Welcome to Olympic College Nursing Programs

New Student Documentation Orientation

Speakers

• Gerianne Babbo ~ Professor, Associate Dean of Nursing

• Bethany Mauden ~ Office Support Supervisor (Presenter)

• Dominique Hofmann-Gacioch ~ Clinical Placement Liaison
Nursing Programs Administrative Office

- Summer Office Hours
  Monday thru Friday: 8:00-5:30pm
  Saturday thru Sunday: Closed
  *Hours are subject to change*

- Contact Information:
  Location: CSC 341
  Email: nursing@olympic.edu
  Website: www.olympic.edu/nursing
  Phone: 360-475-7748
  Fax: 360-475-7628

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Things to think about over the summer….

Guest Speaker - Chris Stokke, Nursing Faculty

Family / Older Adult Recruitment
*Note – you will receive further information on September 5th at the New Student Orientation*

- A requirement of NURSE 156 is each student must ask an older adult and a family who lives in Kitsap County/Gig Harbor area you are acquainted with, to participate in the (NURSE 156) Nursing Care Practicum I older adult and family relationship experience.

- You will not be assigned to the older adult or family that you recruit.

- It is very important that the older adult and the family be aware of the commitment they are making (14 hours for Older Adult, and 14 hours for Family). Meetings will be held at the clients residence.

- Visits will begin in October and take place thru mid-December.

  These are not due until September 5.
Family Recruitment

Families recruited will need to have at least one child 17 years or younger (students will be asking the child questions, so they will need to be old enough to respond).

Students will:

• Observe and ask questions about growth and development, nutrition, stress, sleep patterns, and health concerns.
• Perform health assessments to complete a nursing assessment tool about one child’s health status (i.e. questions about the cardiovascular, nervous, respiratory systems etc.).
• Perform basic physical assessment weekly on one of the children, listening to heart, lungs, pulses, etc, including different body systems as they learn the content in class.
• The family can refuse to answer any question at any time. All information is confidential and will only be shared with the student’s clinical instructor.

Older Adult Recruitment

Older Adults will need to be well-clients (no health problems), and 65 years old or older.

Students will be:

• Utilizing communication and interviewing skills they have learned in the classroom setting.
• Observing and asking questions about growth and development, nutrition, stress, sleep patterns, and health concerns.
• Performing health assessments which means, they will ask questions and complete a nursing assessment tool about the older adult’s health status, (i.e. questions about the cardiovascular, nervous, respiratory systems etc.).
• Performing basic physical assessment weekly on the older adult, listening to heart, lungs, pulses, etc, including different body systems as they learn the content in class.
• The older adult can refuse to answer any questions at any time. All information is confidential and will only be shared with the student’s clinical instructor.
ADN Documentation FAQ Page

Issues or Questions?
1. Review your materials - 99% of student questions are answered within the materials
2. Visit the Documentation FAQ page located at www.olympic.edu/nursing
   • Click on the Nursing ATA page.
   • Then click ADN Documentation FAQ page for your answer.
3. After completing the first two steps then email nursing@Olympic.edu with a list of questions.
   Please do not call.

Documentation Packet Submission

Turn in ORIGINALS of your signed forms.
Keep a copy of all documentation for your records. We do NOT make copies.

Incomplete packets will not be accepted.

Turn in your documentation packet in a sheet protector. It really will fit!
Mark name and entrance year.
Submitting your Documentation

What to bring with your Documentation Packet

• Bring two copies of your Drivers License
• Bring your Vehicle Registration
• Documentation Packets (Forms with accompanying requirements, and Harrison Packet)

Helpful Hints

• Make sure to print clearly and legibly

Due date

Your complete documentation packet is due into:
1. Castlebranch.com/Medical Document Manager (CB/MDM) Prior to Friday, August 24, 2018 3:00 PM.
&
2. Nursing Programs Administrative office by Friday, August 24, 2018 3:00 PM.
Documentation Packets

We will review each document and requirement within the packets

- **Packet 1**: General Information Packet
  (return today)

