Policy #1: Student Clinical Clearance
Policy #2: Criminal Record Check and Child Abuse History Clearance
Policy #3: CPR Certification
Policy #4: Clinical Incident Report
Policy #5: Clinical Education Policy for Injuries from Sharp Instruments and Blood Borne Pathogens Exposure
Policy #6: HIPAA Confidentiality
Policy #7: Clinical Employee Health Clearance Examination (CEHC) Policy
Policy #8: Essential Functions Documentation Process
Policy #9: Drug Screening Policy
MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES

POLICY #1: STUDENT CLINICAL CLEARANCE

Purpose:

1. The College of Health Sciences has established requirements for those students engaging in clinical education experiences.

2. The documentation of such requirements will be placed on file in the department of the student’s major 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/program [Medical Imaging (MI), Diagnostic Medical Sonography (DMS), Nursing (NSG), Occupational Therapy (OT), Physical Therapy (PT), or Speech-Language Pathology (SLP), Nuclear Medicine Technology (NMT)].

2. The student will be provided with a Clinical Clearance packet, which contains a checklist. The student must use this list to ensure that all required items are included, prior to submission to the Clinical Coordinator. Some clinical sites may require additional information, immunizations or testing. Students will be notified of any additional requirements. The students must comply with such requests in order to initiate a clinical education experience at that site.

3. 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:*  
no later than August 1st (for initial health clearance)* and no later than 2 weeks prior to the expiration date for subsequent clearances.

**Diagnostic Medical Sonography**  
*Clinical Experiences I - V:*  
no later than August 1st (for initial health clearance)* and no later than 2 weeks prior to the expiration date for subsequent clearances.

**Nuclear Medicine Technology**  
*Clinical Experiences I - V:*  
no later than August 1st (for initial health clearance)* and no later than 2 weeks prior to the expiration date for subsequent clearances.

**Nursing**  
*Undergraduate Traditional:*  
May 15

*Undergraduate PTEANP:*  
April 1

*Undergraduate RN to BSN:*  
June 15 (fall clinical)  
December 15 (spring clinical)

**Graduate:**  
April 1
**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 and II:*
- last full week in January

*Clin Ed. III and IV:*
- first full week of February

**Speech-Language Pathology**

*Optional Clinic Laboratory & Clinic I and II and Fieldwork I and II (Externship)*
- No later than July 31st (for initial health clearance) and no later than 2 weeks prior to the expiration date for subsequent clearances.

4. The Health Clearance Form contains all mandatory tests that must be completed by the student’s health care provider. The completed Health Clearance Form and copies of the final lab results must be submitted to the Clinical Coordinator of the student’s major/program. Submission of this documentation is required for clinical clearance prior to the start of the actual clinical experience.

5. It is the responsibility of the student to maintain current clinical clearance.

6. Upon verification by the Clinical Coordinator that all required clinical documentation has been received the Clinical Coordinator will complete the Clinical Clearance Verification Form.

7. Clinical Clearance will be withheld if all requirements are not fulfilled. As a result, the clinical experience start will be delayed.

8. Some clinical sites may require copies of any/all clinical clearance documentation. Students will be required to sign a statement allowing Misericordia University to release such information.

9. Any change in medical status following the initial clearance, must be reported to the Clinical Coordinator, and the student must provide an updated clearance from a health care provider, to continue/resume classroom, laboratory and / or clinical activities.

Final Approval: 12/11
POLICY #2: CRIMINAL RECORD CHECK AND CHILD ABUSE HISTORY CLEARANCE

Purpose: To inform students interested in pursuing careers in the Health Sciences that:

1. Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance, may be required by the program, by the professional licensing board, or by any site providing clinical placements for students during their education.

2. The student must authorize release of the results of any Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance when requested by the program, university, or clinical placement site.

3. All costs associated with the Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance are the responsibility of the student unless specifically stated otherwise by the party requesting the Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance.

4. A positive Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance may result in any of the following:
   - Inability to find a clinical placement
   - Dismissal from a clinical placement
   - Inability to obtain professional licensure
   - Legal ramifications
   - Inability to matriculate or continue within a program within the Health Sciences
   - Inability to meet requirements for graduation from the program of study

5. Any student with a history of a positive finding on a Criminal Record Check or Child Abuse History Clearance should seek advice from legal counsel for the potential impact on the ability of the student to meet specific program or licensing requirements prior to entering a program in the College of Health Sciences.

