _____

COVID-19: _____

Other (print vaccine name): _____

Other (print vaccine name): _____

Other (print vaccine name): _____

Reason for Exemption:

_____

_____

_____

_____.

This contraindication is permanent _____; or temporary _____; and is expected to preclude immunization until:

Date (Mo/Day/Yr) _____/_____/_____.

Signature of Provider: _____ Date: _____/_____/_____

Printed Name of Provider: _____ License #: _____

Office Address: _____

Office Telephone: _____

REQUEST FOR RELIGIOUS EXEMPTION FROM VACCINATION

If you are requesting a religious exemption from vaccination please complete this section.

The below required vaccination(s) conflict with my sincerely held religious beliefs and practices:

Hepatitis B: _____ Flu (Influenza): _____ MMR: _____ Varicella: _____ Meningococcal: _____ Tdap ___

COVID-19: _____

Other (print vaccine name): _____

Other (print vaccine name): _____

Other (print vaccine name): _____

I certify and affirm that the administration of the immunization(s) listed above conflict(s) with my religious tenets or beliefs. I declare (or certify, verify, or state) **under penalty of perjury** under the laws of the United States of America that the foregoing is true and correct.

Signature of Faculty/Student: _____ Date: ___/___/___

Reviewed by: _____ Date: ___/___/___

Student Printed Name: _____ **E Number:** _____

PHYSICAL EXAMINATION

(To be completed and signed by a licensed Health Care Provider, e.g., physician, certified nurse practitioner, physician assistant)

Each section must be completed.

Laboratory Reports (as Health Care Provider determines need): CBC UA

Weight _____ **Height** _____ **Vision: R** _____ **L** _____

B.P. _____ **Pulse** _____

Hearing: Welch Allyn / Audio Scope Screening

*****Hearing Test IS REQUIRED*****

□ 20db HL □ 25db HL □ 40db HL

Y = Response N = No Response

Right Ear				
Left Ear				
	500	1000	2000	4000

Frequency (Hz)

General: _____

Skin: _____

Heart: _____

Lungs: _____

Abdomen: _____

Does student have a hernia? _____

Extremities and Back: _____

Neurological: _____

Other: _____

_____

REMARKS: _____

_____

The following performance standards are used to assist students in determining whether accommodations or modifications are necessary and provide an objective measure upon which informed decisions can be based about whether students can meet requirements.

Is the student able to perform the following performance standards without accommodations?

Yes	No	Performance Standard
		Critical thinking ability sufficient for clinical judgment.
		Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
		Communications abilities sufficient for interactions with others in verbal and written form.
		Physical abilities sufficient to move from room to room and maneuver in small places.
		Gross and fine motor abilities sufficient to provide safe and effective nursing care.
		Auditory abilities sufficient to monitor and assess health needs.
		Visual abilities sufficient for observation and assessment necessary in nursing care.
		Tactile ability sufficient for physical assessment.

Health Care Provider - Please mark one of the following:

☐ The student is able to perform *all duties* expected of a Health Care Provider without accommodations.

☐ The student is able to perform duties expected of a Health Care Provider with the following accommodations:

_____

_____ **M.D., D.O., N.P., P.A.**

Health Care Provider's Printed Name **(Circle one)**

_____

Health Care Provider's Signature

Address: _____

_____

Phone: ( ) - _____ **Date:** _____

Initial TB Two-Step Screening*

Student Printed Name:_____D.O.B.: _____

Country of Birth:_____Date Arrived in U.S. (If Applicable): _____

- **Results must be recorded in millimeters with interpretation as negative or positive**
- **Result must be read within 48-72 hours of PPD administered time**
- **Result of only positive, negative or +/- will not be accepted**

Step 1:

Date_____Time_____PPD Administered by:_____

Date_____Time_____TST Read by: _____

Results in mm:_____Interpretation (circle one): Negative Positive

Facility Name_____

Facility Phone Number_____

Step 2: (Second PPD must be administered 7-21 days after Step 1 PPD Administered Date)

Date_____Time_____PPD Administered by: _____

Date_____Time_____TST Read by:_____

Results in mm:_____Interpretation (circle one): Negative Positive

Facility Name_____

Facility Phone Number_____

*A student with a history of a previous positive TST or IGRA test should not have these tests repeated.

*A student who has had a chest x-ray following positive screening tests for tuberculosis should not have a repeat chest x-ray. The student should be screened annually by a Health Care Provider and submit documentation for the Initial TB Screening showing 1) the previous positive testing and 2) a TB Symptom Assessment completed within the past year.

(See guidelines in CHR packet for further instructions on interpretation of TST results. Results are based on measurement in millimeters, the person's risk of acquiring TB infection, or the risk of progression to disease if infected.)

