POLICY TITLE: STUDENT CLINICAL READINESS

The College of Nursing (CON) is committed to ensuring that all UH nursing students entering clinical sites for educational opportunities are compliant with Joint Commission and Center for Disease Control and Det Norske Veritas guidelines for personnel providing nursing care. This policy establishes processes for implementation of verification of clinical requirements for students to have the opportunity to participate in clinical education. The College of Nursing (CON) is committed to ensuring that all students have demonstrated an annual minimal standard of competency, or Annual Clinical Passport (ACP) prior to clinical attendance in accordance with recommended guidelines and clinical partner requirements. These requirements are mandated by the clinical affiliates and are set forth in the clinical affiliation agreements.

Procedure

1. All accepted students will be required to complete the ACP initially prior to first-time course registration.
2. All currently-enrolled students will be required to complete the ACP annually.
3. A UH email notification to complete the ACP will be sent each year to all currently-enrolled students by the ACP Coordinator.
4. The ACP, administered via a designated online tutorial and quiz, will be accessed from the CON webpage.
5. The ACP will be administered and maintained by the ACP Coordinator who will be a member of the CON administrative staff designated by the Dean.
6. The ACP Coordinator will submit the status report on each program’s new cohort to the CON Admissions Coordinator prior to the initial registration date for that semester.
7. The ACP Coordinator will submit the status report of all currently-enrolled students to the CON Admissions Coordinator before registration opens for each new semester.
8. A registration hold will be placed by the CON Admissions Coordinator for noncompliance.
9. Successful completion of the ACP is required prior to removal of a registration hold.
10. Students receiving registration holds will be responsible for obtaining clearance. This process will be:
    a. The student will complete and submit the ACP.
    b. The student will notify the ACP Coordinator of completion via UH email.
    c. The ACP Coordinator will check for the student’s ACP completion.
    d. If the ACP is not complete, the ACP Coordinator will notify the student via UH email.
    e. When the ACP is complete, the ACP Coordinator will notify the CON Admissions Coordinator.
    f. The CON Admissions Coordinator will remove the registration hold.
11. All clinical eligibility requirements will be obtained by CON applicants prior to admission and submitted to a secure outside entity that has been contracted to provide collection, compilation, and tracking services for the CON.
12. Students will be held accountable for complying with the clinical eligibility requirements prior to admission, prior to each semester of enrollment, and throughout their program of study. Failure
to achieve and maintain compliance may result in delayed admission, course registration holds, academic penalty, course failure, and/or inability to progress.

13. Each clinical affiliate will be provided with a report of all clinical requirement data for students who are scheduled to rotate in their facilities upon the request of the course faculty.

14. Screening of immunization is required by the Texas Department of Health Texas Administration Code Title 25 Part 1 Chapter 97 Subchapter B Rules 97.61-.97.72. Failure to adhere to the guideline is a violation to the Texas Administrative Code Title 25 Part 1 Chapter 97 Subchapter B Rules 97.61-.97.72.

15. If additional vaccines during vaccine-preventable disease outbreaks such as the flu vaccine are instituted by the individual practicum sites or by the State of Texas, students will be required to comply.

16. Many clinical affiliates require clinical readiness compliance to be current at the beginning of the clinical experience and to extend through the entire semester. Students can be held to this additional standard at any time during the program. The outside collection agency will send frequent reminders regarding this requirement to all students via email. Students cannot request clinical placements that do not have additional requirements.

17. All CON applicants will be required to submit evidence of compliance with each of the CON Clinical Requirements as listed in this policy prior to the program application deadline to be considered for admission. The CON will not receive original documents. In addition, all students will be responsible for maintaining compliance with the CON Clinical Requirements at the beginning of each semester of enrollment. If a student does not meet the requirements at any time during the program, delayed admission, course registration holds, academic penalty, course failure, and/or inability to progress may occur. Failure to remain compliant during the program is considered a breach of professional behavior.

18. Students will receive directions regarding accessing the secure data collection agency process via the CON website as well as via written communications related to program inquiries, advisement, and admissions.