- **Packet 2a**: Documentation Packet – Forms
  (Return by August 24 by 3:00pm)

- **Packet 2b**: Harrison Medical Center – Student Nurse Information Packet
  (Return by August 24 by 3:00pm)

- **Packet 3**: Castle Branch/Medical Document Manager - Information and Upload Instructions (Uploaded & Accepted prior to August 24)

Pictures

Your picture for the phone directory and clinical badges will be taken when you submit your complete documentation packet to the Nursing Program Administrative office.
Olympic College Nursing Programs

Packet #1: General Information ~ Yellow color ~
Includes:
1. Documentation Acknowledgement
2. Documentation Release Form (for clinical partners)
3. Student Information, Address Consent Form, and Emergency Contact

Complete the above three forms and return them TODAY.

What will happen if I miss the deadline?

Failure to turn in your complete documentation packet by Friday, August 24, 2018 3:00 PM.

• Provisional acceptance will be forfeited and slot will be offered to another student.
• No exceptions will be made.

Documentation Acknowledgement Form
• Please review, sign and date.
• Return the form TODAY by passing it toward the middle.
Documentation Release Form

Allows release of information to clinical agencies.

- Immunization Status
- Personal Health & Liability Insurance
- CPR (Health Care Professional Level)
- Malpractice Insurance
- Background Check
- Learning Modules

What do I do?
1. Complete and return the documentation release TODAY.
2. Complete your background check on Castlebranch.com at home.
3. Print a copy of your completed background check and turn in with your packet to the Nursing Programs office.
   (instructions are included in your packet)
Student Information, Address Consent, and Emergency Contact Form

• Complete entire document. **No blanks.**
• This is the **ONLY** address and phone information the Nursing Programs receives.
• Include personal email address for our records, we use your OC email address for all email communication.
• *Please update any name, phone, and address changes with the Nursing Programs office as well as Registration & Records.*
• Information is shared with faculty, and placed on the student directory following student permission.

Student Nametag Order

• Name tags: are required for clinical.*
  $8.18 each.
  *You will be given instructions regarding payment at the orientation, September 10th, 8:00-1:00pm*
*We suggest you purchase two.*
Emergency Contact

• While emergency’s are not typical, if there is one we would like to know who to contact.

• This information is shared with faculty only if needed.

Olympic College Nursing Programs

Packet #2a: Documentation Forms ~ Red color ~
Includes:
1. Clinical Placements/Demographic Form
2. Student Mailbox Consent Form
3. Permission to Use Student Work
4. Naval Hospital Bremerton Agreement
5. Harrison Medical Center Acknowledgement
6. Video/Photo Release
7. Group Health Student Checklist for HIPAA; Confidentiality and Security Agreement
Clinical Placements/Demographic Form

- Completion of the items with an asterisk * are required for Clinical Placements
  - Last Name
  - First Name
  - Middle Name (not just initials, if no middle name please write NA)
  - Social Security Number
  - Date to Birth
  - Gender
  - Citizenship
  - Base Access
  - Vehicle Information
  - Drivers License Information – including Drivers License number, height, weight, hair and eye color
  - Logins at Clinical Facilities
  - Employee information
  - Certifications/licenses, or Registrations

- Complete ALL areas of this form.
  
  *It is a part of the ongoing evaluation process of the Nursing Programs and provides valuable information for accreditation.*

- ALL information is kept strictly confidential.

- **Important Note** – one of the following is required for Navy Base Access: Enhanced Drivers License, Passport or Birth Certificate.

- A copy of your Driver's License is required with this document.

PERMISSION TO USE STUDENT WORK & STUDENT MAILBOX CONSENT FORMS

PERMISSION TO USE STUDENT WORK
Used for accreditation purposes.

STUDENT MAILBOX CONSENT
Gives permission for faculty and staff to return assignments in your student mailbox.
Group Health HIPAA form

Steps:
2. Complete both sides of the HIPAA form.
3. Leave dates of clinical experience and instructor blank as these do change throughout the program.
4. Return with documentation packet to the Nursing Administrative office. We will send them to Group Health in bulk.

