Introduction

1. Prior to matriculation, all students must meet the following health requirements and provide documentation.
   a. **History and Physical Examination**, including CBC with documentation.
   b. **Annual Tuberculin skin test (PPD)** with documentation of negative results. For those with a history of documented positive result, a chest x-ray with documentation of no active disease is required.
   c. **Hepatitis B**: Individuals who have previously completed a complete hepB vaccine series must provide documented evidence; in addition, must provide up-to-date documented evidence of immunity to hepatitis B through serologic evidence (anti-HBs serologic test). Current CDC recommendations for those without prior vaccine series and immunity through serologic testing include: 3-dose series of Recombivax HB or Engerix-B (dose #1 now, dose #2 in 1 month, dose #3 approximately 5 months after dose #2) or a 2-dose series of Heplisav-B, with the doses separated by at least 4 weeks. Must document evidence of immunity by getting an anti-HBs serologic test 1-2 months after final dose.
   d. **Flu (influenza)**: Individuals must receive one dose of influenza vaccine annually and provide written documentation.
   e. **MMR (Measles, Mumps, and Rubella)**: For individuals born in 1957 or later who have not had the MMR vaccine, or have no up-to-date serologic evidence of immunity to
measles or mumps, the CDC recommendation is to receive 2 doses of MMR (1 dose now and the second at least 28 days later). If an individual demonstrates no serologic evidence of immunity to rubella, only one dose of MMR is recommended. Written documentation of serologic evidence of immunization is then required following vaccination (IgG titer).

f. **Varicella (Chickenpox):** If an individual has not had chickenpox, or does not have written documentation of the varicella vaccine, or does not have documented evidence of an up-to-date serologic test that demonstrates immunity to varicella (IgG titer), the CDC recommendation is to get 2 doses of varicella vaccine, 4 weeks apart.

g. **Tdap (Tetanus, Diphtheria, Pertussis):** The CDC recommendation is to get a one-time dose of Tdap as soon as possible if an individual has not received Tdap previously (regardless of when a previous dose of Td was received). Td boosters are recommended every 10 years thereafter. Pregnant HCWs need to get a dose of Tdap during each pregnancy.

h. **COVID-19 vaccination:** Based upon CDC recommendation update (October 2021), all healthcare personnel including students are recommended to get fully vaccinated against COVID-19, through one of the currently authorized COVID-19 vaccines.

2. Students may be required to receive additional vaccines as required by clinical agencies. Students will be responsible for all costs incurred.

3. For CDC Guidelines for Healthcare providers, see: [https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html](https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html)

4. Documentation of Results
   a. All students’ health and immunization records are archived in the EXXAT data base. Students are responsible for downloading all required documentation in a timely manner.
   b. **It is the student’s responsibility to ensure that all health requirements are met and that they remain in compliance at all times.** The program will receive a compliance form indicating that the student has completed all required health and immunization requirement and they are current. The program does not have access to actual health records on the EXXAT system.
   c. Failure to provide adequate documentation may result in delayed start of clinical rotations, restricted patient contact, withholding course registration, delayed graduation or Program dismissal. Students with chronic infectious conditions may be limited or restricted from patient contact and require additional testing.

Declination of Vaccination

1. If a student declines any of the vaccinations, they are required to sign a vaccination declination form. This declination will be maintained in the EXXAT data base and notification will be provided to clinical placement sites requiring documentation of immunization status. This may create challenges to student placement that may result in a delay in progression through the program and graduation. The clinical sites / agencies have the right to refuse unvaccinated students or may require additional safeguards such as wearing a face mask, wearing additional personal protective equipment, self-quarantine, and social distancing within the site which may create challenges to student progression and graduation.

Student Health
1. Infection Control

a. Standard Precautions: According to the Centers for Disease Control and Prevention (CDC), Standard Precautions are defined as “the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect the health care provider and prevent the health care provider from spreading infections among patients.”
   i. Standard Precautions include:
      1. Hand hygiene
      2. Use of personal protective equipment (e.g., gloves, masks, eyewear)
      3. Respiratory hygiene / cough etiquette
      4. Sharps safety
      5. Safe injection practices (i.e., aseptic technique for parenteral medications)
      6. Sterile instruments and devices
      7. Clean and disinfected environmental surfaces
   ii. Students will receive instruction in CDC Standard Precautions upon entering the PA Program (prior to being placed in situations of potential exposure and risk) and ongoing assessment of skills associated with Standard Precautions as a part of any skills competency examination for the duration of the program.
      1. Instruction will include Standard Precautions to prevent the spread of coronavirus in all settings.

b. Occupational Safety and Health Administration (OSHA) assures the safety and health of America’s workers through establishment of standards, training, outreach and education. Students will receive instruction in the following areas:
   i. Culture of safety
   ii. Infectious diseases including instruction regarding blood-borne pathogens and needle stick injuries
   iii. Safe patient handling
   iv. Workplace violence
   v. Other hazards including chemical exposures, hazardous drugs, allergens, radiation and physical agents
      1. Students will receive instruction upon entering the PA program (prior to being placed in situations of potential exposure and risk) and receive a second formal instruction prior to entering the clinical phase. Instruction includes, but is not limited to, post-exposure protocol for exposure to blood and/or other body fluid or a needle stick injury.
         a. At the time of exposure: wounds and skin that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water. There is no evidence that the use of antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk for HIV transmission. However, the use of antiseptics is not contraindicated. Use of caustic agents (e.g., bleach) is not recommended.
b. The student should notify his/her supervisor immediately. The students should seek immediate medical attention for evaluation and treatment.

c. Completion of a medical assessment should take place immediately following an exposure as treatment decisions must be made within two hours of exposure. HIV prophylaxis for high-risk exposure appears most effective if started within two to four hours. It is also extremely important to evaluate the donor’s risk status immediately.

