Lourdes University
Health and Professional Requirements
MSN Nurse Anesthesia Program

Table of Contents

1. Health and Professional Requirements Description
2. Health and Professional Requirements NAP Student Checklist
3. Healthcare Provider Immunization Verification
4. Pre-Clinical Physical Examination
5. Technical Standards for Nursing Students
6. Technical Standards Certification Statement – Confidential
7. Request for Medical Exemption from Influenza Vaccination
8. Influenza Status Attestation and Acknowledgement
9. Agencies Offering Immunizations, TB Testing and/or Physicals
10. CPR/BLS Information
11. Criminal Background Check Policy and Acknowledgment
12. Suggested Background Check Location
13. Confidentiality Statement
14. Nurse Anesthesia Program Drug and Alcohol Policy
Lourdes University College of Nursing
Health and Professional Requirements Description
Graduate – New & Returning NAP Students

All documents must be submitted to the MSN Administrative Assistant by the deadline stated in the Health & Professional Requirements letter from the Program Administrator.

**Annual Physical Examination:** This must be done by a physician (MD/DO), Nurse Practitioner or Physician’s Assistant. This must be documented. The examiner must use the provided Pre-Clinical Physical Examination form – See Health and Professional packets on College of Nursing webpage.

**Technical Standard Policy:** A licensed health care provider physician (MD/DO), Nurse Practitioner or Physician’s Assistant must sign and indicate if accommodations are needed – included on the Pre-Clinical Physical Examination form.

**Immunizations/Lab tests:**
- Hepatitis B series: (3 dates of injection) or Yearly Negative Hepatitis B Antigen blood test or yearly positive Hepatitis B Antibody blood test
- MMR (Mumps, Rubella, Rubeola): series of 2 after the age of two years old at least four weeks apart, or a positive titer for each.
  **Note:** History of having had the disease will not be accepted by our clinical agencies.
- Tetanus/Diphtheria: Must have the primary immunization and a tetanus booster every 10 years.
- TB-tuberculosis skin test (PPD): Must have a two (2) step PPD in the last 12 months or a negative annual PPD for 2 years prior to first clinical or T-spot.
  If you have tested positive to a TB skin test or T-spot, have a yearly physician statement of the absence of disease.
- Varicella (Chicken Pox): Either the Varicella vaccination or a positive or immune Varicella Titer/Antibody test.
  **Note:** History of having had the disease will not be accepted by our clinical agencies.
- Seasonal Influenza Vaccination: Must have a seasonal flu shot every year. Exceptions will only be made with a Medical Exemption form (included) signed by your doctor and you MUST follow the Masking Policies of the clinical agency.

**Professional Requirements:**

**Health & Professional Requirement Checklist:** Initialed and submitted with other Health & Professional documents.

**Current CPR/BLS/ACLS/PALS:** must successfully complete the American Heart Association Health Care Provider Courses and submit a copies of the wallet cards or other proofs of completion. A list of AHA providers is included.

**Professional Liability Insurance:** Professional liability insurance of $1,000,000/$3,000,000 is required. As a class, students will obtain the coverage through the American Association of Nurse Anesthetists (AANA) and submit copies of the face sheet of the CNA policy and the Acord.

**Completion of the Core Competencies:** Please go to www.lourdes.edu >Academics>College of Nursing>Current Students> Health Forms and Uniforms>MSN. Submit your completed test as an email attachment or a hard copy with your other documents.

**Criminal Background Checks:** for BCI and FBI must be current (within the last 6 months). You must also read, sign and return the Criminal Background Check Policy and Acknowledgement Form.

**Confidentiality Agreement:** must be signed.

**Technical Standards Certification Statement:** must be signed.

**Proof of RN License:** Copy of license is required. If student is not an Ohio resident, must obtain Ohio license and provide copies of both Ohio and home state licenses.
# Health & Professional Requirements

## NAP Student Checklist

This list should be used as a checklist for your H&P requirements and should be initialed and turned in.

All students enrolled in a clinical nursing course must meet all College of Nursing Health and Professional Requirements as described the Handbook for the MSN Graduate Student. All documentation must be turned in by the specified deadline (see letter from Program Administrator). The student should retain the original documentation and submit copies to the MSN Administrative Assistant.

