

**Misericordia University**  
**College of Health Sciences**  
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**MISERICORDIA UNIVERSITY  
COLLEGE OF HEALTH SCIENCES**

**POLICY #1  
STUDENT HEALTH EXAMINATION**

**Purpose:**

1. The College of Health Sciences and the Director of Health Services of Misericordia University have established requirements for health clearances for those students engaging in clinical education experiences.
2. The health screening requirements will be placed on file in the Student Health Service Office of Misericordia University both prior to the beginning of clinical education experience and yearly thereafter.

**Procedure:**

1. Required forms may be secured from the clinical coordinator of the individual department [Medical Imaging (MI), Diagnostic Medical Sonography (DMS), Nursing, Occupational Therapy (OT), Physical Therapy (PT), or Speech-Language Pathology (SLP)] in late September or early October.
2. Students are encouraged to schedule an appointment with their health care provider over Thanksgiving break (MI, OT, and PT only) or Spring break for SLP.
3. The Director of Health Services is provided a master list of student names, by each department (MI, DMS, Nursing, OT, PT, or SLP), requiring health clearance.
4. The first page of the Health Clearance Form contains a checklist. The student must use this list to insure that all required items are included in the packet, prior to submission to the appropriate person as designated by department policy. Some clinical sites may require additional information, immunizations or testing. Students will be notified, in advance, of any prerequisites. The students must comply with such requests in order to initiate a clinical education experience at that site.
5. Students are required to obtain clinical clearance as determined by the established protocol of their department. Students are responsible for adhering to the following dates.

**Medical Imaging**

*Clinical Experiences I-VII:*      **December 1**

**Diagnostic Medical Sonography**

*Clinical Experiences I & II*      **August 1**

**Nursing**

*Undergraduate/Expressway*      **June 20**

*Graduate:*      **December 15 for spring  
June 15 for fall**

**Occupational Therapy**

*Fieldwork Levels I and II:*      **Weekday OTS first full week of December  
Weekend OTS last weekend of September**

**Physical Therapy**

*Clin Ed. I:*      **last full week of November**  
*Clin Ed. II and III:*      **last 2 weeks full April**

**Speech-Language Pathology**

*Clinic I and II Laboratory and  
Clinic I and II (externship)*      **first two full weeks of June**

6. The Health Clearance Form contains all mandatory tests that must be completed by the student's health care provider. The completed Health Form and copies of the final lab results must be submitted to the Director of Health Services prior to entrance to the clinical education site.  
Appendices a-e:
  - a. MI, DMS, OT, PT, SLP: First Health Clearance Form Tests
  - b. MI, DMS, OT, PT, SLP: Second Health Clearance Form Tests
  - c. Nursing Juniors: Fall Clinicals
  - d. Nursing Seniors: Fall Clinicals
  - e. Nursing graduate: Fall Clinicals
7. It is the responsibility of the student to maintain Health clearance and submit forms to the appropriate person designated by department policy. *No blood work older than three (3) months will be accepted.* Health clearance **expires exactly one year from the initial PPD** (with the exception of the part-time accelerated nursing senior student health clearance that will expire at the end of August). Additionally, students must comply with specific agency requirements.
8. Upon submission of the entire packet, the Director of Student Health Services completes Section V. of the Health Clearance Form.
  - a. The top section of this form is returned to the individual department (MI, DMS, Nursing, OT, PT, or SLP), that the student **has obtained** health clearance and is filed in the students' permanent file.
  - b. The bottom section of this form is returned to the individual department indicating incomplete information and forwarded to the student indicating that the student **has not obtained** health clearance. It is the students' responsibility to complete those items indicated on the bottom section of the form, submit them to the Director of Health Services, prior to entering the clinical experience.
9. Health Clearance will be delayed if all requirements for health clearance are not completed as required. Therefore, clinical experience start will be delayed.
10. Students who fail to submit their Health Clearance Form as designated by department policy (or any other established criteria for clinical education) will not receive health clearance from the Director of Health Services and will not be placed in a clinical site until this (these) requirement(s) is(are) fulfilled.
11. Some clinical sites may require a copy of the Health Clearance Form. Please review Section III of the Student health form, "Medical Records Release". Contact the appropriate clinical coordinator of your department (MI, DMS, Nursing, OT, PT, or SLP) for specific departmental clinical site policies.

