


OLYMPIC COLLEGE
Student Health & Safety Requirement Checklist

By contract with Olympic College all students participating in patient care at clinical sites must meet the following health and safety requirements. Records will be kept at the Nursing Programs Administrative Office at the Poulsbo campus and random review by the clinical sites will occur on a regular basis.

All documentation must meet requirements at all times during the nursing program.

Submitted Once <i>(for all 1st year ADN, PN, TADN, & BSN)</i>		Submitted Every Year <i>(for all 2nd year ADN and BSN)</i>	
<input type="checkbox"/>	<p>TB Skin Test</p> <ul style="list-style-type: none"> • 2-step PPD test, if not tested in the last 12 months. • Quantiferon (QFT) serum test is acceptable. • New + TB results: F/U by healthcare provide (chest X-ray & symptoms check), may also need to complete health questionnaire for facilities. • History of + TB results: Provide proof of chest X-ray (lifetime, except if symptomatic) and submit negative symptom check past 12 months. If no proof of + TB Test available, then re-test with 2-step TB test or QFT. <p>NOTE: Timing of PPD and Live Virus Vaccines (LVV):</p> <ul style="list-style-type: none"> • LVV=MMR, varicella, FluMist • IDEAL: Give PPD and LVV at same visit • If not simultaneous, place PPD at one visit and give LVV 2-3 days later when PPD is read (after the 2nd PPD if a two-step test is given) • Give LVV and wait at least 4-6 weeks to place PPD. <p>Date: _____</p> <p>Date: _____</p>	<input type="checkbox"/>	<p>TB Skin Test</p> <ul style="list-style-type: none"> • TB Test effective for duration of experience • Known +TB results: Submit negative symptoms check. • New + TB Test results: F/U with physical exam by healthcare provider, chest x-ray & symptom check <p>Date: _____</p>
<input type="checkbox"/>	<p>MMR (Measles, Mumps, Rubella)</p> <ul style="list-style-type: none"> • Proof of vaccination (2 doses) or proof of rubella, rubeola, and mumps immunity by titer. <p>Date: _____</p>	<input type="checkbox"/>	<p>Background Checks</p> <ul style="list-style-type: none"> • Washington state patrol or National Criminal background check. • Office of Inspector General (http://exclusions.oig.hhs.gov) • Excluded Providers List (http://www.epls.gov) <p>Date: _____</p>
<input type="checkbox"/>	<p>Varicella (Chicken Pox)</p> <ul style="list-style-type: none"> • Proof of vaccination or proof of immunity by titer if born after 1994, student must have proof of 2 doses of varicella vaccination. <p>Date: _____</p>	<input type="checkbox"/>	<p>Flu Vaccine</p> <ul style="list-style-type: none"> • Proof of immunity by vaccination or titer. • Signed waiver for students who decline vaccination. <p>Date: _____</p>
<input type="checkbox"/>	<p>Hepatitis B</p> <ul style="list-style-type: none"> • Proof of immunity by vaccination or titer. • Negative titer: Must repeat vaccine series. Student will be allowed in clinical during repeat series. • Considered a non-responder to vaccination after 2 complete vaccine series and titer negative. • Signed waiver for students who decline. <p>Date: _____</p> <p>Date: _____</p> <p>Date: _____</p>	<input type="checkbox"/>	<p>Insurance:</p> <p><input type="checkbox"/> Proof of Personal health/accident insurance</p> <p><input type="checkbox"/> Malpractice Insurance (from Olympic College Cashier)</p>
<input type="checkbox"/>	<p>Tetanus</p> <ul style="list-style-type: none"> • Vaccination within last 10 years. • Tdap required if immunized after 6/1/07 <p>Date: _____</p>	<input type="checkbox"/>	<p>CPR (Health Care Professional Level) Must cover entire duration of program</p> <p>Must Say: <input type="checkbox"/> Healthcare Provider</p> <p>OR <input type="checkbox"/> Professional Rescuer</p> <p>Dates for ADN: June, July, August (yearly renewal)</p> <p>Dates for PN & TADN: November, December</p>
<input type="checkbox"/>	<p><input type="checkbox"/> HIPPA & privacy module <i>(Certificate of completion required)</i></p> <p><input type="checkbox"/> Fire safety module</p> <p><input type="checkbox"/> Blood borne pathogens module <i>(combined Infection Precautions)</i></p>	<p>Student Name: _____</p> <p>Student Signature: _____</p> <p>Program: <input type="checkbox"/> ADN <input type="checkbox"/> TADN <input type="checkbox"/> PN <input type="checkbox"/> BSN</p> <p>Date: _____</p>	

*This does not supersede any other legal contracts.