### Healthcare Provider Form:

- [ ] Healthcare Provider Immunization Verification
- [ ] Pre-Clinical Physical Exam
- [ ] Technical Standards Verification by Healthcare Provider
- [ ] Request for Medical Exemption from Influenza Vaccination (if applicable)

### Student Form:

- [ ] Confidentiality Agreement
- [ ] Criminal Background Check Policy and Acknowledgment
- [ ] Completion of Core Competencies: Please go to www.lourdes.edu > Academics > College of Nursing > Current Students > Health Forms and Uniforms > MSN. You may submit an e-mail attachment or a hard copy with your other documents.
- [ ] Influenza Status Attestation & Acknowledgment
- [ ] Technical Standards Certification Statement

### Student Information Sheet:

- [ ] Current BLS (CPR), ACLS, PALS: You must successfully complete an American Heart Association Health Care Provider Course s and submit a copies of your cards (front and back) OR proof of completion.
  
  BLS/CPR EXPIRATION DATE: ____________  
  ACLS EXPIRATION DATE: ____________  
  PALS EXPIRATION DATE: ____________

- [ ] Suggested Background Check Locations
- [ ] Agencies Offering Immunizations
- [ ] Technical Standards Table
- [ ] Nurse Anesthesia Program Drug and Alcohol Policy

### Also Needed:

- [ ] RN License (If student lives outside Ohio, both Ohio and home state RN licenses are required.)
- [ ] Ten Panel Drug Screen (see Program Administrator's letter)
- [ ] Background Check - Fingerprints taken at official agency for both BCI and FBI reports
<table>
<thead>
<tr>
<th>3 Dose Hepatitis B Immunization Series</th>
<th>OR</th>
<th>Negative Hepatitis B Antigen OR Positive Hepatitis B Antibody</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Date: ___________ (Copy of lab report required)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2 MMR immunizations after age 2, at least 4 weeks apart</th>
<th>OR</th>
<th>Rubella Titer date ___________ (Copy of lab report required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 date __________________</td>
<td></td>
<td>Rubeola Titer date ___________ (Copy of lab report required)</td>
</tr>
<tr>
<td>#2 date __________________</td>
<td></td>
<td>Mumps Titer date ___________ (Copy of lab report required)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial 2 step Tuberculin skin test (PPD)</th>
<th>OR</th>
<th>Negative yearly PPD for 2 years prior to first clinical:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date #1: ______________</td>
<td></td>
<td>Date #1 ______________</td>
</tr>
<tr>
<td>Result: ______________</td>
<td></td>
<td>Date #2 ______________</td>
</tr>
<tr>
<td>Date #2: ______________</td>
<td></td>
<td>Result: ______________</td>
</tr>
<tr>
<td>Note: date of second test to be initiated one to three weeks after first test read</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tetanus/Diphtheria Immunization (within last ten years – date: __________)</th>
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</table>

<table>
<thead>
<tr>
<th>Varicella Immunization</th>
<th>OR</th>
<th>Varicella Titer (Copy of lab report required)</th>
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<tbody>
<tr>
<td>___________ (date)</td>
<td></td>
<td>___________ (date)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Most Recent Seasonal Influenza Vaccination</th>
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</thead>
<tbody>
<tr>
<td>___________ (date)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthcare Provider Signature: ____________________________</th>
<th>Date: ______________</th>
</tr>
</thead>
</table>
| Healthcare Provider Name: ____________________________________| (PRINT or TYPE)
PRE-CLINICAL PHYSICAL EXAMINATION

The individual whose name appears on this form is a student in the Master of Science in Nursing Nurse Anesthesia Program at Lourdes University. To meet admission criteria to the clinical agencies, the following examination is required.

Name: ____________________________ ____________________________ __________________________
   Last Name   First Name   MI   Maiden/Other

Address: ____________________________
   Street

   City   State   Zip

Date of Birth: ____________________________
   Month   Date   Year

Yearly PPD: ____________ Date
   Results: Positive   Negative ____________ Date
   circle one

☐ Yes, Free of evidence of communicable disease  ☐ No, not free of evidence of communicable disease

If no, Comments/Recommendations: _______________________________________________________

TECHNICAL STANDARDS VERIFICATION BY HEALTHCARE PROVIDER*

Check only one of the boxes below and sign where indicated:

_____ I certify that I have examined the above named student and that the student has no physical or mental conditions that in my professional judgment would prevent him/her from meeting the Technical Standards for Nursing Students* outlined in the accompanying table (see page 4).