Annual One-Step TB Screening

Student Printed Name:_____D.O.B.: _____

Country of Birth:_____Date Arrived in U.S. (if applicable): _____

- **Result must be recorded in millimeters with interpretation as negative or positive**
- **Result must be read within 48-72 hours of PPD administered time**
- **Result of only positive, negative or +/- will not be accepted**

Date_____ Time_____ PPD Administered by: _____

Date_____ Time_____ TST Read by: _____

Results in mm: _____ Interpretation (circle one): Negative Positive

Facility Name_____

Facility Phone Number_____

IGRA testing*

(Recommended if immunized with BCG or a previous positive TST test)

Student Printed Name: _____

E#: _____ Date: _____

Results:

_____ **(a copy of the lab result must be included with this form)**

*A student with a history of a previous positive TST or IGRA test should not have these tests repeated.

*A student who has had a chest x-ray following positive screening tests for tuberculosis should not have a repeat chest x-ray. The student should be screened annually by a Health Care Provider and submit documentation for the Initial TB Screening showing 1) the previous positive testing and 2) a TB Symptom Assessment completed within the past year.

(See guidelines in CHR packet for further instructions on interpretation of TST results. Results are based on measurement in millimeters, the person's risk of acquiring TB infection, or the risk of progression to disease if infected.)

Student Background Check Instructions

A background check is a requirement of the clinical agencies for your program of study. Failure to complete these requirements will prevent you from completing clinical rotations.

Request a Background Check

Below are step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a background check.

Instructions:

1. Click the link or paste it into your browser: http://applicationstation.truescreen.com

2. If this is your first time using the Application Station site then please click "Sign Up" to create an account. Once your account has been created please click "Log In". If you already have an account then you can click "Log In" right away.

3. Enter your Username and Password.

4. Enter the Code: **ETSUCON176-CBC** in the Application Station Code field.

5. Follow the instructions on the Application Station web site to complete the application.

   Note – please save the username and password created for Application Station. This information is needed to reenter Application Station to download a copy of your background check report to submit to your Project Concert CHR Documents tab.

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Truescreen's Help Desk at 888-276-8518, ext. 2006 or itsupport@truescreen.com.

Background Checks are completed, on average, within 3 to 5 business days. Once completed, you will receive an email from Truescreen, studentedition@truescreen.com. Follow the link in the email to access Application Station: Student Edition to view the report. To access the site, use the same username and password created at the time you submitted your background check. Application Station includes instructions for disputing information included in the background check should you feel anything is incorrect.

The initial background check consists of the search components listed below. All records are searched by primary name and all AKAs, a student's primary address, and all addresses lived within the past seven years.

- Social Security Number Validation and Verification
- County Criminal Records Search – all counties of residence lived in the past 7 years
- National Sexual Offender Registry Search
- Sanctions Base Search (includes TN Abuse Registry)
- OIG/SAM

The cost of the background check is $24.50. Truescreen accepts credit cards and PayPal. Payment is collected within ApplicationStation: Student Edition.

You have to go back into your Application Station and download your report to submit to your Project Concert CHR Documents tab. ETSU does not receive an email of this report. **See page 33.**

STUDENT DRUG SCREENING POLICY

Background checks and drug testing for students in clinical/practicum environments are standard requirements for many healthcare and community agencies prior to clinical placement. Students must meet the requirements of the clinical agency to which they are assigned as outlined in the clinical affiliation agreement contract.

In order to comply with clinical agency contractual requirements, the College of Nursing requires all admitted students to consent to a mandatory drug screen. As student clinical rotations are incorporated into the curriculum over time, some hospitals or other clinical facilities require current drug screens (within 30 days) so the drug screen may need to be repeated at different intervals during the nursing degree program. The Office of Student Services communicates this requirement to students.

The required drug screen will be performed by a Truescreen provider of this service. All expenses for the drug screen will be covered directly by the student.

Drug test panels will include Amphetamines, Barbiturates, Benzodiazepines, Buprenorphine, Cannabinoids, Cocaine, Fentanyl's, Heroin, MDMA, Meperidine, Methadone, Opiates, Oxycodone, Pentazocine, Phencyclidine.

The particular drug screen tests required, and related costs, are subject to change and are beyond the control of the University or the College of Nursing.

The College of Nursing does not accept responsibility for any student being ineligible for coursework, continued enrollment in the college, or subsequent licensure for reasons associated with drug testing.

The student's failure to consent to the drug screen will prevent the College of Nursing from securing suitable clinical placement for the student, thus rendering the admitted student unable to progress or to complete the nursing degree program.

In the case of multiple negative-dilute drug screenings, the College may require the student submit to a blood-based drug screening.

Adverse results of the drug screen may prevent the College of Nursing from securing suitable clinical placement for the student, thus rendering the admitted student unable to complete the nursing degree program.

The Office of Student Services will convey the status of the drug screen to the healthcare or community agency per contractual obligations.

Students who provide any false information regarding drug use in any documents relating to their attendance at the College of Nursing are subject to immediate dismissal from the College.

Request a Drug Screen

Below are step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a drug screen, as well as locate a specimen collection site. Drug screen collection facilities are listed on the final page of Application Station: Student Edition.

Do not drink lots of fluid this day as your result could be negative dilute and you will have to repeat and pay again.

Instructions:

1. Click the link or paste it into your browser: http://applicationstation.truescreen.com.

2. If this is your first time using the Application Station site, then please click "Sign Up" to create an account. Once your account has been created please click "Log In". If you already have an account, then you can click "Log In" right away.