19. RN to BSN and MSN students must have an unencumbered Texas RN license upon admission and to participate in any clinical rotation.

20. Prior to participating in any clinical rotation, students must submit the Student Declaration for Criminal Background Checks and Drug Screens on the form enclosed as Attachment A.

CON Clinical Requirements

1. Background Check

Upon application, and at their own expense, all students will be required to undergo a criminal background check. Pre-licensure students will be required to undergo a criminal background check through the Texas Board of Nursing (TBON). Licensed nurses will be required to undergo a criminal background check through a company designated by the CON, and the company will provide the criminal history results directly to the student, the CON and the clinical affiliate...
Students must provide his or her criminal history results to the clinical affiliate prior to participating in any clinical rotation.

Any student convicted of, or who receives adjudication for any criminal offense prior to program admission or while in the program, will be required to notify the CON at the time of the offense, and submit a Declaratory Order to the Texas Board of Nursing. The student must receive a Board Order from the TBON that states the student is eligible for initial licensure or licensure renewal prior to program entry or progression. Additionally, a positive criminal history may result in not being eligible to participate in clinical rotations, which could result in failing to complete the CON academic program.

2. CPR
All students must submit a non-expired copy of CPR certification prior to the program application deadline. Students must be certified in the following classifications of CPR approved by the CON:

   a. CPR for Health Care Provider (BLS), American Heart Association

Students will be responsible for maintaining bi-yearly compliance with the CPR requirements throughout their program at their own expense. If a student does not meet the requirements at any time during the program, a course registration hold will be implemented until the requirement is met.

3. Health Insurance
All students enrolled in the CON must carry health insurance at their own expense and provide a copy of the policy or insurance card prior to program admission.

Students will be responsible for maintaining compliance with the health insurance requirements throughout their program. In the event that a student does not meet the requirements at any time during the program, a course registration hold will be implemented until the requirement is met.

4. Malpractice Insurance
All students are provided with malpractice insurance through the University for clinical education while enrolled in a clinical course.

5. Drug Screen
Upon application, and at their own expense, all students will be required to undergo a urine drug screen test through a company designated by the CON and the company will provide the drug screen results directly to the student, the CON and the clinical affiliate (upon the clinical affiliate’s request). All students must provide his or her drug screen test results to the clinical affiliate prior to participating in any clinical rotation.
At the discretion of any CON faculty member or clinical affiliate employee based upon suspected drug use of a student, a student may be required to submit to a subsequent drug screen test through a company designated by the CON and the company will provide the drug screen results directly to the student, the CON and the clinical affiliate (upon the clinical affiliate’s request). The student who is required to submit to a subsequent drug screen test must provide his or her drug screen test results to the clinical affiliate prior to being allowed to continued participation in the clinical rotation.

Positive drug screen results will result in not being eligible to participate in clinical rotations, which could result in failing to complete the CON academic program.

6. Annual Clinical Passport

All students will be required to demonstrate basic clinical safety knowledge, including HIPAA training, annually via the Annual Clinical Passport Training Module on the UHCON website. Evidence of satisfactory compliance will be submitted to the outside tracking entity as described in Part Two of this policy. The minimal standard of clinical competency includes but is not limited to:

- Back injury
- Bloodborne pathogens, PPE, needlesticks
- Cultural diversity
- Disinfection and sterilization
- Ethics
- Fire safety: RACE, PASS
- Glove removal and handwashing
- Handling medical waste
- HIPAA
- Medication safety to include “near miss” identification
- MSDS
- National Patient Safety Goals
- Patient rights
- Slips, trips, and falls

CON Clinical Requirements

All clinical requirements are found in Attachment B and the student’s Clinical Requirement Tracker. Requirements are subject to change based on clinical facility requirements. Students are required to maintain their account at all times.

