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UNIVERSITY OF FLORIDA
COLLEGE OF NURSING

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TITLE: **STUDENT HEALTH POLICY**

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

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

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

PROCEDURE:

A. Immunity Criteria To be in compliance with the mandatory immunization requirements, students must provide documentation of numbers 1-7 which follow. Information submitted will be compiled on the Mandatory Immunization and Health History Form (Attachment # 1) which will be located in the student's file.

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

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2. Mumps

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

3. Rubella

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

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

- Record of booster every 10 years

5. Hepatitis B (HBV)

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

6. Tuberculosis

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

7. Varicella

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

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B. Documentation of Immunity, Health Status, and Bloodborne Pathogen Training

1. The University of Florida Office of the Registrar requires that all students complete a Mandatory Immunization and Health History Form (Attachment #1) Students must document immunization status prior to initial registration in nursing courses by submitting a copy of this form to the Associate Dean for Academic and Student Affairs (ADASA).
2. After acceptance into the College of Nursing program, and prior to enrollment for the first semester, students will complete the Student Health Form (Attachment #2) and Essential Functions for Clinical Course Work (Attachment #3) and submit it to the ADASA's Office at least one week before classes begin. Students will not be allowed to begin clinical experiences in the nursing major until this form has been submitted.
3. A master list of current students and their immunization status will be maintained by the ADASA and will be available for review by regulatory and contracting agencies.
4. To ensure that students' records are complete and updated, the ADASA will review a student's record every semester until graduation, and notify student's of required documentation.
5. Students who are not in compliance with this policy will be notified by the ADASA's office that a registration hold will be placed on their record, or their registration may be cancelled. The registration hold will be removed when all documentation is submitted. Students are responsible for any late registration fees imposed by the University. All requirements that will be due any time during the semester are to be completed by the first day of each semester. Students will have one week to submit documentation of requirements. Those students not in compliance at the end of the first week of classes will be removed from clinical experiences. The ADASA will notify the student, faculty member and department chair. Students will be given written confirmation to certify that requirements have been met. Students are to provide the faculty member with the original copy of the written confirmation prior to returning to the clinical area. Faculty members will not be expected to make special accommodations for students who miss clinical experiences for failure to comply.

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C. Bloodborne Pathogen Training

1. The Associate Dean for Academic and Student Affairs will arrange an annual bloodborne pathogen training program for students as a supplement to course content. Initial training sessions will be offered during orientation of new students, and subsequent sessions will be offered at the beginning of each fall semester.
2. Each student will complete the Training and Vaccination Form which will be placed in the student's official College of Nursing file (Attachment #4).
3. An annual training report, including the dates of training sessions, attendance list, and presenters, will be maintained on file in the ADASA's Office for 3 years (Attachment #5).
4. Students may attend a bloodborne pathogen-training program offered by another agency so long as that program meets OSHA requirements for content. The student must provide evidence of program content and attendance to the ADASA's Office (Attachment #6).
5. To ensure that students' records are complete and updated, the ADASA will review student records for Bloodborne Pathogen Training each fall.
6. Students who are not in compliance with this policy will not be allowed to continue in the clinical component of any course until they are in compliance. Students not in compliance are responsible for the consequences of their removal from clinical activities (e.g., course failure). Faculty members are not expected to make special accommodations for students who miss clinical experiences for failure to comply.

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D. Exposure to Communicable Disease and Bloodborne Pathogens

1. Students will report exposure to any communicable disease, which may be hazardous to patients or other health care providers, to their supervising clinical faculty member immediately.
 - a. The supervising faculty member will report the incident following the guidelines outlined in Policy S-1.11 Clinical Incident Policy. If the Department Chair or Campus Director is not available, the report is made to the ADASA, the Executive Associate Dean, or the Dean.
 - b. The faculty member will **immediately** report the incident to the infection control department of an involved clinical agency and/or nursing administration.
 - c. The written report will be forwarded to the Associate Dean for Academic and Student Affairs and filed in the student's record.
2. Students exposed to bloodborne pathogens will follow the plan for managing UF students who incur a bloodborne pathogen exposure outlined by the Student Health Care Center (Attachment #7).

Reviewed by: Leadership Council: 09/00; 03/05
Approved by: Administrative Council: 10/01; 03/05
Approved by: Dean: 10/01; 04/05

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Attachment #1

Mandatory Immunization Health History Form

This form can only be downloaded. To access this form, go to the site:

S:\NURSING\CON-POLICIES\S-STUDENT/S1(GEN)\
S1.01 – STUDENT HEALTH POLICY – IMMUNIZATION FORM

This form is a PDF copy, which requires Adobe Acrobat Reader. “Hard” copies may also be obtained by calling the Student Health care Center @ 352-392-1161 then entering a “3” to reach the Immunization Clinic.