Proposed: 03/99  
Accepted: 11/99  
Revised: 03/05  
Reviewed: 3/09

Appendix A

First Health Clearance Tests:

- a. The following completed items must be submitted to the appropriate person as designated by department policy prior to entrance to the first clinical environment rotation.

Medical Imaging

*Clinical Experiences I-III*

December 1

Diagnostic Medical Sonography

*Clinical Experiences I & II*

August 1

Occupational Therapy

*Fieldwork Level I:*

Weekday OTS first full week of December

Weekend OTS last weekend of September

Physical Therapy

*Clin Ed. I:*

last full week of November

Speech-Language Pathology

*Clinic I Laboratory:*

first two full weeks of June

1. SECTION I. OF HEALTH CLEARANCE FORM
  - a. COMPLETED DEMOGRAPHIC/EMERGENCY INFORMATION
  - b. PHOTOCOPY OF HEALTH INSURANCE CARD
  
2. SECTION II. OF HEALTH CLEARANCE FORM:
  - a. ALLERGIES OR MEDICATIONS CURRENTLY TAKEN
  - b. ATTACHED COPY OF CBC (OT, MI, DMS only)
  - c. ATTACHED COPY OF RUBELLA TITER
  - d. TUBERCULIN SKIN TEST: PPD via MANTOUX (fully documented)  
chest x-ray report (if PPD via MANTOUX positive only)
  - e. IMMUNIZATION REPORT:  
Tetanus Toxoid Booster (Booster within 10 years)  
MMR2  
Poliomyelitis  
Hepatitis B (fully documented)
  - f. HEALTH CARE PROVIDERS DECISION ON PERFORMANCE OF  
ESSENTIAL FUNCTIONS
  
3. SECTION III. OF HEALTH CLEARANCE FORM:
  - a. SIGNED STUDENT STATEMENT OF RESPONSIBILITY
  - b. SIGNED MEDICAL RECORDS RELEASE FORM

**Second Health Clearance Tests (one year from the most recent PPD date):**

- a. The following completed items must be submitted to the appropriate person as designated by department policy one year from the most recent PPD.

**Medical Imaging**

*Clinical Experiences IV-VII:* December 1

**Diagnostic Medical Sonography**

*Clinical Experiences II, IV and V* August 1

**Occupational Therapy**

*Fieldwork Levels II:* Weekday OTS first full week of December  
Weekend OTS last weekend of September

**Physical Therapy**

*Clin Ed. II and III:* last 2 full weeks April

**Speech-Language Pathology**

*Clinic I (externship):* first two full weeks of June

1. SECTION I. OF HEALTH CLEARANCE FORM:
  - a. COMPLETED DEMOGRAPHIC/EMERGENCY INFORMATION
  - b. PHOTOCOPY OF HEALTH INSURANCE CARD
  
2. SECTION II. OF HEALTH CLEARANCE FORM:
  - a. ALLERGIES OR MEDICATIONS CURRENTLY TAKEN
  - b. TUBERCULIN SKIN TEST: PPD via MANTOUX (fully documented)  
chest x-ray report (if PPD via MANTOUX positive only)
  - c. HEALTH CARE PROVIDERS DECISION ON PERFORMANCE OF  
ESSENTIAL FUNCTIONS
  
3. SECTION III. OF HEALTH CLEARANCE FORM:
  - a. SIGNED STUDENT STATEMENT OF RESPONSIBILITY
  - b. SIGNED MEDICAL RECORDS RELEASE FORM