Approved by CON Faculty Council: 1/4/2021
Approved by Dean Kathryn Tart: 1/8/2021
Attachment A
University of Houston
College of Nursing

Student Declaration for Criminal Background Checks and Drug Screens

I recognize and understand that prior to participating in any clinical rotation through the University of Houston College of Nursing (“CON”) program, I must undergo certain training and testing, including submitting to a drug screen and criminal background check at my own expense. I further understand that some clinical affiliates may not allow me to participate in a clinical rotation if I have a criminal background or if I failed to pass a drug screen, which could result in my failure to complete my CON academic program. Although the CON does not conduct the criminal background checks or drug screens or make determinations as to the clinical rotations based on the outcome of my criminal background check or drug screen, the CON may be required through its affiliation agreements with clinical affiliates to certify that its students have submitted to a criminal background check and drug screen test. As a result, by signing my name below, I declare and attest that I have completed a criminal background check and drug screen. I further declare and attest that prior to participating in any clinical rotation, I will provide the results of the criminal background check and drug screen to the clinical affiliate for the clinical affiliate to analyze whether I am eligible to participate in the clinical rotation. I further declare and attest that should the clinical affiliate require the criminal background check and drug screen results be submitted directly from the third parties who conducted my criminal background check and drug screen, that I will promptly contact the third parties to get this accomplished. I recognize and understand that failure to provide my criminal background check and drug screen results to the clinical affiliate prior to my participation may result in my withdrawal from the clinical rotation, which could result in my failure to complete my CON academic program.

________________________________________
Printed Name

________________________________________  ____________
Signature  Date

________________________________________
Signature of Parent or Guardian if under 18
Attachment B
Clinical Requirements
Requirements are subject to change based on clinical facility requirements. Clinical requirements must be completed prior to enrollment. Exact due dates will be communicated in the admission letter.