_____ I certify that I have examined the above-named student and that I have found a condition(s) that would prevent him/her from meeting, without disability-related accommodations, the Technical Standards for Nursing Students* outlined in the accompanying table. I recommend that the student contact the Lourdes University Office of Accessibility Services to discuss disability-related accommodation options.

_____ I certify that I have examined the above named student and that I have found a condition(s) that would prevent him/her from meeting, the Technical Standards for Nursing Students* with or without disability-related accommodations outlined in the accompanying table.

List condition(s) (use back of form if additional space is required): ____________________________

* Please review Technical Standards for Nursing Students form attached.

Date of Physical Examination: ____________________________

Name of Health Care Provider (Print or Type): ____________________________

Address of Health Care Provider: ____________________________

Signature of Health Care Provider: ____________________________
The Lourdes University College of Nursing is committed to equal access for all qualified program applicants and students. The College of Nursing faculty has identified specific technical standards essential to the delivery of safe, effective nursing care during clinical education activities. These standards determine the students’ ability to acquire knowledge and develop the clinical skills required by the curriculum. Clinical education is a major focus throughout the program involving considerations, such as patient safety, that are not present for classroom activities. Therefore, the student must meet these standards and maintain satisfactory demonstration of them for successful program progression and graduation. Nursing students, with or without reasonable accommodation, must satisfy the performance standards described below.

<table>
<thead>
<tr>
<th>Technical Standard</th>
<th>Definition</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Senses</strong></td>
<td>Have functional use of the senses of vision, touch, hearing, and smell so that data received by the senses may be quickly integrated, analyzed, and synthesized in an accurate manner.</td>
<td>Hear, observe and speak to patients; detect skin color changes, anatomical abnormalities such as edema, sounds related to bodily functions using a stethoscope, and odor associated with a wound infection.</td>
</tr>
<tr>
<td><strong>Physical Abilities</strong></td>
<td>Perform gross and fine motor movements with reasonable endurance, strength, flexibility, balance, mobility, and precision as required to provide holistic nursing care.</td>
<td>Perform CPR, safely transfer and control fall of a patient, and manipulate equipment such as syringes and medication packages.</td>
</tr>
<tr>
<td><strong>Cognitive</strong></td>
<td>Collect, analyze, and integrate information and knowledge to make clinical judgments and decisions that promote positive patient outcomes.</td>
<td>Measure, calculate, reason, and understand information and graphs; identify priorities; problem-solve in a timely manner; select, implement and evaluate interventions; and teach patients and families.</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>Communicate effectively and sensitively with patients and families, other professionals, and groups to elicit information and transmit that information to others. Possess sufficient interpersonal skills to interact positively with people from all levels of society, all ethnic backgrounds, and all belief systems.</td>
<td>Speak, read, write, and comprehend English at a level that meets the need for accurate, clear, and effective communication; perceive patients’ nonverbal communication; maintain accurate patient records; obtain accurate health history; establish rapport with patients, faculty, peers, and agency staff; and accept constructive feedback on performance.</td>
</tr>
<tr>
<td><strong>Mental/Emotional Stability</strong></td>
<td>Have sufficient emotional health to fully use intellectual ability, exercise good judgment, and complete all responsibilities necessary to the care of patients.</td>
<td>Function under stress, problem solves, adapt to changing situations, and follow through on assigned patient care responsibilities.</td>
</tr>
<tr>
<td><strong>Professional Behavior</strong></td>
<td>Engage in activities consistent with safe nursing practice and display responsibility and accountability for actions as a student and as a developing nurse.</td>
<td>Does not demonstrate behaviors of addiction to, abuse of, or dependence on alcohol or other drugs that may impair judgment; displays compassion, nonjudgmental attitude, consciousness of social values, honesty, integrity and confidentiality; displays appropriate dress and appearance in clinical-related activities; and demonstrates motivation, appropriate attitude, and professional behavior.</td>
</tr>
</tbody>
</table>
TECHNICAL STANDARDS CERTIFICATION STATEMENT – CONFIDENTIAL

Student Name (Please Print): ___________________________ Student ID# ___________________

This form is a companion to the Technical Standards for Nursing Students* document. After being accepted for admission to the College of Nursing, students must complete and submit this certification form to the Lourdes University College of Nursing prior to beginning the program’s clinical courses. The Lourdes University College of Nursing is committed to equal access for all qualified program applicants and students.