**Nursing JUNIORS**  
***undergraduate:***

June 20 for Fall clinicals

1. SECTION I. OF HEALTH CLEARANCE FORM:
  - a. COMPLETED DEMOGRAPHIC/EMERGENCY INFORMATION
  - b. PHOTOCOPY OF HEALTH INSURANCE CARD
  
2. SECTION II. OF HEALTH CLEARANCE FORM:
  - a. ALLERGIES OR MEDICATIONS CURRENTLY TAKEN
  - b. ATTACHED COPY OF URINALYSIS
  - c. ATTACHED COPY OF CBC and SEROLOGY (RPR or VDRL)
  - d. ATTACHED COPY OF RUBELLA TITER
  - e. TUBERCULIN SKIN TEST: PPD OR MANTOUX (fully documented)  
chest x-ray report (if PPD or MANTOUX positive only)
  - f. IMMUNIZATION REPORT:  
Tetanus Toxoid Booster (Booster within 10 years)  
MMR2  
Poliomyelitis  
Hepatitis B (fully documented)
  - g. SYSTEMS ABNORMALITIES
  - h. HEALTH CARE PROVIDERS DECISION ON PERFORMANCE OF  
ESSENTIAL FUNCTIONS
  
3. SECTION III. OF HEALTH CLEARANCE FORM:
  - a. SIGNED "STUDENT STATEMENT OF RESPONSIBILITY"
  - b. SIGNED "MEDICAL RECORDS RELEASE FORM"

**Nursing SENIORS**

*undergraduate:*

June 20 for Fall clinicals

1. SECTION I. OF HEALTH CLEARANCE FORM:
  - a. COMPLETED DEMOGRAPHIC/EMERGENCY INFORMATION
  - b. PHOTOCOPY OF HEALTH INSURANCE CARD
  
2. SECTION II. OF CLINICAL HEALTH CLEARANCE FORM:
  - a. ALLERGIES OR MEDICATIONS CURRENTLY TAKEN
  - b. TUBERCULIN SKIN TEST: PPD OR MANTOUX (fully documented)  
chest x-ray report (if PPD or MANTOUX positive only)
  - c. SYSTEMS ABNORMALITIES
  - d. HEALTH CARE PROVIDERS DECISION ON PERFORMANCE OF  
ESSENTIAL FUNCTIONS
  
3. SECTION III. OF HEALTH CLEARANCE FORM:
  - a. SIGNED "STUDENT STATEMENT OF RESPONSIBILITY"
  - b. SIGNED "MEDICAL RECORDS RELEASE FORM"

**RN and GRADUATE**

***RN and graduate:***      December 15 for Spring clinicals  
   June 15 for Fall clinicals

1.      **SECTION I. OF HEALTH CLEARANCE FORM**
  - a.      **Completed Demographic/Emergency Information**
  
2.      **SECTION II. OF HEALTH CLEARANCE FORM**
  - a.      **Tuberculin Testing Results**
  - b.      **Chest x-ray Results, (if tuberculin testing results positive)**
  - c.      **Hepatitis B Immunization**
  - d.      **Hepatitis B Waiver**
  - e.      **Proof of Health Insurance**
  
3.      **SECTION III. OF HEALTH CLEARANCE FORM**
  - a.      **Health Care Provider's Certification of Health Status**
  - b.      **HEALTH CARE PROVIDERS DECISION ON PERFORMANCE OF ESSENTIAL FUNCTIONS**
  
4.      **SECTION IV. OF HEALTH CLEARANCE FORM**
  - a.      **Signed Statement of Responsibility**
  - b.      **Signed Medical**

**MISERICORDIA UNIVERSITY  
COLLEGE OF HEALTH SCIENCES**

**POLICY #2**

**CRIMINAL RECORD CHECK AND CHILD ABUSE CLEARANCE APPLICATION  
PROCESS**

**Purpose:**

To provide a process for Criminal Record Check and Child Abuse Clearance for those students engaging in clinical education experiences requiring such clearances.