<table>
<thead>
<tr>
<th>Requirement Name</th>
<th>Requirement Description</th>
</tr>
</thead>
</table>
| **Influenza OR Declination**      | One of the following is required:  
  • Documentation of a flu shot administered during the current flu season (August to March)  
  OR  
  • Declination waiver. Declination waiver will only be accepted for medical reasons and must be signed by a physician.  
  The renewal date will be set for 08/19 of the following flu season. |
| **Bacterial Meningitis**          | Beginning October 1, 2013, Texas State law mandates that all entering college/university students ages 21 and younger provide a certificate signed by a health care provider or an official immunization record verifying that the student has been vaccinated against bacterial meningitis, or has received a booster during the five years prior to registration.  
  This information can be found at:  
  [www.uh.edu/academics/courses-enrollment/policies/immunization/](http://www.uh.edu/academics/courses-enrollment/policies/immunization/)  
  Please submit a copy of the UH Bacterial Meningitis form here. You must also submit this form to the UH Office of Admissions.  
  **If you are 22 and older, please submit proof of age and you will be marked complete for this requirement.**  
  Form is available to download from this requirement. |
| **Undergraduate Student Handbook Acknowledgement** | All UH College of Nursing undergraduate students are responsible for reading and adhering to the policies and procedures outlined in the Undergraduate Student Handbook.  
  The student policy is located on the UH School of Nursing website at the student resources link:  
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declaration for Criminal Background Checks and Drug Screens</td>
<td>Please download, print, and sign the Declaration for Criminal Background Checks and Drug Screens form and upload to this requirement. Obtain a drug screen by contacting SurScan at <a href="http://www.surscan.com/">http://www.surscan.com/</a>. Registration code: 'uhouston'. Results must be negative.</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>To be compliant students must provide the signed attestation form (available to download from this requirement) as evidence of Hepatitis C compliance.</td>
</tr>
<tr>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>A “negative” Hepatitis C blood titer (anti-HCV is enzyme immunoassay (EIA) or enhanced chemiluminescence immunoassay (CIA)) <strong>IF this screen titer is “positive”, then a second titer is required: (HCV RNA PCR).</strong></td>
</tr>
<tr>
<td></td>
<td><strong>PLEASE NOTE:</strong> Students who submit the attestation may subsequently have to submit a titer if instructed to do so by a particular clinical site. A “negative” Hepatitis C blood titer: (anti-HCV is enzyme immunoassay (EIA) or enhanced chemiluminescence immunoassay (CIA)) <strong>IF this screen titer is “positive”, then a second titer is required: (HCV RNA PCR) which must be negative.</strong></td>
</tr>
<tr>
<td>Measles, Mumps, &amp; Rubella (MMR)</td>
<td>Provide a positive antibody titer for all 3 components (lab report or physician verification of results required). Titers must be less than 5 years old.</td>
</tr>
<tr>
<td></td>
<td>If all of your titers are positive, a renewal will be set for <strong>5 years</strong> from the oldest administered date for you to submit new titers.</td>
</tr>
<tr>
<td></td>
<td>If any titer is <strong>negative or equivocal</strong>, renewal will not be set, and you will be prompted to complete the vaccine series and a repeat titer.</td>
</tr>
<tr>
<td></td>
<td>If your repeat titer is <strong>negative or equivocal</strong>, a new alert will be created for you to submit a letter from your healthcare provider stating that you are a non-responder.</td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td>Please provide your positive antibody titer (lab report or physician verification of results required).</td>
</tr>
<tr>
<td></td>
<td>If a positive titer is submitted, a renewal will be set for <strong>5 years</strong> from the administered date for you to submit a new titer.</td>
</tr>
<tr>
<td>STUDENT CLINICAL REQUIREMENTS</td>
<td>Policy Number: S101</td>
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<td>-------------------------------</td>
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<tr>
<td></td>
<td>Approved Date: 1/4/2021</td>
</tr>
<tr>
<td></td>
<td>Effective Date: 1/8/2021</td>
</tr>
<tr>
<td></td>
<td>Review Date: 2022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If your titer is negative or equivocal, renewal will not be set, and you will be prompted to complete the vaccine series and a repeat titer. Titer must be less than 5 years old.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If your repeat titer is negative or equivocal, a new alert will be created for you to submit a letter from your healthcare provider stating that you are a non-responder.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hepatitis B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please provide your positive antibody titer (lab report or physician verification of results required).</td>
</tr>
<tr>
<td>If a positive titer is submitted, a renewal will be set for <strong>5 years</strong> from the administered date for you to submit a new titer.</td>
</tr>
<tr>
<td>If your titer is negative or equivocal, renewal will not be set, and you will be prompted to complete the vaccine series and a repeat titer. Titer must be less than 4 years old. <strong>The 2-vaccine Heplisav series is not acceptable.</strong></td>
</tr>
<tr>
<td>If your repeat titer is negative or equivocal, a new alert will be created for you to submit a letter from your healthcare provider stating that you are a non-responder.</td>
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</tbody>
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<thead>
<tr>
<th>Tuberculosis (TB)</th>
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</thead>
<tbody>
<tr>
<td>One of the following is required:</td>
</tr>
<tr>
<td>• 1 Step TB Skin test OR</td>
</tr>
<tr>
<td>• QuantiFERON Gold Test OR</td>
</tr>
<tr>
<td>• T-SPOT Blood Test OR</td>
</tr>
<tr>
<td>• If positive, submit a clear chest X-Ray. Renewal will be set for 2 years from the date of the chest X-Ray.</td>
</tr>
</tbody>
</table>

**Renewal will be set accordingly:**

- If documentation is expiring in Fall semester (August 11 – December 31), renewal date will be set for **August 1st** prior to expiration.
- If documentation is expiring in Spring semester (January 01 – May 31), renewal date will be set for **January 1st** on/prior to expiration.
- If documentation is expiring in Summer semester (June 01 – August 10), renewal date will be set for **May 1st** prior to expiration.

Upon **renewal**, one of the following is required:

- 1 step TB skin test OR
- QuantiFERON Gold Test OR
- T-SPOT Blood Test OR
• If positive, submit a clear chest X-Ray. Renewal will be set for 2 years from the date of the chest X-Ray.