Enrollment of accepted students in the College of Nursing is contingent, in part, upon:

1. Submission of this completed Technical Standards for Nursing Students Certification Statement to the College of Nursing.
2. The ability to meet the Technical Standards for Nursing Students either with or without accommodation(s).
3. The verification of the physical aspects of this ability as determined through a routine physical examination by a health care provider licensed and qualified to perform such routine physical examinations (typically a physician, physician assistant or advanced nurse practitioner).

Students are responsible for:

a. The cost of the physical examination.

b. Providing a copy of the Technical Standards for Nursing Students table to the health care provider completing the physical exam.

STUDENT STATEMENT:

After you have been accepted into the College of Nursing, check only one of the statements below and sign where indicated:

_____ I certify that I have read and understand the Technical Standards for Nursing Students documents, and I believe to the best of my knowledge that I meet each of these standards without accommodation(s). I also understand that if I am unable or become unable to meet these standards with or without accommodation(s), I cannot enroll or remain enrolled in the College of Nursing.

_____ I certify that I have read and understand the Technical Standards for Nursing Students documents, and I believe to the best of my knowledge that I meet each of these standards with accommodations. I will contact the Office of Accessibility Services to have my need(s) for accommodation(s) validated. I will work with both the Office of Accessibility Services and the College of Nursing to examine reasonable accommodation options. I understand that, in some cases, accommodation(s) might not be reasonable. I also understand that if I am unable, or become unable to meet these technical standards with or without accommodation(s), I cannot enroll or remain enrolled in the College of Nursing.

_____ I certify that I have read and understand the Technical Standards for Nursing Students documents, and I believe to the best of my knowledge that I do not meet each of these standards with or without disability-related accommodations. I also understand that if I am unable to meet these standards with or without accommodation(s), I cannot enroll or remain enrolled in the College of Nursing.

Signature of Student: ___________________________ Date: ___________________________
Request for Medical Exemption from Influenza Vaccination

Must be completed by healthcare provider

Please complete the form below to request a medical exemption for your patient.

Student Name: ______________________________________________________________

INFLUENZA SEASON:  20_____ thru 20_____

My patient should not be vaccinated against influenza for the following reason(s):

☐ History or severe (life-threatening) allergic reaction to eggs
☐ History or severe (life-threatening) allergic reaction to Thimerosal
☐ History or severe (life-threatening) reaction to the flu vaccine
☐ History of Guillain-Barre Syndrome (GBS)

I certify that my patient has the above contraindication(s) and I request that my patient receive a medical exemption from the influenza vaccine. I understand that I could be contacted and requested to provide additional clarification and medical records/documentation to support the request.

Name of Provider (MD, DP, CNP, PA): _____________________________________________

Signature: ____________________________________________ Date: ___________________
(Note: Signature stamps are not acceptable.)

Address: ______________________________________________________________________

Telephone Number: _____________________________________________________________

*All information MUST be completed in order to be considered for an exemption

Student: This request for exemption must be accompanied by the completed Influenza Status Attestation and Acknowledgement form. Exemption requests will not be considered without the completed Attestation and Acknowledgement form.
Influenza Status Attestation and Acknowledgement

I have submitted to Lourdes University College of Nursing my Request for Medical Exemption of Influenza Vaccination. By submitting my Request for Exemption, I also acknowledge the following statements:

- I have been informed of the purpose of, need for, and risks and benefits of the vaccine;
- I recognize that The Center for Disease Control and Prevention, the Joint Commission, Lourdes University and its leaders, and others all recommend that I receive that vaccine;
- If I do not receive the vaccine, I may risk both:
  - Getting infected with influenza, and
  - Transmitting the influenza virus to patients, their families, health care team members, and others;
- I will read and agree to abide by the masking policies of the clinical agencies I am assigned;
- I acknowledge that information regarding my un-vaccinated status and attestation that I will adhere at all times to the clinical agency’s masking policies will be shared. Recipients of my information and supporting documentation, if applicable, will include but are not limited to the following: Clinical Agency, Lourdes University College of Nursing, Clinical Educators, preceptors, and all necessary representatives or affiliates of Lourdes University College of Nursing on a need-to-know basis, in order for said individuals to carry out their duties and for the protection of others;
- I acknowledge that clinical agencies reserve the right to require some type of specific identification such as an ID badge or marking to an existing badge that indicates the learner’s non-vaccinated status;
- I realize that my clinical educators or preceptors may remove me from experiences that they reasonably believe may put me or others at risk of spread of influenza related to my un-vaccinated status;
- I also realize that patients or their representatives may ask that I do not have direct contact or close proximity with the patient;
- Failure to abide by the clinical agency policies will be viewed as a possible breach of professionalism, will be reported to my Clinical Educator/preceptor, and may result in discontinuation of my education opportunities in the College of Nursing at Lourdes University

I have read this form and understand its contents.