d. The student should report to the nearest emergency room, whether the incident occurred on-campus or at a clinical rotation site.

e. Incident reports for the site and Carlow University must be completed as soon as possible, within six hours of incident, and provided to the respective representative. For the Carlow University, the incident report shall be sent to the Program Director via email or fax. The Director of Clinical Education shall be notified as soon as possible.

f. Students are responsible for all costs incurred as a result of compliance with this policy.

c. COVID-19

i. As of October 2021, the CDC has issued a recommendation for all healthcare workers (including students) that the COVID-19 vaccine is recommended.

ii. Carlow University has established formal health and safety guidelines regarding conducting and attending classes and labs, and creating a safe environment in which to learn and work. Based on CDC Guidelines, as well as guidance from Allegheny County Health Department, the Office of Governor Wolf, the PA Department of Health, and other state and local agencies, Carlow University has enacted a “Re-entry and Resiliency Plan,” outlining strict health and safety guidelines regarding quarantining and isolation, contact tracing, screening, use of personal protective equipment, and cleaning of surfaces and equipment in order to reduce the risk of transmission. Details are available at https://www.carlow.edu/covid-19/

iii. All students at off-campus clinical sites will follow the COVID-19 plan of the site/agency, which may include submitting proof of vaccination through one of the currently authorized COVID-19 vaccines.

1. Students who decline vaccination are informed that agencies may mandate vaccination or frequent testing. Students who do not comply may risk clinical placement and delay in completion of the program.

iv. COVID-19 exemption forms for medical or religious purposes are available at https://www.carlow.edu/covid-19/screening-testing-vaccination/

d. Latex Allergy

i. Some students may have a documented allergic response or sensitivity to latex. According to OSHA, 8-12% of healthcare workers are latex sensitive, with
reactions ranging from irritant contact dermatitis and allergic contact sensitivity, to immediate, possibly life-threatening, sensitivity.

ii. It is the practice of the PA Program to purchase latex-free equipment and provide latex-free gloves and other disposables for student and faculty use.

iii. The Program will work with the Office of Disabilities Services to identify and provide alternative materials to reduce exposure, as well as mitigate risk within the environment, should a student have a history of immediate, life-threatening sensitivity.

e. Emergency Contact
   i. All PA students are asked to complete an emergency contact form, which will remain on file for the duration of their enrollment in the PA Program.

f. Accident or Injury
   i. In the event of accident or injury, faculty, program director, and medical director may provide care to the student in an emergent situation. (See PA 402 Faculty as the Student Healthcare Provider Policy)
   ii. In the event of accident or injury, the student’s emergency contact will be notified, should the student request this and be able to provide consent.
   iii. Should the student be unable to provide consent due to the nature of an accident or injury, the emergency contact will be notified.
   iv. In all cases of accident or injury requiring additional evaluation and treatment, 911 and/or campus police will be contacted; the student will be transported to the nearest local facility.
      1. The student is responsible for all costs associated with medical transport and medical care.

Orientation to Policy

1. All potential matriculates will receive information on Policy PA 114 at the time of the on-campus interview. In addition, this policy will appear on the Carlow PA website. Students will receive formal orientation to this policy at their initial program orientation as well as the Clinical Year orientation prior to clinical rotations.

Compliance

1. All students will download evidence of completion of health requirements and vaccinations and/or serologic evidence of immunization into their EXXAT account. Information in the EXXAT account remains confidential. The Program will maintain a copy of a compliance statement only and will not maintain or have access to actual documentation.
2. Students should maintain a copy of all information in their records for potential distribution to assigned clinical sites in year two of the PA Program.
2. This policy will be reviewed annually by the PA program faculty (per Program Assessment Plan) to assure it continues to reflect the current University and program policy.
CARLOW UNIVERSITY  
Physician Assistant Program

**Vaccination Declination Form**

Name:  
Student ID#:  

Please read the following statements carefully and initial in the space provided for each to indicate you have reviewed the information prior to signing this form

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have been provided with and given the opportunity to read the Vaccine Information Statements (VIS) from the Centers for Disease Control* and Prevention that includes information regarding the vaccines required for completion of clinical rotations the disease the vaccine prevents, the consequences of non-vaccination, and possible side effects of</td>
<td></td>
</tr>
<tr>
<td>I hereby certify that:</td>
<td></td>
</tr>
<tr>
<td>- I understand the purpose of and the need for recommended vaccine(s).</td>
<td></td>
</tr>
<tr>
<td>- I understand the risks and benefits of recommended vaccines.</td>
<td></td>
</tr>
<tr>
<td>- By declining vaccinations, I continue to be at risk of acquiring potentially serious diseases.</td>
<td></td>
</tr>
<tr>
<td>- I acknowledge that neither the clinical facility nor Carlow University will be liable if I acquire a disease while performing a clinical rotation that is preventable by a vaccination listed below.</td>
<td></td>
</tr>
<tr>
<td>- If I want to be vaccinated with a vaccination listed below in the future, I may do</td>
<td></td>
</tr>
</tbody>
</table>

**VACCINATION**

**Indicate which of the following vaccination(s) being declined and provide a reason for declination.**

Must have disclosure of Declination with site Manager. Must wear mask (for Flu Vacc) as per CDC recommendation

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Declined</th>
<th>Reason for Declination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, acellular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza (Seasonal)</td>
<td></td>
<td></td>
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<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I understand that due to exposure in the clinical setting to blood or other potentially infectious materials, I may be at an increased risk for acquiring the diseases and certify that I have been informed of the risks of not receiving the vaccination(s) and decline to receive the vaccination(s) indicated above. I also agree to comply with any additional clinical site requirement(s) which exists as a result of my declining this.

Print Name

Signature

Date