**Procedure:**

1. Students may complete this process in one of two ways:
  - A. obtain the form for Criminal Record Check from the department's clinical education coordinator. The coordinator may be reached by contacting the department's secretary.

Medical Imaging:	(570)674-6256
Diagnostic Medical Sonography:	(570)674-8013
Nursing:	(570)674-8044
Occupational Therapy:	(570)674-6391
Physical Therapy:	(570)674-6465
Speech-Language Pathology:	(570)674-6724
  - B. **access the Pennsylvania State Police criminal record website on-line at:  
Pennsylvania Criminal Record Website  
<https://epatch.state.pa.us/RecordCheckHome.jsp>**
2. Students are responsible for submitting the necessary information for Criminal Record Check clearance eight weeks prior to the start of the clinical education experience.
3. Students are required to submit a copy of the results of the Criminal Record Check clearance when they apply for Child Abuse Clearance.
4. The fees for the Criminal Record Check and Child Abuse clearance applications are incurred by the student.
5. Annual requirements will be determined by individual departments.
6. Certain criminal violations (such as those that may prohibit a student from obtaining licensure) will block students from participating in clinical education experiences.
7. These clearances will be maintained in the students' file within the department. When required, the results will be shared with the clinical education sites.

\*Individuals must review and adhere to specific departmental policies and/or requirements.

Proposed: 11/99, 4/00  
Accepted: 8/25/00  
Revised: 03/05, 11/05, 5/06, 3/09

**MISERICORDIA UNIVERSITY  
COLLEGE OF HEALTH SCIENCES**

**POLICY #3**

**CPR CERTIFICATION**

**Purpose:**

1. To establish criteria for CPR certification.
2. To establish a procedure for submitting results.

**Procedure:**

1. Students are required to obtain certification in professional level/healthcare provider Adult (one and two person)/Infant/Child CPR at their own expense.
2. Certification must be kept current for the length of time the students/clinical employee are enrolled in any clinical education experience.
3. Prior to the first day of the clinical education experience, a copy of the official certification card must be submitted to the designated clinical education coordinator. The coordinator may be reached by contacting the department's secretary.

Medical Imaging:	(570)674-6256
Diagnostic Medical Sonography:	(570)674-8013
Nursing:	(570)674-8044 ( <i>due June 20</i> )
Occupational Therapy:	(570)674-6391
Physical Therapy:	(570)674-6465
Speech-Language Pathology:	(570)674-6724
4. It is the responsibility of the students to be aware of the expiration date. They must submit a copy of the current CPR card to the designated clinical education coordinator prior to the respective expiration date.
5. Failure to comply with these requirements will result in removal from the clinical education site. If students are removed from the clinical education site and do not obtain clearance within the timeline designates by department, students will be subject to disciplinary action by their department.
6. CPR certification courses are offered at MISERICORDIA UNIVERSITY. Students must seek permission from their advisor prior to registration for this course. The timeline is as follows:
  - a. Initial CPR certification:  
Offered in August, November, March and April.  
Maximum of eight students per instructor.  
First come first serve basis.
  - b. Re-certification:  
Offered in August, November, March and April  
Maximum of eight students per instructor.  
First come first serve basis.

Proposed 4/00  
Accepted: 8/25/00  
Revised: 03/05  
Reviewed: 5/06, 3/09

**MISERICORDIA UNIVERSITY  
COLLEGE OF HEALTH SCIENCES**

**POLICY #4**

**CLINICAL INCIDENT REPORT**

**Purpose:**

To provide guidelines for reporting incidents or unusual occurrences involving a Misericordia University Health Sciences student who is participating in a clinical education experience.

An incident is defined as any occurrence out of the normal operation of the institution. The incident may result in an injury or a situation that could cause an injury to a patient, staff or student. Any situation when an incident report is filed at a clinical education site, a Misericordia University Clinical Incident report form must be filed.