Student Signature: ____________________________  Date: ____________

Full Name (print): ____________________________  ID#: ______________
<table>
<thead>
<tr>
<th>AGENCIES OFFERING IMMUNIZATIONS</th>
<th>TB Testing and/or Physicals</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLEN COUNTY</td>
<td></td>
</tr>
<tr>
<td>Allen County Combined Health District</td>
<td>219 E. Market St., Lima, Ohio 45802</td>
</tr>
<tr>
<td></td>
<td>(419) 228-4457</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:allecohd@odh.ohio.gov">allecohd@odh.ohio.gov</a></td>
</tr>
<tr>
<td>DEFIANCE COUNTY</td>
<td></td>
</tr>
<tr>
<td>Defiance County General Health District</td>
<td>1300 E. Second St., Defiance, Ohio 43512</td>
</tr>
<tr>
<td></td>
<td>(419) 784-3818</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:deficohd@odh.ohio.gov">deficohd@odh.ohio.gov</a></td>
</tr>
<tr>
<td>ERIE COUNTY</td>
<td></td>
</tr>
<tr>
<td>Erie County General Health District</td>
<td>420 Superior St., Sandusky, Ohio 44870</td>
</tr>
<tr>
<td></td>
<td>(419) 626-5623</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:eriecohd@odh.ohio.gov">eriecohd@odh.ohio.gov</a></td>
</tr>
<tr>
<td>FULTON COUNTY</td>
<td></td>
</tr>
<tr>
<td>Fulton County Health Department</td>
<td>606 S. Shoop Ave., Wauseon, Ohio 43567</td>
</tr>
<tr>
<td></td>
<td>(419) 337-0915</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:fultcohd@odh.ohio.gov">fultcohd@odh.ohio.gov</a></td>
</tr>
<tr>
<td>FINDLAY CITY HEALTH DEPARTMENT</td>
<td></td>
</tr>
<tr>
<td>1644 Tiffin Ave., Suite A, Findlay, Ohio 45840</td>
<td>(419) 424-7105</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:health@ci.findlay.oh.us">health@ci.findlay.oh.us</a></td>
</tr>
<tr>
<td>HENRY COUNTY</td>
<td></td>
</tr>
<tr>
<td>Henry County General Health District</td>
<td>1843 Oakwood Ave., Napoleon, Ohio 43545</td>
</tr>
<tr>
<td></td>
<td>(419) 599-5545</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:henrcohd@odh.ohio.gov">henrcohd@odh.ohio.gov</a></td>
</tr>
<tr>
<td>HURON COUNTY</td>
<td></td>
</tr>
<tr>
<td>Huron County General Health District</td>
<td>180 Milan Ave., Norwalk, Ohio 44857</td>
</tr>
<tr>
<td></td>
<td>(419) 668-1652</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:hurocohd@odh.ohio.gov">hurocohd@odh.ohio.gov</a></td>
</tr>
<tr>
<td>LUCAS COUNTY</td>
<td></td>
</tr>
<tr>
<td>Toledo-Lucas County Health Department</td>
<td>635 N. Erie Street, Toledo, Ohio 43604</td>
</tr>
<tr>
<td></td>
<td>(419) 213-4100</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:lucacohd@odh.ohio.gov">lucacohd@odh.ohio.gov</a></td>
</tr>
<tr>
<td>PUTNAM COUNTY</td>
<td></td>
</tr>
<tr>
<td>Putnam County Health Department</td>
<td>256 Williamstown Rd., Ottawa, Ohio 45875</td>
</tr>
<tr>
<td></td>
<td>(419) 523-5608</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:putncohd@odh.ohio.gov">putncohd@odh.ohio.gov</a></td>
</tr>
<tr>
<td>SENEA COUNTY</td>
<td></td>
</tr>
<tr>
<td>Seneca County General Health District</td>
<td>71 S. Washington St., Tiffin, Ohio 44883</td>
</tr>
<tr>
<td></td>
<td>(419) 447-3691</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:senecohd@odh.ohio.gov">senecohd@odh.ohio.gov</a></td>
</tr>
<tr>
<td>REYNOLDS CLINIC</td>
<td></td>
</tr>
<tr>
<td>2450 N. Reynolds Rd., Toledo, Ohio 43615</td>
<td>(419) 535-3214</td>
</tr>
<tr>
<td>WOOD COUNTY</td>
<td></td>
</tr>
<tr>
<td>Wood County Combined General Health District</td>
<td>1840 E. Gypsy Lane Rd., Bowling Green, Ohio 43402</td>
</tr>
<tr>
<td></td>
<td>(419) 352-8402</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:woodcohd@odh.ohio.gov">woodcohd@odh.ohio.gov</a></td>
</tr>
<tr>
<td>OTTAWA COUNTY</td>
<td></td>
</tr>
<tr>
<td>Ottawa County Health Department</td>
<td>1856 E. Perry St., Port Clinton, Ohio 43524</td>
</tr>
<tr>
<td></td>
<td>(419) 734-6800</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:ottacohd@odh.ohio.gov">ottacohd@odh.ohio.gov</a></td>
</tr>
<tr>
<td>SWARE COUNTY</td>
<td></td>
</tr>
<tr>
<td>Sandusky County Combined General Health District</td>
<td>2000 Countryside Dr., Fremont, Ohio 43420</td>
</tr>
<tr>
<td></td>
<td>(419) 334-6377</td>
</tr>
<tr>
<td>WOOD COUNTY</td>
<td></td>
</tr>
<tr>
<td>Wood County Combined General Health District</td>
<td>1840 E. Gypsy Lane Rd., Bowling Green, Ohio 43402</td>
</tr>
<tr>
<td></td>
<td>(419) 352-8402</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:woodcohd@odh.ohio.gov">woodcohd@odh.ohio.gov</a></td>
</tr>
</tbody>
</table>
CPR Training Requirement
(CPR/BLS Information)

In preparation for your clinical experiences, it is required that you obtain and maintain current Training in BLS (CPR), according to the guidelines set forth by the American Heart Association for Healthcare Providers (AHA HCP). To find an American Heart Association Training Center near you please call 1-877-242-4277 (1-877-AHA-4CPR) or go to the AHA web site at www.americanheart.org. You will be prompted to enter your zip code and then be directed to AHA Training Centers near you. Many hospitals, fire departments and rescue agencies are designated AHA Training Centers. Because schedules and availability vary, you should call early and follow their registration instructions. Fees vary from place to place*.

For your convenience a list of local AHA Training Centers are listed here:

- **Flower Hospital**  
  419-824-1283
- **Mercy St. Anne’s Hospital**  
  419-407-2410
- **Toledo Hospital**  
  419-291-4528
- **Mercy St. Vincent Medical Center**  
  419-251-4397
- **University of Toledo Medical Center**  
  419-383-5204
- **St. Luke’s Hospital**  
  419-897-8331

In addition, there are instructors, affiliated with these training centers, who will offer on-site classes. Please call us for their names and contact information.

