



The Peninsula's Community College

SUCCESS. It's closer than you think.

HEALTH PROFESSIONS DIVISION

PRE-ENTRANCE MEDICAL EXAMINATION [PHYSICAL]

AND

IMMUNIZATION VERIFICATION PACKET

FOR THE FOLLOWING

HEALTH PROFESSIONS PROGRAMS:

DENTAL HYGIENE

EMERGENCY MEDICAL SERVICES

NURSING

2017-2018

Student Name: _____ Date: _____

Program:

DNH

EMS

Nursing

Hospitalizations/Surgeries (List procedures and dates):

FAMILY HISTORY

Check any that apply, if condition exists in your family (immediate family, grandparents, aunts, uncles, cousins)

<input type="checkbox"/> Allergies	<input type="checkbox"/> Eye disorders	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Stroke	_____
<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Tuberculosis	_____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Lung disease	<input type="checkbox"/> Ulcer	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mental illness	<input type="checkbox"/> None	_____

Statement of Understanding Regarding Pre-Entrance Medical Examination

The answers that I have given regarding my health status are true to the best of my knowledge. Falsification of any information in the questionnaire may result in dismissal from the Thomas Nelson Community College Health Professions Program(s) for which I am enrolled. I understand that the information will be used to determine whether I am capable of performing the physical requirements for the program. My signature below indicates my understanding of the above statement.

I understand that I (student) am required to maintain health insurance and/or be responsible for medical expenses incurred for medical diagnosis and/or treatment(s) during clinic assignment, clinical and/or field experiences or internships.

Date: _____ Student Signature: _____

To Be Completed by the Health Care Provider: Please assess the following systems. Describe fully any abnormal findings. Use additional sheet if needed.

Height: _____ Weight: _____

	WNL			WNL	
	YES	NO		YES	NO
Head, Ears, Nose, Throat	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>	Chest	<input type="checkbox"/>	<input type="checkbox"/>
Vision/Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Metabolic/Endocrine	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Neuro	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	Back	<input type="checkbox"/>	<input type="checkbox"/>
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>

DIAGNOSIS:

Excellent health with no chronic medical problems OR
 Other diagnosis and recommendations – please list: _____

At this time, are you aware of any health conditions that would affect this individual's progress in the specified health professions program? Yes No

Recommendations: _____

Date: _____ Physician Signature: _____

Physician's Printed Name: _____

HEALTH PROFESSIONS TUBERCULOSIS TEST INSTRUCTIONS

Tuberculosis surveillance is required by OSHA, JCAHO, and other regulatory agencies for health care employees, volunteers, and physicians. A two-step TB Skin Test (TST) is required on-hire. A TST is required annually thereafter. Other testing may be required related to exposure to TB. The TB Skin Test is to be read **48-72 hours after placement**.