Naval Hospital Bremerton Agreement & Harrison Medical Center Student Acknowledgement

Navy Hospital Bremerton Agreement
• Navy Civilian Trainee Agreement
• Fill out and return.
You will be going to Naval Hospital Bremerton for clinical experiences. They require completion of this form.

Harrison Medical Center - Student Acknowledgement
• Complete Name and Date sections
• Required by Harrison Medical Center
Photo/Video Release

Primary use:
• Video’s during simulations,
• Video’s for simulation practice,
• Pictures for clinical badges &
• Phone directories (faculty use), etc.

Please review, complete, and date.

Olympic College Nursing Programs

• Packet #2b: Harrison Medical Center - Student Nurse Information Packet
  (return red packet, white is for your records)
Harrison Packet

Harrison Medical Center (HMC) requires the packet to be completed in preparation for clinical experiences at HMC. Please fill out completely and clearly so it can be entered into HMC's database.

The pages that need to be filled are:
- Census Data
- HaMC Child and Adult Abuse Disclosure Statements
- Confidentiality Agreement
- Service Standards
- Student Participation Agreement and Waiver (Attachment A)
- Student and Faculty Orientation Acknowledgement
- Code 5 Shelter-in-Place

You will also be required to turn in a copy of your Driver’s License.

DO NOT SEND ANY DOCUMENTS TO ROSE MACK

We send Harrison Packets in bulk.

Harrison Packet

Answer the following questions:
- Have you completed a clinical rotation at another Franciscan hospital? Yes / No
- We you a former student at Harrison? Yes / No
- Are you a current CHI Franciscan employee? Yes _____ Location? _________ No ___
Harrison Packet

Review the following documents, initial the checklist, and keep for your own records.

- Electronic Communications
- Dress Code #165
- Disruptive Behavior & Response Guidelines
- Drug and Alcohol Free Procedure
- Substance Abuse Drug Testing #345
- Hand Hygiene
- Smoke & Tobacco Products #325
- Social Media #327

Olympic College Nursing Programs

- **Packet #3:** Castle Branch / Medical Document Manager - Information and Upload Instructions
Castlebranch.com

Ordering Instructions
1. Go to www.Castlebranch.com and click on “Place order.”
2. In the Package Code box, enter the package code: **OL32ADNa – Background Check + Annual Medical Document Manager $87.75**
   
   *(Next year new background check and renewal of medical document manager $87.75)*

   OR

   **OL32ADNu – Background Check + Unlimited Medical Document Manager $102.75**
   
   *(Next year new background check of $67.75)*

3. Enter your payment information – Visa, MasterCard, or Money Order. Follow the online instructions to complete your order.

Castlebranch.com

- Service order will include:
  - **Background Check:** *(Castlebranch.com)*
    - Washington Statewide Criminal Search
    - Nationwide Sex Offender
    - Nationwide Federal Criminal Search
    - Nationwide Healthcare Fraud and Abuse Search
    - Residency History
  - **Immunizations** *(Medical Document Manager)*
    - Provide proof of immunity
  - **Additional Checklist Items** *(Medical Document Manager)*:
    - CPR Card, Insurance (Health, Liability, Malpractice)
Submitting Documents to Medical Document Manager

Submit your documents to Castlebranch.com/Medical Document Manager via:

1. Upload (similar to Facebook) Accepts JPG or PDF.
2. Phone App (for iPhone & Android) *Recommended
3. Fax (include fax sheet they provide)
4. Mail (include sheet they provide)

What do I provide to OC from Castlebranch.com/Medical Document Manager?

• A “To-Do-List Summary Report” from Castle Branch/Medical Document Manager showing all immunizations and documents have been received and accepted.

• Completed background check.
  
  Please do not give us a copy of documents submitted to your profile.
To-Do-List Summary Report

You can download this report at:
1. Click “Documents Center”
2. Click “My Documents”
3. Click “OL32ADNa or OL32ADNu” depending on which tracker you chose.
4. Open and print file marked “Results_”
Example: “Results_091452654”

To-Do List Summary Report Example
Clinical Passport

This form includes all requirements to be submitted to Castlebranch.com/Medical Document Manager.