3. Enter your Username and Password.

4. Enter the Code: **ETSUCON176-15DS** in the Application Station Code field.

5. Follow the instructions on the Application Station web site to complete the application.

   Note – you can use the same username and password created for the background check. Please save the username and password created for Application Station. This information is needed to reenter Application Station to download a copy of your drug screen report to submit to your Project Concert CHR Documents tab.

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Truescreen's Help Desk at 888-276-8518, ext. 2006 or itsupport@truescreen.com.

If none of the collection sites listed are convenient (within 30 minute drive), please contact Truescreen's Occupational Health Screening Department (i.e. TriTrack and Scheduling Hotline) for assistance with locating an alternate location; phone number 800-803-7859.

If the initial drug screen is reported as positive/non-negative, you will receive a call from Truescreen's Medical Review Officer (MRO). The MRO will obtain medical proof as to why you tested positive. If you are taking any form of prescription medicine, it is wise to proactively get proof from your physician to be provided to the MRO when contacted. This will speed up the process of reporting the drug screen results. Truescreen will try 3 times to notify students with positive drug screens.

You will receive an email from Truescreen, studentedition@truescreen.com, once your drug screen results are available. Follow the link in the email to access Application Station: Student Edition to view the report.

The cost of the Drug Screen is $54.00. Truescreen accepts credit cards and PayPal. Payment is collected within ApplicationStation: Student Edition.

You have to go back into your Application Station and download your report to submit to your Project Concert CHR Documents tab. ETSU does not receive an email of this report. **See page 33.**

Review Status

If you do not receive a Pass Status on your Background Screening Report, or if you have a positive Drug Screen, then you will have to be approved by each clinical agency for the clinical site where you will attend. As soon as you receive your report with a Review Status, please email Ms. Susan Diddle at diddles@etsu.edu. Ms. Diddle will forward your information to the appropriate person to request approval from your clinical agency. **(Students should never under any circumstance contact a clinical agency on their own.)** There is no guarantee a site will approve you which may mean you will not be able to progress in your program.

You have to go back into your Application Station and download your report to submit to your Project Concert CHR Documents tab. ETSU does not receive an email of this report.

How to Download Your Report

Use the Report Delivery Manager (RDM) which can be found in your Application Station: Student Edition. Reports are available to students for 36 months. If reports are needed beyond 36 months, students must print a copy to be distributed as needed.

1. Click the link or paste it into your browser: http://applicationstation.truescreen.com
2. To access the Report Delivery Manager, choose the "Returning user login" option on the right side of the home page and click "Log in."
3. Enter the username and password created at the time of submitting your background check and/or drug screen.
4. Click "View Report Delivery Manager" at the bottom of the ApplicationStation code for the program/application you need to deliver. This can be found after you completely log in and provide your ApplicationStation code.

Project Concert Instructions

(Please note that the screenshots displayed in this guide may appear slightly different depending on your school's licensing of Project Concert and your individual access rights.)

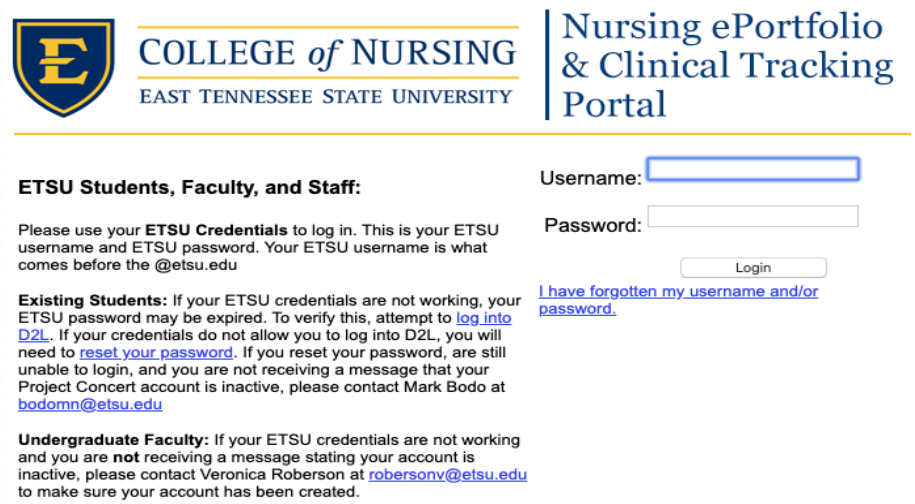
Logging in to Project Concert:

To log in to Project Concert please use the following link: https://secure.projectconcert.com/etsu

