

## Student Check list for Health and Insurance Requirements

### Due dates for New Undergraduate (BSN) program:

If your first clinical course (NUR 2200) is in fall: due October 1

If your first clinical course (NUR 2200) is in spring: due February 1

### Due dates for Graduate ( Masters, Post-Masters) programs:

It is recommended that an account for Castle Branch be created when starting a graduate program, but all documents must be submitted and approved 3 weeks prior to the first day of the academic term for your first clinical course.

**RN-BSN and Certificate Programs:** A Castle Branch account is not needed. You will be notified how to submit compliance documents.

\_\_\_\_\_ Create a personal **Castle Branch** account. (Instructions on the nursing webpage)

## IMMUNIZATIONS

\_\_\_\_\_ **Tetanus/Diphtheria/Pertussis Tdap** (must be within the last ten years)

Td 10-year Renewal: A single dose of **Tdap** for **adults** 19 or older who have not previously received a **Tdap** vaccine is required. If you have received a Tdap, then a tetanus and diphtheria booster (called Td), or a Tdap, is needed every 10 years.

\_\_\_\_\_ **Measles, Mumps and Rubella:** One of the following required:

Documentation of two (2) MMR vaccinations **OR** Positive antibody titer for all three components

If born before January 1, 1957, you are considered to have presumptive immunity. However, you should consider immunization in the event of a disease outbreak.

\_\_\_\_\_ **Varicella (Chickenpox)** One (1) of the following required:

Documentation of two (2) Varicella vaccinations **OR** Positive antibody titer

History of disease is not accepted

\_\_\_\_\_ **Hepatitis B** vaccination series (Either the 3-part vaccination series of doses 4 weeks apart, with the 3<sup>rd</sup> dose 5 months after second dose, or the 2-part series with vaccines one month apart) **AND** a positive Hep B Surface Antibody titer (lab test) The antigen is not accepted.

If the titer is negative, a booster or repeat of the series should be given, per decision of the healthcare provider.

\_\_\_\_\_ **TB (Tuberculous)**

#### Initial Screening:

\_\_\_\_\_ **Option 1:** Two-step Mantoux for TB (2 skin tests administered, at least one week apart). If the 2<sup>nd</sup> step was performed in a previous year and subsequent annual one (1) step screenings have been performed, submit the 2-step skin screening, along with all subsequent consecutive annual one (1) step Mantoux tests. Date of administration and reading of both steps must be provided.

2-step Mantoux/PPD skin test process:

**Step 1** = Administration of skin test; reading of result 48 – 72 hours after administration

Date of administration for Step 1 will be used as the annual renewal date.

**Step 2** = Administration of skin test (1-3 weeks after Step1); reading of result 48 – 72 hours after administration

\_\_\_\_\_ **Option 2:** Chest x-ray indicating no evidence of tuberculosis

\_\_\_\_\_ **Option 3:** Negative blood test of a QuantiFERON Gold TB test or T-Spot.

*It is the student's responsibility to maintain compliance with all requirements and have documents submitted in a timely manner into Castle Branch.*

**\*\*\*Please keep copies of everything you submit for your own records.\*\*\***

### **Positive TB Skin Reactors:**

If any of the above screening options result in a positive reading, documentation by the healthcare provider must be submitted regarding appropriate follow-up testing, treatment and recommended screening guidelines for annual renewals.

### **BCG Vaccination**

If you have received a BCG vaccination, please obtain a chest x-ray or TB Blood test (QuantiFERON Gold or T-spot) to meet the initial TB requirement.

### **TB Renewal:**

An annual (yearly) renewal date is set according to the date of administration of the initial screening or the date on the Tuberculosis Self Report Form. After submission of an initial negative tuberculosis screening, the annual **Tuberculosis Self Report Form** is to be completed for subsequent years.

The **Tuberculosis Self Report Form** can be located under **Helpful Resources** on the nursing webpage entitled **Nursing Handbooks and Requirements**.

\_\_\_\_\_ **Flu shot** annually by October 1<sup>st</sup> (fall start). If spring (January) start, your due date is **February 1**. Subsequent years, due by **October 1<sup>st</sup>**.

**Note:** The School of Nursing must meet all health requirements by contracted clinical agencies/partners, in order for students to have the opportunity to obtain clinical experiences. Should additional requirements occur by clinical partners while the student is enrolled in the nursing program, the student will be required to complete these, at their expense. This would include, but is not limited to, vaccines, lab testing or background checks.

## **CARDIO-PULMONARY RESUSCITATION (CPR)**

\_\_\_\_\_ Copy of **both sides** of your CPR card (Ecard or hard card) or submit the official ARC certificate. The only accepted BLS CPR: **American Heart Association, American Red Cross, or American Safety & Health Institute (ASHI). You must have a face-to-face skill check.**

- **Military** Acceptable CPR: BLS Provider through the Military Training Network/Cardiac & Trauma Life Support

- **Graduate Students:**

- Acute-Gero NP student: BLS and ACLS

- Pediatric NP student: BLS and PALS

- Neonatal NP student: BLS and NRP

**Note:** No letters or certificates from a CPR instructor will be accepted; only the official CPR card/certificate.

\_\_\_\_\_ Copy of **both sides** of your Health Insurance card

If you carry WSU Student Health Insurance, you must submit a copy of either your paid bill, which lists Student Health Insurance, each semester or a copy of your insurance card.

**Note:** If you are covered under a parent's, or spouse's, insurance plan and your name is not on the insurance card, you will need a letter or document from the insurance company stating that you are covered. You will then need to upload a copy of the official card and the letter, **or**, just the letter if it contains the insurance information (number, company, date of coverage).

**Military:** if your name is not on a spouse's military Insurance card, please contact the insurance company and obtain a statement indicating that you are covered under your spouse's military insurance

### **Technical Standards**

All students must read and sign the Technical Standards. Download the signed/dated sheet into the appropriate tab on your Castle Branch account.

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**\*\*\*Please keep copies of everything you submit for your own records.\*\*\***

**Required Training Programs: Pilot Course: Training for the WSU Nursing Program**

- Instructions for the two (2) required training courses are available under the Prelicensure and Graduate Programs on the nursing webpage: <https://health-education-human-services.wright.edu/nursing-kinesiology-and-health-sciences/nursing-handbooks-and-requirements>
- Complete the training, then follow the instructions in the course modules for loading the required document into your compliance account (Castle Branch)
- Note: This is an annual requirement for undergraduate and graduate students:

\_\_\_\_\_ **Bloodborne Pathogens**

\_\_\_\_\_ **Clinical Passport**

**Other:**

\_\_\_\_\_ **RN License for Graduate and RN – BSN Students only:** Copy of verification of nursing license from OBN website

**Requirements that need to be renewed annually after admission:**

- ✓ Flu Shot (each year for the current flu season)
- ✓ Health Insurance Card /WSU Insurance receipt for current term
- ✓ TB Symptom form for annual TB renewal
- ✓ CPR (completed every 2 years by the expiration date of the card); must be annually compliant
- ✓ Bloodborne Pathogen Training
- ✓ Clinical Passport Training (GDAHA) Statement of Understanding
- ✓ Technical Standards form signed and dated

**Note:** When submitting documents, please be certain the following information is present:

1. Your name
2. Your Date of Birth
3. All forms are signed and dated

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