- **Immunizations** (TB Skin Test, Hep B, MMR, Varicella, Tdap, Influenza)
- **CPR Card.**
- **Insurances**: Personal Health, Malpractice, and Liability Insurance.
Proof of immunity:
• Proof of immunity by titer (blood test)
  or
• Proof of immunity by immunization/vaccination record.

  *All records must have your name on them to be accepted.*

*Note: HEP B Requires vaccination record & titer*

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**Required Immunizations**

- **TB Skin Test** (2-step)
- **Hepatitis B** (3 immunization series &/or Titer).
- **MMR** (Measles, Mumps, Rubella (2 Vaccines or Titer).
- **Varicella** (Chicken Pox) (2 Vaccines or Titer).
- **Tetanus, Diphtheria & Pertussis** (Tdap) (within 10 years).
- **Seasonal Influenza vaccine** (completed annually).
• **All live vaccines**, such as MMR, Varicella, LAIV (nasal flu) have to be administered on the same day or separated by 28 days. So get started now!

• **Expiration** - If any of your immunizations expire in the middle of the quarter or semester, up-to-date immunizations are required immediately.

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

  **Failure to do so may result in being unable to attend clinicals and withdrawal from the nursing program.**

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**TB Skin Test (TST)**

• Documentation of an initial 2 step TST is required AND documentation of annual TSTs since 2 step was completed

• If no records of previous positive TB tests or more than 12 months since last TST → 2 step TST **OR**

• Negative TB IGRA test within 12 months **OR**

• If negative TST within 12 months → one step TST

• If newly positive TST or TB IGRA → F/U by healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and need to complete health questionnaire

• If history of positive TST → provide documentation of TST reading, provide proof of chest X-ray documenting absence of M. TB, medical treatment and negative symptom check

• If history of BCG vaccine → TST Skin Testing as above or TB IGRA. If negative → OK; If positive → follow up as above
TB Skin Test…

2-step TB Skin tests require 4 visits to provider.
1. 1st step: Injection, return to read.
2. 2nd step: repeat injection, return to read, otherwise 1 step TST.
   (MUST be within three weeks of 1st step completion
   otherwise 2-step TB Skin Test will need to be repeated)

All TB Skin Tests results must be within the summer months of late June, July or August of 2018 to cover the duration of the academic year (Sept 2018 –June 2019).

2-Step TB Skin Test - Rationale:
A 2-step is performed at baseline because people who were infected with TB many years ago may have a negative reaction to an initial TST.

The first “step” may stimulate (or boost) the immune system’s ability to react to the test. If the second “step” is not performed as part of baseline screening, a subsequent positive TST reaction could be misinterpreted as a new infection.

Additionally, the TST (Tuberculin Skin Test) and a live vaccine must be done on the same day or separated by 30 days. If done sooner, there is potential for a false positive, resulting in increased cost and unnecessary treatment (chest x-rays).
**TB Skin Test…**

**TB Blood Tests** - Interferon Gamma Release Assays (IGRAs) are blood tests for detection of infection to M. tuberculosis.

The IGRA measures the person’s immune reactivity to M. tuberculosis, the bacterium that causes TB.

The IGRA tests most commonly available are the QuantiFERON Gold In-Tube (QFT-IT) and TSPOT tests.

*If you choose to get the blood test, you will be required to get the blood test next year.*

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**TB Skin Test…**

Q: I had a skin test for TB last year, what is required for me?

1. You will need to provide proof of your initial 2 step TB skin tests as well as proof of annual substituent tests.
2. You will need to complete a 1-step TB Skin test only in June, July or August 2018.

***

Q: I had a skin test for TB in April 2018, am I okay?

No.