To be completed by Student:		
PROGRAM select one: Dental Hygiene <input type="checkbox"/> EMS <input type="checkbox"/> Nursing <input type="checkbox"/>		
Name: _____		Today's Date: _____
Please check YES or NO for the following questions:		YES
Since your last TB review, have you worked in a location where patients with active TB received care or services?		<input type="checkbox"/>
Since your last TB review, have you lived with or had close contact with someone who has TB disease?		<input type="checkbox"/>
Since your last TB review, have you had an abnormal chest x-ray?		<input type="checkbox"/>
Since your last TB review, has a healthcare practitioner told you that your immune system isn't working or can't fight infection?		<input type="checkbox"/>
Do you work, volunteer, or live in another facility that provides medical or social services?		<input type="checkbox"/>
Since your last TB review, have you traveled outside the U.S.A.? If yes, where?		<input type="checkbox"/>
Since your last TB review, have you had any of the following symptoms for more than 3 weeks at a time? (Please check all symptoms that apply; if you have no symptoms, check NONE).		
<input type="checkbox"/> Persistent coughing	<input type="checkbox"/> Hoarseness	
<input type="checkbox"/> Excessive weight loss	<input type="checkbox"/> Excessive fatigue	
<input type="checkbox"/> Excessive sweating at night	<input type="checkbox"/> Coughing up blood	
<input type="checkbox"/> Persistent fever	<input type="checkbox"/> None	
I have reviewed the above and I am currently free of signs and symptoms of active disease.		
_____ Student Signature		_____ Date
STEP 1 OR ANNUAL PPD: TO BE COMPLETED BY HEALTHCARE PROVIDER:		
TB Skin Test: <input type="checkbox"/> Step 1 <input type="checkbox"/> Annual <input type="checkbox"/> Post Exposure		
Date Placed: _____ Site: <input type="checkbox"/> LFA <input type="checkbox"/> RFA		
TEST MUST BE READ WITHIN 48-72 HOURS AFTER ADMINISTRATION		
Date Read: _____		
<input type="checkbox"/> Results in mm: _____ Neg (0mm) without induration		
<input type="checkbox"/> Positive or Indeterminate Test (<i>Must be referred to Occupational Health for immediate interpretation.</i>)		
Test Read by _____		
Name		Title
STEP 2 OR ANNUAL PPD: TO BE COMPLETED BY HEALTHCARE PROVIDER:		
*NOTE: STEP 2 MUST BE COMPLETED TWO WEEKS AFTER STEP 1.		
TB Skin Test: <input type="checkbox"/> Step 2 <input type="checkbox"/> Annual <input type="checkbox"/> Post Exposure		
Date Placed: _____ Site: <input type="checkbox"/> LFA <input type="checkbox"/> RFA		
TEST MUST BE READ WITHIN 48-72 HOURS AFTER ADMINISTRATION		
Date Read: _____		
<input type="checkbox"/> Results in mm: _____ Neg (0mm) without induration		
<input type="checkbox"/> Positive or Indeterminate Test (<i>Must be referred to Occupational Health for immediate interpretation.</i>)		
Test Read by _____		
Name		Title



The Peninsula's Community College

Health Professions Student Immunization Form

*** SUPPORTING DOCUMENTATION MUST BE SUBMITTED WITH THIS FORM ***

PROGRAM select one:

Dental Hygiene

EMS

Nursing

Student's Name: _____ Date: _____

Ref #	Vaccine	Dates			Titer			
1	MMR	/ / M D Y	/ / M D Y	OR	/ / M D Y	Immune: Yes _____ No _____		
2	Varicella (Chicken Pox)	/ / M D Y	/ / M D Y	OR	/ / M D Y	Immune: Yes _____ No _____	<p>* DENTAL HYGIENE DECLINATION ONLY: I decline the varicella (Chickenpox) vaccination at this time. I understand that by declining, I continue to be at risk of acquiring Chickenpox, a communicable disease, which can cause severe complications in adults.</p> <p>Signature/Date _____</p>	
3	Hepatitis B	/ / M D Y	/ / M D Y	/ / M D Y	OR	/ / M D Y Immune: Yes _____ No _____	OR	<p>* I have reviewed the Hep B information sheet. I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease for which there is no cure.</p> <p>Signature/Date _____</p>
4	Tetanus (Td) AND	/ / M D Y						Must be within the last 10 years
	Pertussis OR	/ / M D Y						
	Tetanus With Pertussis (TdaP)	/ / M D Y						Must be within the last 10 years
5	Tuberculin Test (PPD Yearly) Step 1 and 2	1st Academic Year	Step 1		/ / Date Given	/ / Date Read	Test Results: _____ mm	Chest X-Ray is required if PPD is positive
		1st Academic Year	Step 2		/ / Date Given	/ / Date Read	Test Results: _____ mm	Chest X-Ray Results: _____
		2nd Academic Year		/ / Date Given	/ / Date Read	Test Results: _____ mm	Date: _____	
6	Influenza (0.5 mL Injection Preferred)	First Academic Year <i>Required annually by October 1st.</i>	/ / Date Given		* I have reviewed the Influenza immunization information sheet. I decline the Influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Influenza, a serious disease which can lead to death. Signature/Date: _____			
		Second Academic Year <i>Required annually by October 1st.</i>	/ / Date Given		* I have reviewed the Influenza immunization information sheet. I decline the Influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Influenza, a serious disease which can lead to death. Signature/Date: _____			

* Students whom decline a vaccination are required to complete the appropriate declination form and may not be able to complete the clinical and/or field requirements for their program.



The Peninsula's Community College

Health Professions Division
Dental Hygiene
Emergency Medical Services
Fire Science Technology
Health and Physical Education
Nursing

Hepatitis B Vaccine Declination Waiver

I understand that due to my occupational (student clinical/field internship) exposure to blood or other potentially infectious materials, I may be at high risk of acquiring Hepatitis B Virus (HBV) infection.