Procedure:

1. Any student with a history of a positive finding or a change in status on a Criminal Record Check or Child Abuse History Clearance must inform the Clinical Coordinator who will inform the Department Chair and Dean of the College of Health Sciences. The student should also seek advice from legal counsel for the potential impact on the ability of the student to meet specific program or licensing requirements.

2. Any program requiring mandatory Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance prior to enrollment or clinical placement will inform students of the
specific requirements and timing for Criminal Record Checks, (Federal and/or State), and/or Child Abuse History Clearances.

3. Clinical Placements that have required Criminal Record Checks, (Federal and/or State), and/or Child Abuse History Clearances policies will be clearly identified for students prior to placement in the facility.*

   *Students should be aware that the individual Clinical Placements may institute changes in policies without notice. Should this occur the student is still responsible for meeting the requirements of the Clinical Placement.

4. In cases where students are the direct recipient of the criminal record check the student must supply the Clinical Coordinator with a copy of the report. Any student who fails a Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance has the right to appeal the result with the vendor and/or authorized issuing agency completing the clearance. The student must notify the Clinical Coordinator if and when an appeal will be initiated. In the event a student fails a criminal record check the Clinical Coordinator will notify the Department Chair and Dean. The student will be notified if s/he cannot be placed in a clinical facility.

5. Failure to comply with this policy will preclude participation in clinical placement. As a result, the student may not be able to complete the requirements of the Health Sciences program, may not be eligible for federal or state credentialing/licensing required for practice, and may be dismissed from the respective program.

Final Approval: 12/11
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/AED 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. A copy of the official certification card must be submitted to the designated clinical education coordinator by the date specified by each department. The coordinator may be reached by contacting the department’s administrative specialist.
   - Medical Imaging: (570)674-6256
   - Diagnostic Medical Sonography: (570)674-8013
   - Nuclear Medicine Technology: (570)674-6256
   - Nursing: (570)674-8044
   - Occupational Therapy: (570)674-6391
   - Physical Therapy: (570)674-6465
   - Speech-Language Pathology: (570)674-8255

4. Students will not be allowed to participate in clinical education experiences unless they provide proof of the approved level of CPR certification.
5. 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. Failure to comply with these requirements will result in a delay in their clinical placement or 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.

Final Approval: 12/11; 12/13
Revised: 1/13
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. In the event of any student injury where treatment is not covered by the individual clinical education site, the student will incur the expense.

3. 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
   - Nuclear Medicine: (570)674-6256
   - Nursing: (570)674-8044
   - Occupational Therapy: (570)674-6391
   - Physical Therapy: (570)674-6465
   - Speech-Language Pathology: (570)674-6724

4. 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.

5. The original report will be forwarded to the department’s chairperson. Copies will be distributed as follows: the student, the controller’s office, and the student’s department file.

Final Approval: 12/11
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: student; controller’s office; department student file.

PLEASE PRINT OR TYPE INFORMATION ON FORM AND ATTACHED SHEETS.

I. Student Name: ________________________________________________
   Misericordia University e-mail address: ______________________________

Program/Level: (Circle one)
   Medical Imaging: Sophomore  Junior  Senior
   Nuclear Medicine Technology: Clinic I  Clinic II  Clinic III  Clinic IV  Clinic V  Clinic VI
   Nursing: BSN (Junior)  BSN (Senior)  RN to BSN  Graduate
   Occupational Therapy: Level I  Int. I  Int. II  Int. III  Level II
   Speech-Language Path.: Optional Clinic  Clinic I  Clinic II  Fieldwork I  Fieldwork II
   Diagnostic Medical Sono: Clinic I  Clinic II  Clinic III  Clinic IV  Clinic V
   Clinical Employee/Supervisor Name: __________________________________
   Title: __________________________________

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).

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:** ____________

**Final Approval:** 12/11
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 Occupational Safety and Health Administration (OSHA) Blood Borne Pathogens Exposure Control Plan to which Misericordia University adheres.

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 Administrative Specialist must be notified immediately.

6. As outlined in the College 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
   Nuclear Medicine Technology: (570)674-6256
   Nursing: (570)674-8044
   Occupational Therapy: (570)674-6391
   Physical Therapy: (570)674-6465
   Speech-Language Pathology: (570)674-8255

7. For specific policies and procedures regarding academic courses on campus, refer to the individual department policy.

Final Approval: 12/11
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 HIPAA training.
2. Upon completion of 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 HIPAA training by the specified date will not be allowed to begin a clinical experience as scheduled. Individual program policies regarding absence will be applied in these cases.