*The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA and any fees charged for such courses do not represent income to the AHA.
CRIMINAL BACKGROUND CHECK POLICY AND ACKNOWLEDGMENT

The required curriculum for a Master of Science in Nursing Nurse Anesthesia Program student involves completion of clinical nursing courses. Students participating in nursing courses with clinical components must meet the requirements mandated by the clinical agencies, which includes satisfactory BCI and FBI criminal background checks within the last six months consistent with the agencies’ screening requirements for their employees.

It is the student’s responsibility to initiate the background checks and have results sent directly to:

Lourdes University
ATTN: Cindy Lutzmann
6832 Convent Blvd.
Sylvania, OH 43560

MSN Nurse Anesthesia students are required to get both BCI and FBI background checks.

If the results of the criminal background checks show any potentially disqualifying or questionable information, Lourdes University may require the student to obtain and provide additional information to verify or clarify the background check’s results. The failure to provide additional information as requested will render the student unable to participate in clinicals.

Cost: The student is responsible for the cost of the criminal background checks and the cost of obtaining additional information to verify or clarify potentially disqualifying or questionable results.

Processing Time: It may take 30 to 90 days to receive the results of the background checks. It is the student’s responsibility to allow sufficient processing time in advance of the beginning of the clinical course.

Use of Results: If the criminal background checks’ results are not approved as satisfactory by the nursing department before the first clinical class, the student’s admission to the clinical course will be deferred until the following semester unless it is determined from the results that the student will be unable participate in clinicals. If the results of the background checks and any necessary follow-up are inconsistent with criminal records check requirements such that the student would be limited or barred from participating in clinicals, Lourdes University will not approve the student for participation in clinicals. Without clinical experience, the student cannot complete all aspects of the nursing program and will not be able to receive regular admission or continue in the program; in such instances, the student will be dismissed from the program and will not be entitled to any tuition refund. Lourdes University is not liable for any damages arising out of or related to the results of the criminal background check, the student’s non-approval for clinicals, or the student’s dismissal from the program.

Confidentiality: Lourdes University will store the results of the background check in a separate confidential file apart from the student’s other records. Lourdes University may disclose the results as needed or as required by law.

Self-Disclosure: The student must report within ten (10) business days any criminal conviction (excluding only minor traffic violations) that occurs after submitting the information for the background check to the Director of the MSN program. Failure to report the required information to the Director of the MSN program may constitute grounds for immediate dismissal from clinicals and the program.

ACKNOWLEDGMENT

I, ________________________________, understand and acknowledge that decisions regarding my participation in the Lourdes University Nurse Anesthesia Program will be made based, in part, upon the results of my required criminal background check(s) and the additional information I provide to comply with this policy.

Student Signature: ________________________________ Date: ________________________________

Student ID#: ________________________________
Suggested Background Check Location

* A BCI and FBI criminal background check is required.
* If you are an MSN Nurse Anesthesia student, you need to submit a BCI background check and an FBI background check.

Sylvania Deputy Registrar License Bureau
4900 North McCord Road
Sylvania, OH 43560
(419) 885-0201
(Please call for current hours of operation and background check pricing.)
ADA Accessible

(This is most convenient to the University; however, you may also visit the locations in your area.)

The report MUST be mailed directly to:

Lourdes University
ATTN: Cindy Lutzmann
6832 Convent Blvd.
Sylvania, OH 43560
As a student of nursing, I understand that certain information to which I have access contains confidential client and management information. With references to this information, I agree to the following:

1. To abide by all laws, regulations, and agency policy and procedures relating to the confidentiality of clients business and management information;

2. To use client business and management information only as it relates to my nursing duties;

3. I understand that I cannot copy, record, or use in any manner any information that could be connected to a client or business:

4. To continue to maintain the confidentiality of all client business and management information after the termination of my student clinical placement and to refrain from accessing the same records or computer systems after the termination of my education; and

5. To permit this Confidentiality Agreement to be kept as part of my student file.

I have completed core concepts education in client and management information confidentiality and understand that my signature constitutes acceptance of the terms of this Agreement. I understand that any violation of this Agreement during my clinical placements will result in disciplinary action. Any violation of this Agreement after my clinical placements may result in legal action taken against me.