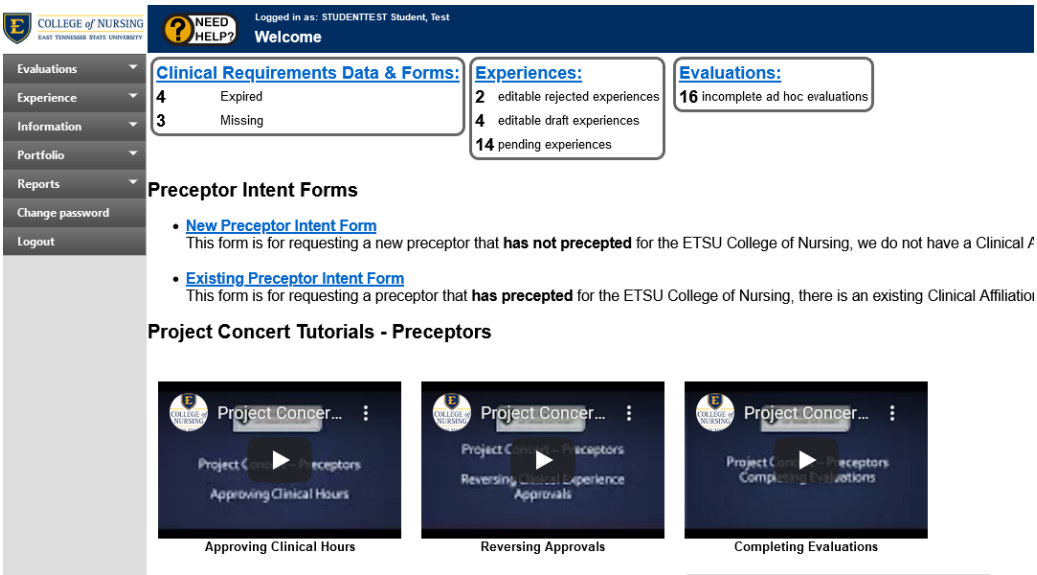
Your login credentials for Project Concert are the same as your ETSU Credentials, i.e. your ETSU username (the part before the @ in your ETSU email address) and ETSU password.

Uploading Documents to Project Concert:

Log in to ETSU's Project Concert website at https://secure.projectconcert.com/etsu



Once you are in the system, you will land on the welcome page that looks similar to this:



To access your personal information/student record, **Click** on

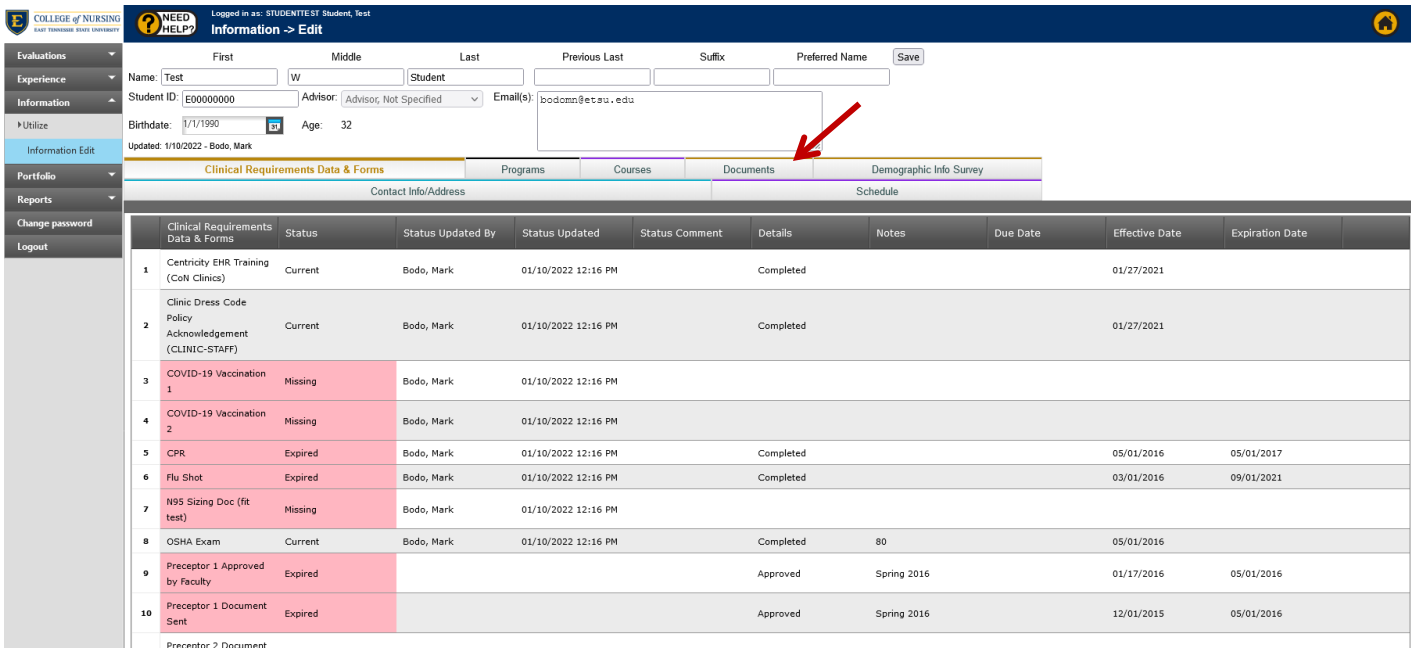
in the Left Nav

Then **Click** on **Information Edit**

You have now been directed to a new page that will display your name, ID, DOB, Advisor, Email, etc.

This is the page where you will upload documents, view or update your information, etc.