1. You will need to complete a 1-step TB Skin test only in June, July or August 2018 to cover the academic year.
2. Show proof of your initial two-step, and
3. You will also need to provide proof of your TST from April.
TB Skin Test…

Q: I tested positive what do I do?
1. You will need to provide documentation of a negative chest x-ray showing no symptoms & initial TB skin test with indication of positive results
2. A signed note from your Personal Care Provider (PCP) approving clinical attendance
3. Questionnaire regarding TB symptoms

In your 2nd year:
1. You will need to provide your health care providers questionnaire regarding TB symptoms
2. And a signed note from your PCP approving clinical attendance.

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TB Skin Test…

Q: Where do I get a copy of the TB questionnaire?
- You can download it from Castle Branch, or download it from the ADN Documentation FAQ page.

Q: Who can complete the TB questionnaire?
- Completed by the student and verified with signature by your PCP.
Hepatitis B

- Documentation of Series of 3 vaccines completed at appropriate time intervals and post vaccination titer at 6-8 weeks after series completion.
  Hep B is a three immunization series. You must show evidence of beginning the series (first two immunizations) at least by the deadline. You do not need to complete it prior to entering the Nursing Program.
  
  You must continue to get the series and submit proof to Castle Branch while in the program. Series must be complete by end of fall quarter.

- If negative titer, then repeat series (consisting of doses #4-#6) and repeat titer 6-8 weeks after #6 dose. OR obtain challenge dose #4 and re-titer after 6-8 weeks

  Per the Center for Disease Control
  Is it harmful to administer an extra dose(s) of hepatitis B vaccine or to repeat the entire vaccine series if documentation of vaccination history is unavailable?
  No. If necessary, administering extra doses of single-antigen hepatitis B vaccine is not harmful.

  Can hepatitis B vaccine be administered concurrently with other vaccines?
  Yes. There is no evidence of interference with the antibody response when hepatitis B vaccine has been administered at the same time as other vaccines. Separate body sites and syringes should be used for simultaneous administration of injectable vaccines.

Hepatitis B

- Provide documentation of positive titer (anti-HBs or HepB SAb) OR
- Signed declination for students/faculty who decline vaccination - Those who would like to complete a declination are required to meet with the Associate Dean of Nursing or the Clinical Placement Liaison prior to submitting declination.

  Declining the Vaccination
  If you choose to decline the Hepatitis B immunization, you assume the risk of contracting hepatitis, which may lead to chronic hepatitis, liver cirrhosis, and liver cancer, all potentially fatal diseases. You would also assume the risk of a short, mild, flu-like illness, nausea and vomiting, diarrhea, loss of appetite, weight loss, jaundice (yellow skin and whites of eyes, darker yellow urine and pale feces), and itchy skin, all symptoms of Hepatitis B.

  Important Note: Specific healthcare institutions may require vaccination without exception which may effect students who decline the vaccination in clinical placement. (i.e., no declination)

  It is vital for Health care workers and public safety workers to receive the HEP B vaccination. Health care workers and public safety workers at high risk for continued percutaneous (skin) or mucosal exposure to blood or body fluids

  https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm
Hepatitis B

Not immunized yet? Get your first immunization ASAP. Vaccination series must be complete by the end of fall quarter!

Hep B ~ Immunization Timeline:
1. 1st immunization ~ Early July
2. 2nd immunization ~ 1 month later (early August)
   Remember – the first two immunizations are due by August 24
3. 3rd immunization ~ 6 months from the 1st (early December)
4. Titer ~ 6-8 weeks later (early February)

Submit proof as you go to Castlebranch.com to be able to continue attending clinical.

MMR (Measles, Mumps, Rubella) & Varicella (Chicken pox)

MMR (Measles, Mumps, Rubella):
- Proof of Vaccination (2 doses) OR Proof of immunity by titer.
- Titer must show all sections of the MMR (Measles, Mumps, Rubella) to be accepted.
  Documented history of the disease is not accepted, a titer is required to show immunity.

  NOTE: In most cases getting the MMR is far less expensive than having blood titers drawn. Revaccination with MMR is safe.