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Attachment #2

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Student Health Form

Name: _____ UF ID: _____

Local Address: _____

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

Whom to notify in event of emergency:

Name: _____ Relationship: _____

Address: _____

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

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

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

NO **YES** If yes, please explain: _____

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

NO **YES** If yes, please explain: _____

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

Practitioner's signature: _____

License number: _____ State/Country Licensed: _____

Licensed as (check one): ARNP Physician Assistant Physician

** Please see Attachment #3: "Essential Functions for Clinical Course Work in the College of Nursing"

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Attachment #3

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College of Nursing Essential Functions for Clinical Coursework

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

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

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

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Attachment #4

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UNIVERSITY OF FLORIDA
BLOODBORNE PATHOGEN PROGRAM
For individuals having contact with
HUMAN BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS

**Training and Vaccination Form
Acceptance/Declination Statement**

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

Hospital or Institution Providing Training

Date of Training

2. In full recognition of the above:

- I accept participation in the vaccination series and have not yet been vaccinated. Take a copy of this form to the Student Health Care Center (see info below) to begin the vaccination series.

Jacksonville personnel go to the Employee's Health Office, Suite 505 Tower 1, 5th and Jefferson.

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

- I decline participation in the vaccination series.

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

Signature

Name (Please Print)

Date

UF ID#

College of Nursing Student
Position Title (Official UF)

Student
Position #

College of Nursing
Department

PO Box 100197
Campus Mailing Address

352-273-6383
Phone

N/A

N/A

N/A

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Supervisor/PI Signature

Supervisor/PI Name (Please Print)

Date

EHS-BBP-T&V rev 03/31/05

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Attachment #6

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**University of Florida
College of Nursing
OSHA Bloodborne Pathogen
Compliance Survey**

Name: _____ **UFID#:** _____
(Please Print)

I hereby certify that I am in compliance with the OSHA Bloodborne Pathogen training requirements.

Type of training completed:

- UF EHS BP Training
- Other (please specify): _____

Date training completed _____

By signing below I certify that the above information is correct and that my immunization record is on file at the University of Florida College of Nursing and the University of Florida Student Healthcare Center.

Signature

Date

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Attachment #7

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**UF Student Health Care Center
Plan for Managing UF Students Who Incur a Bloodborne Pathogen Exposure**

1. UF students in Gainesville will call 1-866-477-6824 Needle Stick Hotline if they incur an exposure to human blood or body fluids, just as UF employees do now.
2. Calling this hotline will ensure patient access to a medical provider 24 hours per day / 7 days per week to manage their BBPE.
3. Students in the Gainesville area specifically working at Shands @ UF, Shands @ AGH, and the VA will be sent to Shands @ UF laboratory on the 3rd floor to have their baseline laboratory work drawn.

Shands Lab will bill Student Health Care Center for the student's baseline laboratory work within 5 business days for service. Shands Lab will submit the bills for the student's baseline lab work to:

**Student Health Care Center
ATTN: Glenda Carroll
Yon Hall Room 256
PO Box 117500
Gainesville, Florida 32611-7500**

4. Should the student need medical prophylaxis, **Walgreen's 24 hour Pharmacy on 13th street** is where a one-week prescription will be faxed.

Walgreen's will bill the SHCC within 5 business days of filling the prescription. Walgreen's will submit the bill for this 7 day course of medication to:

**Student Health Care Center
ATTN: Glenda Carroll
Yon Hall Room 256
PO Box 117500
Gainesville, Florida 32611-7500**

The one week prescription should cover the patient until all the confirmatory source testing can be sorted out and then a decision will be made to continue the prophylaxis for the full 30 days or not.

5. The SHCC will be responsible for collecting the student's health insurance information and billing his/her insurance company for expenses incurred including:
 - a. All baseline student labs.
 - b. Medical prophylaxis (prescription) if indicated.
6. If insurance reimbursement is NOT received by the SHCC within 45 days of initial billing, or if the student has no medical insurance, or the student's deductible has not been reached, the SHCC will bill the specific college (Medicine, Nursing, or Physician Assistant Program) for reimbursement of student expenses associated with the BBPE. As this program grows, it is anticipated that more colleges may participate.
7. Follow-up laboratory work is routinely recommended after a BBPE (at 3, 6 and 12 months post exposure) and will be done at the SHCC labs either on main campus or the SHCC at Shands satellite clinic (D2-52). The SHCC Insurance Office will also bill the student's health insurance for any follow-up lab work.