__________________________________________  __________________________________
Student Name (please print)                        Student ID#

__________________________________________  __________________________
Signature                                      Date
Subject: Nurse Anesthesia Program (NAP) Drug and Alcohol Policy

POLICY:

The Lourdes University College of Nursing requires that all nurse anesthesia students must be free of illicit or illegal drugs and alcohol in the classroom setting, when providing patient care or on call to provide patient care. Further, students may not use illegal drugs, abuse prescription drugs, or engage in excessive alcohol use while enrolled in the Program.

PROCEDURE

1. All applicants will be asked if they are currently using illegal drugs, abusing prescription drugs, or engaging in excessive alcohol use at the time of application. An affirmative answer is grounds for denial of admission.

2. Initial Screening: After acceptance into the MSN Nurse Anesthesia Program, but prior to enrollment, all students will be asked about prior illegal drug use, abuse of prescription drugs, and/or prior excessive alcohol use. Past users will be monitored, including but not limited to drug testing. As a condition of matriculation, all students will be required to submit to a 10 Panel drug test which tests for marijuana, cocaine, amphetamines, opiates, phencyclidine, Benzodiazepines, Barbiturates, Methadone, Propoxyphene, and Methaqualone. All students must provide the Program with proof of drug screening from an approved clinical laboratory conducted under approved procedures for securing evidence. A list of approved laboratories will be provided to all students. The report of the initial screening must be forwarded from the laboratory directly to:

Nurse Anesthesia Program Administrator
Lourdes University
6832 Convent Blvd
Sylvania, Ohio
43560

Failure to comply with this policy or failure of a drug test will result in dismissal from the program. Fees associated with testing will be the responsibility of the student.

3. Random Screening: All students may be required to submit to random or scheduled drug testing at any point in the Program based on the decision of the Nurse Anesthesia Program Administrator or as a requirement of the assigned clinical agency. Reports of random or scheduled results must be forwarded directly to the Nurse Anesthesia Program Administrator at the address listed in #2 above. Failure to comply with this policy or failure of a drug test will result in dismissal from the Program. Fees associated with random drug screening or scheduled drug testing under this policy will be paid by the University.

4. Reasonable Suspicion: Any didactic or clinical affiliate faculty member or student who has reasonable suspicion that a student may be impaired as a result of misuse of drugs or alcohol will notify the Nurse Anesthesia Program Administrator in writing. If the behavior is suspected in the clinical area, the clinical coordinator or designee will be notified of the situation. Reasonable suspicion exists when any student demonstrates unusual or unexplained behaviors. These behaviors may include, but are not limited to:

- Slurred speech
- Odor of alcohol on breath or person
- Unsteady gait
- Confused or disoriented behavior
- Significant change in work habits
• Unexplained injury or accident
• Excessive sick days
• Excessive tardiness to clinical practicum or class
• Change in alertness, sleepy, confused
• Change in personality, physically assaultive, violent, indifferent
• Change in physical appearance, inappropriate clothing/sloppy

Any student suspected of substance abuse during a clinical practicum assignment will be asked to leave the patient care area immediately and go with a faculty member and/or clinical affiliate faculty and/or witnesses to discuss the situation in a private location ensuring confidentiality. The NAP Administrator will be informed, the discussion will be documented, and drug or alcohol testing may be required.

If the decision is made to test for drugs or alcohol, the student will be escorted to an approved laboratory by Nurse Anesthesia faculty and/or witness. Drug and alcohol testing must be performed according to proper procedures for securing evidence and the student will be suspended from the clinical practicum area until the results of the test have been reviewed by NAP Administration.

Failure to comply or refusal of a requested drug or alcohol test will result in dismissal from the Program and the student will be referred for appropriate alcohol/drug counseling services and rehabilitation. Fees associated with testing, counseling, and or rehabilitation will be the responsibility of the student. Should the test results be negative, the student will be released to the clinical practicum area without penalty.

Any missed clinical time will be made up at the discretion of the NAP Administrator.

5. Following successful completion of a rehabilitation program and documentation supporting this evidence, the student may apply for reinstatement into the Program and will be considered on an individual case basis.