Final Approval: 12/11
POLICY #7: OFF-CAMPUS CLINICAL EMPLOYEE HEALTH CLEARANCE EXAMINATION (CEHC) POLICY

Purpose:
1. To establish criteria for obtaining health clearance information as required by clinical sites.

Procedure:
1. Forms may be secured from the Clinical Coordinator of the individual department [Medical Imaging (MI), Diagnostic Medical Sonography (DMS), Nuclear Medicine Technology (NMT), Nursing, Occupational Therapy (OT), Physical Therapy (PT), or Speech-Language Pathology (SLP)].
2. Clinical Employees must comply with site specific requests in order to satisfy Clinical Employee supervision requirements.
   - The cost of testing will be incurred by MISCERICORDIA UNIVERSITY when the employee utilizes the specified site. The employee will be responsible for charges in the event that another provider is used.
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. Clinical Employees who fail to submit the completed CEHC Form will not be permitted to supervise Misericordia University students until requirements are fulfilled.
5. A copy of the clinical employee health insurance card must accompany submission of the health clearance form to the Department Chair/Clinical Coordinator.

Final Approval: 12/11, 12/13
Revised: 1/13
POLICY #8: ESSENTIAL FUNCTIONS DOCUMENTATION PROCESS

Purpose:
To provide a consistent, timely, accurate method for documenting a student’s capacity to perform essential functions.

A. All students will be advised of the essential functions required of their Health Sciences majors/certificate program 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 settings, following any subsequent change in health or functional status, and as deemed necessary by each individual department.

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 or certificate program. Minimally, the medical clearances required prior to participation in the laboratory or clinical settings 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 Student Success Center (SSC)) 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 Clinical Clearance Forms (CCF) and Essential Functions Document (EFD) to students in accordance with each department time line.

2. Students return completed forms to the designated person in each department.

3. The Clinical Coordinator reviews final paragraph of CCF 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. If a student requests accommodations, the student must do so by applying for the Alternative Learners Program (ALP) or by completing the Disability Declaration form provided by Admissions. Once it is determined by the Assistant Director SSC/Office for Students with Disabilities (OSD), Clinical Director, and the student if accommodations are appropriate, then a Plan Of Accommodation (POA) will be developed collaboratively by the ALP Director and the Clinical Coordinator. A copy of the POA is attached to the CCF. If special equipment is required, the cost will be paid by the student.

5. The Clinical Coordinator has a preliminary discussion with a potential placement site to discuss (without identifying the student) the specific accommodations required. If the site is agreeable, the Clinical Coordinator and student meet with clinical site to review the POA.

Final Approval: 12/11
MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES

POLICY # 9: DRUG SCREENING POLICY

Purpose: To inform students interested in pursuing careers in the Health Sciences of the following:

1. Drug Screening may be required by the program, by the professional credentialing/licensing board, or by any site providing clinical placements for students during their education.

2. The student must authorize release of the results of any Drug Screening when requested by the program, university, or clinical placement site.

3. All costs associated with Drug Screening are the responsibility of the student unless specifically stated otherwise by the party requesting the Drug Screening.

4. A positive drug screening may result in any of the following:
   - inability to find a clinical placement
   - delay in clinical placement
   - dismissal from a clinical placement
   - inability to obtain professional licensure/certification
   - legal ramifications
   - inability to matriculate or continue within a program within the Health Sciences
   - inability to meet requirements for graduation from the program of study

Procedure:
1. Any program requiring mandatory Drug Screening prior to enrollment or clinical placement will inform students of the specific requirements and timing for Drug Screening.

2. Clinical Placements that have required Drug Screening policies will be clearly identified for students prior to placement in the facility*
   *Students should be aware that the individual Clinical Placements may institute changes in policies without notice. Should this occur the student is still responsible for meeting the requirements of the Clinical Placement.

3. In the event a student fails a drug screen and is notified by the vendor directly, the student must notify the Clinical Coordinator who will notify the Department Chair and Dean of the College of Health Sciences. Any student who fails a drug screening has the right to appeal the results with the vendor and/or authorized laboratory completing the screen. The student must notify the Clinical Coordinator if and when an appeal will be initiated. The student will be notified if s/he can or cannot be placed in a clinical facility. If a delay in placement results the department will determine when and if a make-up opportunity will be granted.

4. Failure to comply with this policy will preclude participation in clinical placement. As a result, the student may not be able to complete the requirements of the Health Sciences program, may not be eligible for federal or state credentialing/licensing required for practice, and may be dismissed from the respective program.

Final Approval: 4/13/11