I understand the protection the vaccines could offer, and have been advised to be vaccinated at my own expense. However, I am declining Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. I also understand that I may be restricted from some clinical rotation due to the failure to show Hepatitis B immunity.

For the following reason(s), I decline Hepatitis B vaccination at this time:

1. Received the complete Hepatitis B vaccination series two (2) times and do not have a positive titer result.
2. Antibody testing has revealed that I am immune to Hepatitis B.
3. For medical reasons the Hepatitis B is contraindicated.

I will provide to Thomas Nelson Community College medical documentation concerning my prior vaccination, immunity, or medical contraindications to Hepatitis B vaccine before beginning patient care. I understand that if I am receiving the vaccine, it is my responsibility to complete the series and submit dates of vaccination and titer results. If I do not complete the series, I may be restricted from some clinical rotation due to the failure to show Hepatitis B immunity.

Student ID Number _____

Student Printed Name _____ Date _____

Student Signature _____ Date _____

Witness Signature _____ Date _____

Witness Printed Name _____ Date _____

Parent or Legal Guardian if Student is a Minor:

Printed Name _____ Date _____

Signature _____ Relationship to Student _____



The Peninsula's Community College

Health Professions Division
Dental Hygiene
Emergency Medical Services
Fire Science Technology
Health and Physical Education
Nursing

Influenza Vaccine Declination Waiver

I understand that due to my occupational (student clinical/field internship) exposure to blood or other potentially infectious materials, I may be at risk of acquiring Influenza Virus (Flu) infection.

I understand the protection the vaccines could offer, and have been advised to be vaccinated at my own expense. However, I am declining Influenza vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Influenza, a serious virus that may cause death. I also understand that I may be restricted from some clinical rotation due to the failure to receive the Influenza vaccine.

For the following reason(s), I wish to decline the influenza vaccine this season for the following reason(s): I understand that I must provide documentation from my physician if I am requesting a medical exemption.

Allergic to chicken eggs or egg products?	Yes ___ No ___
Allergic to Thimerosal?	Yes ___ No ___
Significant reaction (anaphylactic) to the flu vaccine in the past?	Yes ___ No ___
History of Guillain-Barre syndrome within 6 weeks of flu shot?	Yes ___ No ___
Religious reasons?	Yes ___ No ___
I have had the Influenza vaccine this year through another provider/facility:	Yes ___

I will provide to Thomas Nelson Community College medical documentation concerning my prior vaccination, immunity, or medical contraindications to the Influenza vaccine before beginning patient care. I understand that if I do not obtain the Influenza vaccine, I may be restricted from some clinical/field rotations and/or may be required to wear a mask when completing clinical/field rotations.

Student ID Number _____

Student Printed Name _____ Date _____

Student Signature _____ Date _____

Witness Signature _____ Date _____

Witness Printed Name _____ Date _____

Parent or Legal Guardian if Student is a Minor:

Printed Name _____ Date _____

Signature _____ Relationship to Student _____

THOMAS NELSON COMMUNITY COLLEGE
DENTAL HYGIENE PROGRAM
ENTRY-LEVEL TECHNICAL STANDARDS

These technical standards are required abilities for effective performance in Thomas Nelson Community College's dental hygiene program. The standards are compatible with the scope of practice as defined by the Virginia State Board of Dentistry. The examples show how a standard may be applied in entry level dental hygiene education programs. The examples listed are for illustrative purposes only, and not intended to be a complete list of all tasks in an entry-level dental hygiene program.

Reasonable accommodations to meet standards may be available for otherwise dental hygiene program- qualified individuals with disabilities. Contact the college's Disability Services Office as soon as possible for more information if you think you may need an accommodation for a disability.