**Note to Students:** If you submit a clear chest x-ray, additional paperwork may be required by your clinical facility.

**Clearance from the Texas Board of Nursing**
Please submit a copy of your Declaratory Order OR Blue Card.

**Foreign Student Documentation**
Are you a US citizen or Permanent Resident?
If **YES**, this requirement will be marked complete.
If **NO**, please upload **ALL** of the following:
- Copy of passport (photo and expiration date page only) **AND**
- Copy of US visa stamp from your passport (if applicable) **AND**
- Copy of the I-94 record
Additional documentation may be required by UH clinical partners.

**CPR Certification**
Accept one of the following:
- American Heart Association BLS for Healthcare Provider
- Students who have a current American Heart Association CPR BLS Instructor card, may submit the card to satisfy the current CPR Healthcare Provider Card requirement.

*Online courses will not be accepted.*

Copy must be front **AND** back of the card and card **MUST** be signed.

**The renewal will be set according to the dates below:**
- If documentation is expiring in Fall semester (August 11 – December 31), renewal date will be set for **August 1st** prior to expiration.
- If documentation is expiring in Spring semester (January 01 – May 31), renewal date will be set for **January 1st** on/prior to expiration.
- If documentation is expiring in Summer semester (June 01 – August 10), renewal date will be set for **May 1st** prior to expiration.

**Annual Clinical Passport Training**
Annual Clinical Passport Training is required annually to attend clinical at UH CON. Click on the link provided to complete the training and the quiz:
http://www.uh.edu/nursing/passport1/annual_clinical_passport_training.swf

**Works best with Internet Explorer**

The training will take about 30 minutes. At the end of the training, instructions will be provided to print a certificate with your name and score. **This**
Certificate must reflect a score of 15/15. The training can be retaken as many times as needed.

This certificate can then be uploaded here as verification of this requirement OR if you have already completed this training this year, you submit a signed statement indicating the month and year that you completed this training.

The renewal will be set annually according to the dates below:
- If documentation is expiring in Fall semester (August 11 – December 31), renewal date will be set for **August 1st** prior to expiration.
- If documentation is expiring in Spring semester (January 01 – May 31), renewal date will be set for **January 1st** on/prior to expiration.
- If documentation is expiring in Summer semester (June 01 – August 10), renewal date will be set for **May 1st** prior to expiration.

Tetanus, Diphtheria and Pertussis (Tdap)

Submit documentation of a Tdap booster administered within the past 4 years. Tetanus (Td) is not acceptable for this requirement.

The renewal date will be set for 5 years, following the schedule below:
- If documentation is expiring in Fall semester (August 11 – December 31), renewal date will be set for **August 1st** prior to expiration.
- If documentation is expiring in Spring semester (January 01 – May 31), renewal date will be set for **January 1st** on/prior to expiration.
- If documentation is expiring in Summer semester (June 01 – August 10), renewal date will be set for **May 1st** prior to expiration.

**Note to Students:** This is a Fort Bend County requirement. Tdap must be administered within the past 4 years and cannot expire during the semester.

Health Insurance

Provide a copy of your current health insurance card or proof of coverage. If submitting a card, both sides of insurance card are required.

If your documentation contains an expiration date, the renewal will be set based on the expiration of coverage. (Renewal will be set based on the schedule below).

**If your documentation does not contain an expiration date, the renewal date will be set for 1 year.**

**Renewal will follow this schedule:**
- If documentation is expiring in Fall semester (August 11 – December 31), renewal date will be set for **August 1st** prior to expiration.
- If documentation is expiring in Spring semester (January 01 – May 31), renewal date will be set for **January 1st** on/prior to expiration.
- If documentation is expiring in Summer semester (June 01 – August 10), renewal date will be set for **May 1st** prior to expiration.

**Note to Students:** If you are purchasing your health insurance through the university, please see your CastleBranch administrator so they can provide you with a new renewal date. Insurance cannot expire in the middle of the semester.

<table>
<thead>
<tr>
<th>Photo/Video Release</th>
<th>Please download, print, and sign the 1-page Photo/Video Release Form and upload to this requirement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver’s License</td>
<td>One of the following is required: Driver’s License (with DL # visible) OR a US Government Issued ID.</td>
</tr>
</tbody>
</table>