**Procedure:**

1. See the clinical education site's documentation for specific policies regarding reporting of clinical incidents.
2. Only in the event of any student injury is the signature of the student (in the appropriate space) required in section V. of the "Clinical Incident Report".
3. In the event of any student injury where treatment is not covered by the individual clinical education site, the student will incur the expense.
4. Forms for reporting clinical incidents may be obtained from the department's clinical education coordinator by contacting:

Medical Imaging:	(570)674-6256
Diagnostic Medical Sonography:	(570)674-8013
Nursing:	(570)674-8044
Occupational Therapy:	(570)674-6391
Physical Therapy:	(570)674-6465
Speech-Language Pathology:	(570)674-6724
5. This form must be completed by the student's clinical employee/supervisor, (clinical employee – an appointed employee whose duty is to supervise college students at the clinical education site, who will, in that capacity, have direct patient contact and involvement in clinical activities), and signed by both the student and the clinical employee/supervisor.
6. The original report will be forwarded to the department's chairperson. Copies will be distributed as follows: the gold copy to the student, the pink copy to the controller's office, and the yellow copy in the student's department file. Additionally, if a student sustained an injury, the Director of the Student Health Center will also receive a copy of the report.

Proposed        4/00, 8/00  
Accepted:       11/00  
Revised:        03/05  
Reviewed:       5/06. 3/09



CLINICAL INCIDENT REPORT

Purpose: This form is used to report incidents or unusual occurrences involving a Misericordia University student who is engaged in a scheduled clinical activity. The report is to be completed by the student's clinical employee/supervisor and signed by both the student and the clinical employee/supervisor. The original report will be forwarded to the department chairperson. Copies will be distributed as follows: Gold-student; Pink- controller's office; Yellow-department student file.

PLEASE PRINT OR TYPE INFORMATION ON FORM AND ATTACHED SHEETS.

I. Student Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Program/Level: (Circle one) Medical Imaging: Sophomore Junior Senior Nursing: BSN (Junior) BSN (Senior) RN to BSN RN to MSN Graduate Level II Occupational Therapy: Level I Int. I Int. II Int. III Level II Physical Therapy: Clin Ed I Clin Ed II Clin Ed III Speech-Language Path.: Clinic I Lab Clinic II Lab Clinic I Clinic II Diagnostic Medical Sono: Clinic I Clinic II Clinic III Clinic IV Clinic V Clinical Employee/Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ a.m. p.m. Name of clinical agency where incident occurred: \_\_\_\_\_ Address: \_\_\_\_\_

II. What was the student doing when the incident occurred? (Be specific. If the student was using equipment or handling material, etc. please identify and tell what was being done.)

III. How did the incident occur? (Describe fully the events that resulted in the incident. Tell what happened, how it happened, whether an injury occurred as a result, and name any equipment, personnel, or other factors involved in the incident. Attach additional pages to this form if necessary.)

IV. If an injury resulted, explain who was injured and the nature and location of the injury. (Describe fully, including parts of the body affected.)

**V.**

**Was medical attention received?** (Describe by whom, where and when.)

*Signature is required in the appropriate space below **only if** student sustained an injury.*

Treatment **received** (student's signature)\_\_\_\_\_

Treatment **refused** (student's signature)\_\_\_\_\_

**VI.**

**Who was notified of the incident?** (Provide the names of each person in the order that they were notified of the incident. Be sure to include Misericordia University personnel. Include the dates when notified and by whom. If a student sustained an injury, the Director of the Student Health Center must be notified.)

**VII.**

**Provide a plan to keep other such incidents from occurring in the future.** (This section is completed by the clinical employee/supervisor in consultation with the student. List mutually agreed upon strategies.)