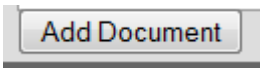
Note: The ability to make changes/edits within the tabs on your student record must be enabled by your organization.



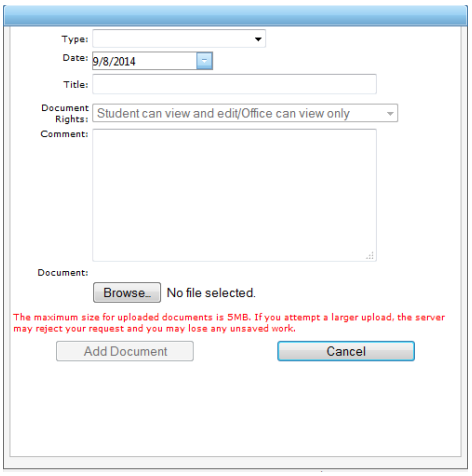
To upload a document to share with your organization, follow these steps outlined below:

- **Click** the

tab below the email address field.

- **Click** 

in the bottom left corner and a pop-up window, similar to the one below, will appear. **NOTE: If you are using a laptop or tablet, you may have to scroll down the page if you do not see the Add Document Button.**



IMPORTANT: Documents must be 5MB or smaller.
If uploading scanned/.pdf documents, try lowering the resolution.
Do not submit documents as .heic or .mht files

Here, you will select or enter:

1. Type (use the drop down arrow to select the type of document you are uploading)
2. Date
3. Title
4. Add Comments

- **Click** Browse...

- Find the document on your PC, Mac, phone, etc.

- **Click** Add Document

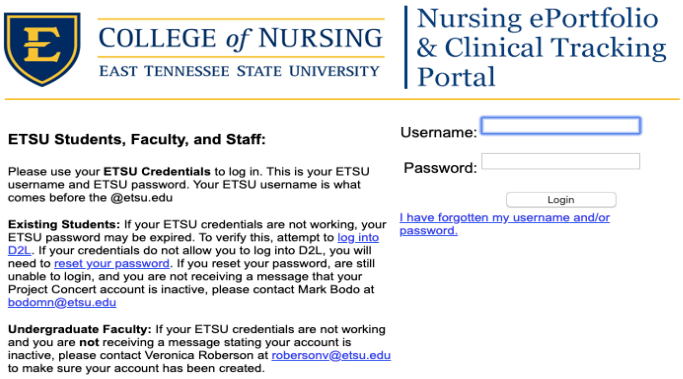
Once you have followed these steps, your document now appears under the Documents tab.

NOTE: <u>You only need to submit a document ONE time.</u>

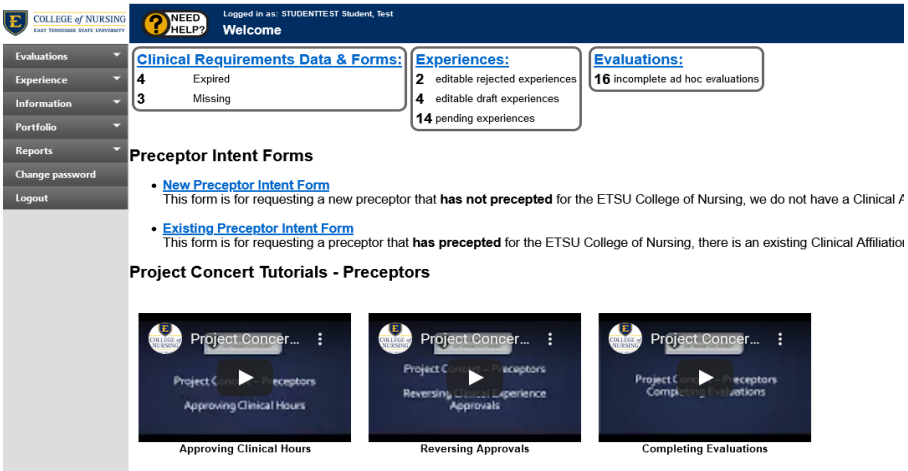
You can also find a video tutorial here on how to upload documents into Project Concert: https://youtu.be/GHbc5HTZW0I

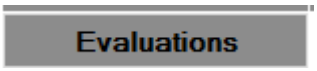
Completing Ad Hoc Evaluations and OSHA Bloodborne Pathogens/Hazardous Materials Post Training Quiz:

Log into ETSU's Project Concert website at https://secure.projectconcert.com/etsu