Varicella (Chicken Pox):
- Proof of Vaccination (2 doses) OR Proof of immunity by titer.
  Documented history of the disease is not accepted, a titer is required to show immunity.

  NOTE: The titer is only recommended if you have had chicken pox disease. Titer after Varicella vaccine is not recommended by the CDC as most Varicella tests are not sensitive enough to detect antibody level for immunity post vaccination.
Tetanus, Diphtheria & Pertussis (Tdap), Influenza Vaccine

Tetanus, Diphtheria, & Pertussis
- Tdap required after age 18.
- Substituent Td vaccination every 10 years post Tdap (record must show vaccinations from Tdap to recent Td)
- Most recent Td Vaccine must be within last 10 years AND must cover the duration of the academic year (Sept 2018 thru June 2019)
- Immunization for Pertussis (aka Whooping Cough)
- Td alone is not accepted

Influenza Vaccine (Flu)
- Proof of vaccination is required
- Vaccine effective dates: 09/01/2018 – 4/30/2019

Declination NOTE: Some healthcare institutions require vaccination without exception. Others may allow you to decline on a basis of medical condition, religious belief or creed, or on the basis of a strongly held personal belief. That requires your signature on a declination form stating the reason for declining and committing to wear a mask at all times during flu season when in the institution.

Keep in mind that all live vaccines, such as MMR, Varicella, LAIV (nasal flu) have to be administered on the same day or separated by 28 days. So get started now!

Expiration - If any of your immunizations expire in the middle of the quarter or semester, up-to-date immunizations are required as soon as possible in order to continue to attend clinical.

All documentation must meet requirements at all times during the nursing program.
Failure to do so may result in being unable to attend clinical and withdrawal from the nursing program.

Immunization Questions??
CPR – Healthcare Professional Level

Cards must read: Healthcare Provider OR BLS Provider & be from American Heart Association.

1. Nursing students must complete CPR certification annually.
   1st year of card accepted only and must cover entire duration of academic year (Sept 2018 thru June 2019).

2. Accepted start dates for ADN: late June, July, or August of 2018. Cards with start dates prior to June 2018 will not be accepted.

3. Make sure your CPR card is from the American Heart Association and looks like one of the cards below.

Rationale – Only 1st year of card accepted
Due to our clinical affiliation agreements CPR must to be completed annually by all students (even though it is issued for two years).

CPR Suggestions

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Information</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Heart Association</td>
<td>BLS - Health Care Provider</td>
<td>(877) 242-4277</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.americanheart.org/presenter.jhtml?identifier=3011764">http://www.americanheart.org/presenter.jhtml?identifier=3011764</a></td>
<td></td>
</tr>
<tr>
<td>Robert Law</td>
<td>BLS – Health Care Provider</td>
<td>(360) 620-6300</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:lnscprfa@yahoo.com">lnscprfa@yahoo.com</a></td>
<td></td>
</tr>
<tr>
<td>CPR Learning Center</td>
<td>BLS – Health Care Provider</td>
<td>(360) 458-2240</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:ken@cprlearningcenter.com">ken@cprlearningcenter.com</a></td>
<td></td>
</tr>
<tr>
<td>Compressions for Life</td>
<td>BLS – Health Care Provider</td>
<td>(360) 830-6747</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:info@compressions4life.com">info@compressions4life.com</a></td>
<td></td>
</tr>
</tbody>
</table>

Note: You may find other organizations on your own that also provide certification for American Heart Association, be sure to check that the card issued will be from American Heart Association.

*You may check our Documentation FAQ webpage, www.olympic.edu/nursing, for any additional options for BLS classes, should they arise.
**Insurance**

- Proof of Personal health insurance.
  
  Suggestions:
  - Summit America Insurance Services
  - E.J. Smith & Associates

- Malpractice Insurance (from Olympic College Cashier) *must be dated for Fall quarter.* $19.85

- Liability Insurance (from Olympic College Cashier) *must be dated for Fall quarter.* $2.50

**Questions?**
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&

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Please do not call.

Welcome to the
Associate Degree Nursing Program
Olympic College
Class of 2018-2020!