**VIII.**

**Additional Comments: (Attach additional sheets as needed.)**

**Student Signature:**\_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinical Employee/Supervisor Signature:**\_\_\_\_\_ **Date:** \_\_\_\_\_

Approved: 05/04

Reviewed: 5/06

**MISERICORDIA UNIVERSITY  
COLLEGE OF HEALTH SCIENCES**

**POLICY # 5**

**CLINICAL EDUCATION POLICY FOR INJURIES FROM SHARP INSTRUMENTS  
AND BLOOD BORNE PATHOGENS EXPOSURE**

**Purpose:**

To develop a standard policy for the prevention and treatment of sharp instrument injury and blood borne pathogens exposure incurred during clinical education experiences. This policy is in compliance with the Misericordia University policy of Occupational Safety and Health Administration (OSHA) Blood Borne Pathogens Exposure Control Plan.

**Procedure:**

1. Standard precautions and Transmission Based Precautions will be observed during any tasks that involve exposure to blood, body fluids, or tissues.
2. During clinical/fieldwork education experiences, clinical education site policies and procedures will apply regarding the care and use of needles and other exposure to blood borne pathogens. During academic education experiences, the Misericordia University policies and procedures will apply.
3. After use, disposable syringes, needles and other sharp instruments will be placed in the appropriate puncture resistant sharps container.
4. The student is responsible for reviewing the clinical education site's documentation for specific policies regarding reporting of clinical incidents.
5. In the event a student is injured with a sharp instrument or otherwise exposed to blood borne pathogens during the clinical education experience, the clinical education coordinator and/or the department secretary must be notified immediately. They, in turn, will notify the Student Health Service. Refer to the telephone numbers in Procedure 6.
6. As outlined in the Division of Health Sciences Policy #4 Clinical Incident Report, a Clinical Incident Report form must be completed and returned within 10 working days from the date of the incident. Forms for reporting clinical incidents may be obtained from the department's clinical education coordinator by contacting:

Medical Imaging:	(570)674-6256
Diagnostic Medical Sonography:	(570)674-8013
Nursing:	(570)674-8044
Occupational Therapy:	(570)674-6391
Physical Therapy:	(570)674-6465
Speech-Language Pathology:	(570)674-6724
7. For specific policies and procedures regarding academic courses on campus, refer to the individual department policy.

Proposed: 9/24/01

Accepted: 9/24/01

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Reviewed: 5/06, 3/09

**MISERICORDIA UNIVERSITY  
COLLEGE OF HEALTH SCIENCES**

**POLICY #6**

**HIPAA Confidentiality**

**Purpose:**

To provide guidelines for providing HIPAA confidentiality education to all Misericordia University Health Sciences students who will participate in clinical education experiences.

**Procedure:**

1. Prior to the commencement of student placement at the clinical education site, each Health Sciences department clinical coordinator will arrange for the students to complete the HIPAA training.
2. Upon completion of the HIPAA training, students will submit a verification of their HIPAA training to their department clinical coordinator.
3. Copies of the verification will be maintained in the students' department academic file and in the students' individual clinical file housed at the clinical education site.
4. See the clinical education site's documentation for specific policies regarding HIPAA education.
5. Any student who has not successfully completed the HIPAA training course by the specified date will not be allowed to begin a clinical experience as scheduled.

Proposed: 04/04  
Approved: 09/01/04, 2/2/10  
Reviewed: 5/06, 3/09, 12/09

**MISERICORDIA UNIVERSITY  
COLLEGE OF HEALTH SCIENCES**

**POLICY #7: CLINICAL EMPLOYEE HEALTH CLEARANCE  
EXAMINATION (CEHC) POLICY**

**Purpose:**

1. The College of Health Sciences has established requirements for health screening and immunization of those employees engaging in clinical education experiences.

**Terminology:**

**Clinical Employee:** is defined as an employee that supervises Misericordia University students at the clinical education site who will, in that capacity, have direct patient contact and involvement in clinical activities.