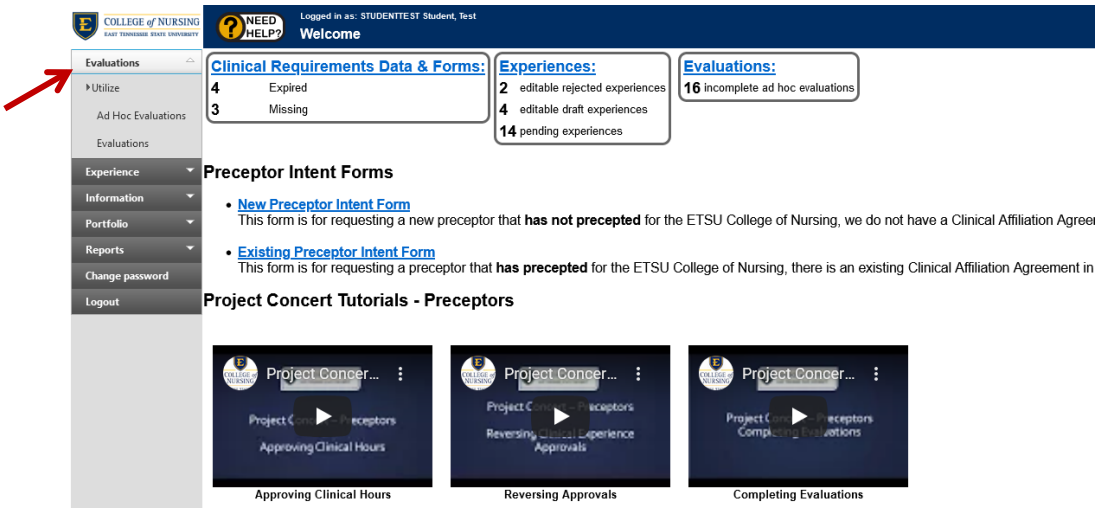


Once you are in the system, you will land on the welcome page that looks similar to this:



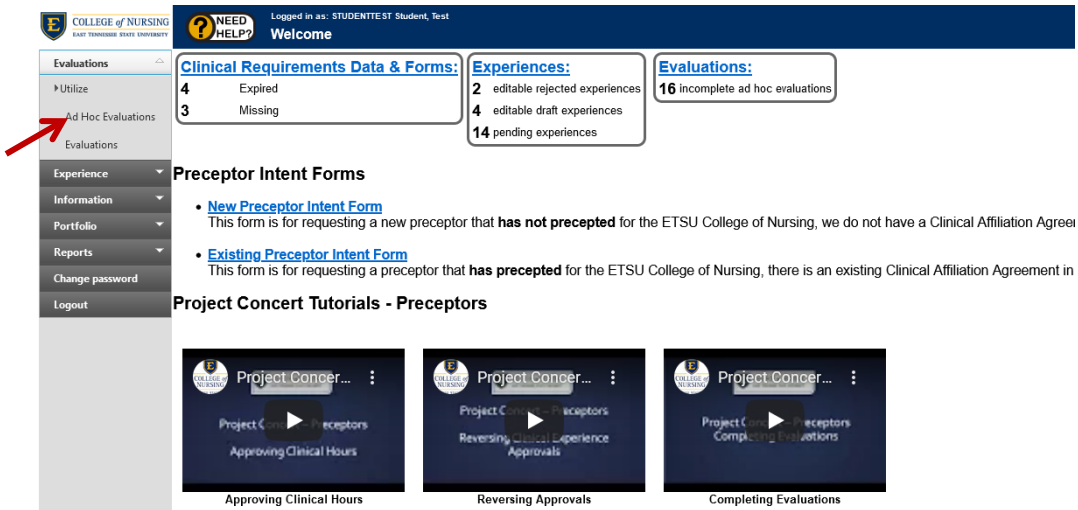
Click on 

in the left nav and your screen will change to one similar to this:

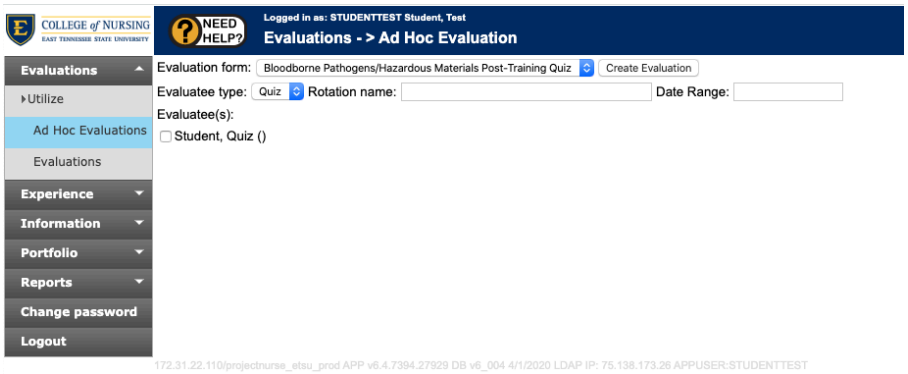


This will expand the accordion where you can select the **Evaluations link** to see Outstanding Evalutions, Evaluations for Review or you can select Ad Hoc Evaluations to generate an Ad Hoc Eval.

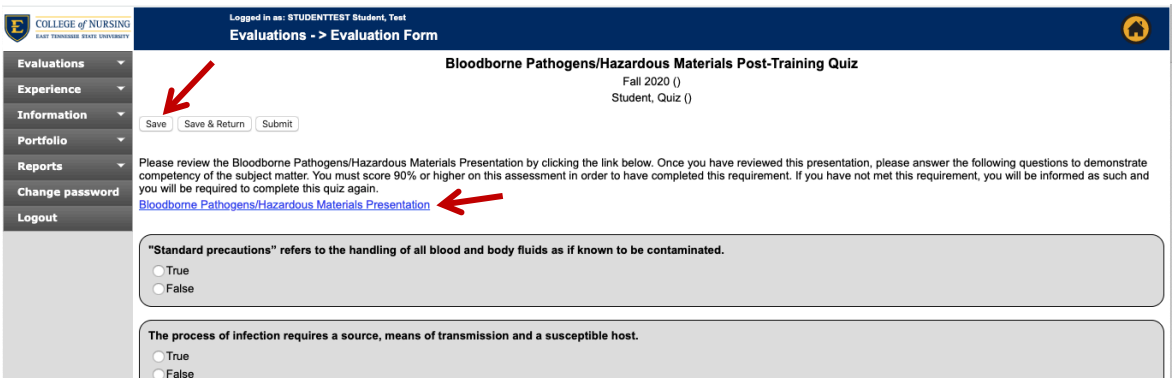
Click the **Ad Hoc Evaluations** Link in the Left Nav



A new page opens and you are able to create the eval form. **Select OSHA Bloodborne Pathogens/Hazardous Materials Post Training Quiz** as the Eval Form > For Rotation Name enter the current semester, ex. Spring 2020 > For Evaluatee(s) select Student, Quiz > **Click Create Evaluation**.



This will generate the OSHA Bloodborne Pathogens/Hazardous Materials Post Training Quiz you see below. **Click** the **Save button** immediately to save the generated form. Make sure you click on the Bloodborne Pathogens/Hazardous Materials Presentation link at the top of the Quiz to download and review the presentation before beginning the assessment.



Answer each question, add comments, etc. until the survey is complete. Then, click Submit button.

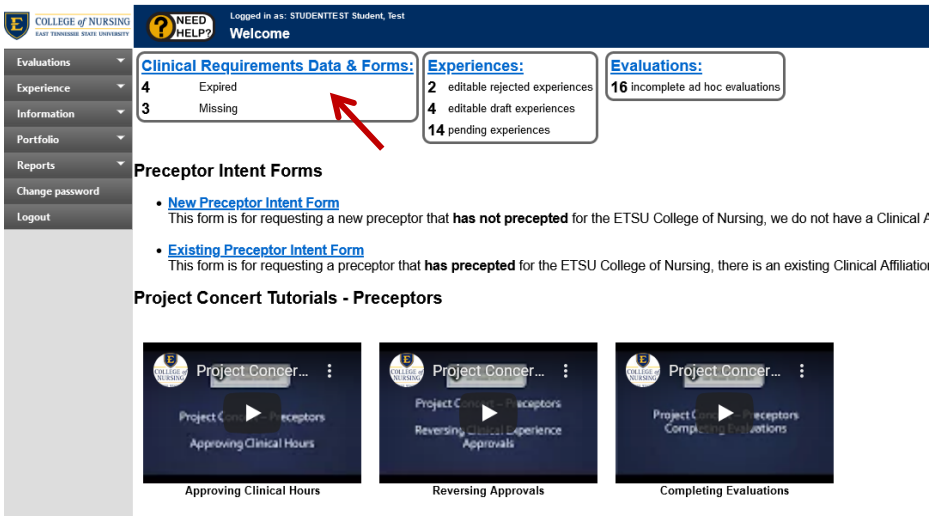
If you need more time, you can also click on the Save & Return and it will save your responses and allow you to return at a later time to complete.

Verifying CHR Status:

When you submit Clinical Healthcare Requirements (CHRs), the CHRs are manually reviewed by the Office of Student Services and updated in Project Concert. This is not an immediate process, and depending upon the volume of submissions, may take several days for your CHR Statuses to be updated.

To verify the Status of your Clinical Healthcare Requirements, there are two places to look.