**Procedure:**

1. Required forms may be secured from the clinical coordinator of the individual department [Medical Imaging (MI), Diagnostic Medical Sonography( DMS), Nursing, Occupational Therapy (OT), Physical Therapy (PT), or Speech-Language Pathology (SLP)].
2. Some clinical sites may have additional “site specific” requirements (i.e. immunizations, testing, etc.). Clinical Employees must comply with such requests in order to satisfy Clinical Employee supervision requirements.  
*The cost of some testing will be incurred by MISERICORDIA UNIVERSITY.*
3. It is the responsibility of the Clinical Employee to maintain current health clearance. (one year from PPD reading for all except nursing, this is one year from the date of the health clearance).
4. The CEHC must be submitted to and maintained by the Director of Health Services.
5. The Director of Health Services will provide documentation of health screening clearances to individual Department Chairs.
6. Clinical Employees who fail to submit the completed CEHC Form will not be permitted to supervise Misericordia University students until requirements are fulfilled.
7. A copy of the clinical employee health insurance card must accompany submission of the health clearance form to the Director of Health Services.

Proposed: 10/10/05  
Revised: 2/22/06  
Accepted: 11/14/05  
3/15/06, 3/09

**Policy #8**  
**Misericordia University**  
**College of Health Sciences**

**Student Health Clearance Process**

**Purpose:**

To provide a consistent, timely, accurate method for processing student health clearance documentation.

- A. All students will be advised of the essential functions required of their Health Sciences majors prior to formally entering the programs.
- B. Medical clearances related to the essential functions will be required of all students prior to their entering the laboratory or clinical education setting, and following any subsequent change in health or functional status.
- C. By reviewing the list of essential functions, it is expected that students will be able to indicate their likeliness of successful compliance, document any limitations related to essential functions, and request specific accommodations relevant to the listed tasks, as necessary. Ideally, potential accommodations will be considered prior to entrance into the major program. Minimally, the medical clearances required prior to participation in the laboratory or clinical setting must define any limitations and the accommodations needed to comply with the essential functions.
- D. Reasonable accommodations will be provided to support students with documented disabilities. An accommodation cannot pose a threat to the patient, staff, student, or interfere with the program's essential functions, if it is to be considered reasonable.
- E. In compliance with a policy respecting student's rights to privacy, confidential information will be released on a need-to know basis. In the clinical setting, information about a student's accommodations which relate to the clinical performance standards will need to be shared with clinical educators and those involved with accommodation delivery and facilitation. The student may or may not choose to disclose the underlying condition or specific details of their disability. Accommodations that relate solely to classroom experience need not be revealed to clinic personnel. The student must sign a written release (provided by the LRC) defining the information that will be shared in the clinical setting. Accommodations provided in the clinic are specific to the site and the clinical experience and may not be the same as the classroom.
- F. Clinical site assignment/selection may include a consideration of the site's ability for flexibility, ability to work with disabled students, and facility and logistical characteristics. The clinical site will make the determination as to whether or not it can provide the reasonable accommodations.
- G. This process is intended to ensure equal access to professional programs. However, it is not an assurance of student success.

**Procedures:**

1. Departments distribute health clearance forms (HCF) and essential functions document (EFD) to students in accordance with each department time line.
2. Students return completed form to the designated person in each department.
3. Designated department clinical person reviews final paragraph of HCF to determine if the Health Care Provider has indicated that the student is able to fulfill the essential functions of the profession, with or without accommodations.
4. Departments may also choose to utilize the HCF cover page checklist. HCF, with attached cover page check list, is then forwarded to the Student Health Center for final review, clearance, and record storage.
5. If a student requests accommodations, the student must do so by applying for the ALP program or by completing the Disability Declaration form provide by Admissions. Once it is determined those

accommodations are appropriate then a plan of accommodation (POA) will be developed collaboratively by the ALP Specialist and designated health science representative. A copy of the POA is attached, by the program, to the HCF and forwarded to the Student Health Center for final review and record storage. If special equipment is required, the cost will be paid by the student.

6. The designated health science representative has a preliminary discussion with a potential placement site to discuss (without identifying the student) the specific accommodations required. The program's licensed professional and student meet with clinical site to review the POA.

7. All Students are cleared only when the Student Health Center returns the HCF verification of clearance form to the department.

Rev. 5/09