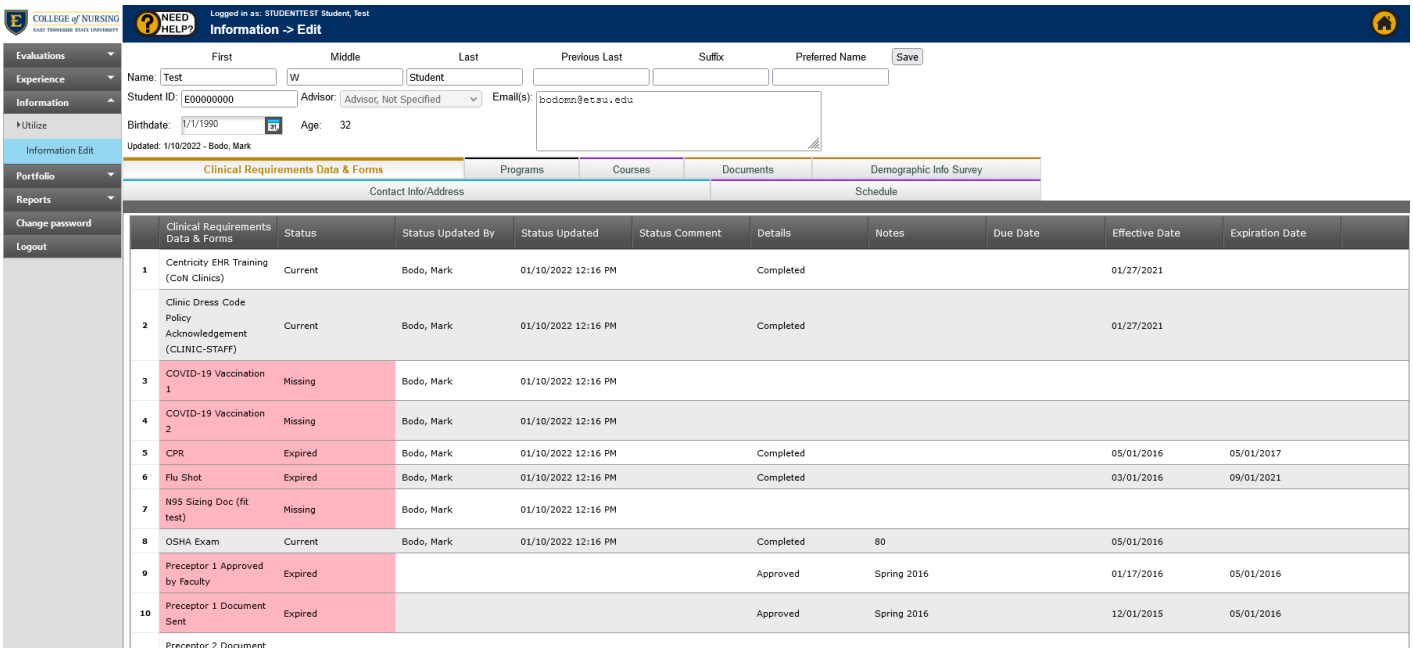
Option 1: The first is on the dashboard where you will find a "Clinical Requirements Data & Forms" Widget. The Widget will show any Clinical Healthcare Requirements that are Expired, Missing, or in a Non-Compliant Status.



Option 2: Click on Information in the Left Nav

Then **Click** on **Information Edit**

You have now been directed to the Student Info page that will display your name, ID, DOB, Advisor, Email, etc. The default tab that will appear in your Student Info Profile is the "Clinical Requirements Data & Forms" tab.



	Clinical Requirements Data & Forms	Status	Status Updated By	Status Updated	Status Comment	Details	Notes	Due Date	Effective Date	Expiration Date
1	Centricity EHR Training (CoN Clinics)	Current	Bodo, Mark	01/10/2022 12:16 PM		Completed			01/27/2021	
2	Clinic Dress Code Policy Acknowledgement (CLINIC-STAFF)	Current	Bodo, Mark	01/10/2022 12:16 PM		Completed			01/27/2021	
3	COVID-19 Vaccination 1	Missing	Bodo, Mark	01/10/2022 12:16 PM						
4	COVID-19 Vaccination 2	Missing	Bodo, Mark	01/10/2022 12:16 PM						
5	CPR	Expired	Bodo, Mark	01/10/2022 12:16 PM		Completed			05/01/2016	05/01/2017
6	Flu Shot	Expired	Bodo, Mark	01/10/2022 12:16 PM		Completed			03/01/2016	09/01/2021
7	N95 Sizing Doc (fit test)	Missing	Bodo, Mark	01/10/2022 12:16 PM						
8	OSHA Exam	Current	Bodo, Mark	01/10/2022 12:16 PM		Completed	80		05/01/2016	
9	Preceptor 1 Approved by Faculty	Expired				Approved	Spring 2016		01/17/2016	05/01/2016
10	Preceptor 1 Document Sent	Expired				Approved	Spring 2016		12/01/2015	05/01/2016
	Preceptor 2 Document									

1. On this tab you will see the Status, Comments, Details, Effective Date and Expiration Date for each CHR listed.
2. All Clinical Healthcare Requirements will have a default Status of Missing when your Project Concert Profile is created.
3. As you submit CHR documents and they are reviewed, the Missing Status will be changed to let you know if your CHR document was approved or if there was an issue with the document.
4. If the document was not accepted, a note will be entered in the Details column to provide further information or instruction.
5. After the first review of your CHR documents, any CHR that has not been submitted will then have a correct Status of Missing.
6. Color-Coding: CHRs that are compliant will either be non-highlighted or color-coded green or purple. Any CHR color-coded blue is pending. Any CHR that is non-compliant, or near expiration, will be color-coded red, orange, or yellow.
7. If a CHR has an Expiration Date and has not been updated, the Status will automatically change when the CHR is expiring within 60 days and again within 30 days.

Issues with Logging In:

Please be certain that you are using the following credentials:

Username: Your ***ETSU*** username (the part before the @ in your ETSU email address)

Password: Your ***ETSU*** password

If you believe you are using the correct credentials and are unable to log in, please try to log in to D2L using the same credentials at https://elearn.etsu.edu

If you are unable to log into D2L you will need to reset your ETSU password. To do this go here: https://etsupws.etsu.edu/AccountActivation/AccountActivation.aspx

If you have any questions or issues accessing or using Project Concert, please contact Mark Bodo, IT Manager for the College of Nursing at bodomn@etsu.edu or by phone at 423-439-4579.