Capability	Standard	Examples
INTELLECTUAL		
Cognitive Perception	The ability to perceive events realistically, to think, clearly and rationally, and to function appropriately in routine and stressful situations. Students must be able to independently and accurately assess or contribute to the assessment of a client	Identify changes in client health status. Prioritize multiple dental activities in a variety of situations.
Critical Thinking Careful thought, reasoned judgment. Differentiated from personal opinion and superficial memorization of facts by the ability to obtain and use an appropriate quantity and quality of data for a given situation. Critical thinkers question assumptions, routines, and rituals, reconsider "known facts" when new information becomes available and develop new "rules" when old ones fail or unavailable.	Critical thinking skills demanded of dental hygienists require the ability to learn and reason: to integrate, analyze and synthesize data concurrently. Students must be able to solve problems rapidly, consider alternatives and make a decision for managing or intervening in the care of a client.	Able to make effective decisions in the classroom and in the clinical sites. Able to determine previous treatment and explain findings with a client. Develop/contribute to dental care plans that accurately reflect client concerns. Able to make decisions reflective of classroom learning in the clinical sites.
MOTOR SKILLS		
Motor Skills	Ambulatory capability sufficient to maintain a center of gravity when met with an opposing force as in supporting, and/or transferring a client	Position clients Reach, manipulate, and operate equipment, instruments and supplies (e.g. syringes, sterile equipment, monitors) Perform/use electronic documentation Lift, carry, push and pull Perform CPR
Organization Skills	Ability to plan routines, to think clearly and rationally, and to function appropriately in routine Able to manage time within a given time period	Able to follow program policies and procedures set forth in lecture, lab and clinic Prioritize tasks in a clinic appointment routine (e.g. clinic set up, clean up, infection control protocol, radiology protocol) Able to attend lecture, lab and clinic on time.
Activity Tolerance	Ability to tolerate lengthy periods of physical activity Able to tolerate repetitious and strenuous work	Move quickly and/or continuously Tolerate long periods of sitting

Capability	Standard	Examples
COMMUNICATIONS		
Communication	<p>Communicate in English with others in oral and written form</p> <p>Able to communicate with clients and members of the health care team in order to plan and deliver safe care</p>	<p>Utilize oral and written communication skills sufficiently for teaching/learning and for interaction with others</p> <p>Read, understand, write, and speak English with clarity</p> <p>Use appropriate vocabulary</p> <p>Demonstrate good listening skills and focus on client while communicating</p> <p>Explain treatment procedures in a well-organized progression of ideas</p> <p>Aware of non-verbal messages Use of appropriate non-verbal communication</p> <p>Initiate and/or reinforce health teaching</p> <p>Write clear, concise, and accurate progress notes</p> <p>Read and understand the client's chart</p> <p>Aware of voice volume, using attitudes and tone that are effective in communicating information</p> <p>Document client responses</p> <p>Clarify communications received</p>
Interpersonal Relationships	<p>Interact with clients, families, staff, peers, instructors, and groups from a variety of social, emotional, cultural and intellectual backgrounds</p>	<p>Establish rapport with clients, families, and colleagues Respond professionally to instructor or peer feedback, positive and negative</p> <p>Respond in a professional therapeutic manner to a variety of client expressions and behaviors</p>
SENSES		
Hearing	<p>Auditory ability sufficient to hear normal conversation and/or assess health needs</p>	<p>Ability to monitor alarms, emergency signals, auscultatory sounds (e.g. B/P, cries for help, telephone interactions, dictation)</p> <p>Communicates with clients, families and colleagues</p>

Capability	Standard	Examples
Vision	Visual ability sufficient for observation, assessment, and performance of safe dental care	Observes client responses Discriminates color changes Accurately reads measurement on client-related equipment Read medication label Read syringe accurately Able to determine parts of the dental instrument as they are adapted to the oral cavity Evaluate for a safe environment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	Performs palpation e.g. pulse Performs functions of intra and extra oral exam, dental and periodontal examinations and/or those related to preventive and therapeutic interventions e.g. exploring, instrumentation
PSYCHOSOCIAL		
Psychosocial Behaviors	Possess the emotional health required for full use of intellectual abilities, the exercise of good judgment, and the prompt and safe completion of all responsibilities	Demonstrate professional abilities of trustworthiness, empathy, integrity, confidentiality Able to work with groups of people and one-on-one Able to be flexible and change when needed Learn to function in the face of uncertainties and stressful situations
ENVIRONMENTAL		
Environmental Adaptability	Ability to tolerate environmental stressors	Work with chemicals and detergents Tolerate exposure to odors Work in close proximity to others Work in areas of potential physical violence Work with infectious agents and blood-borne pathogens

PLEASE COMPLETE FOR DENTAL HYGIENE PROGRAM STUDENTS ONLY

At this time, are you aware of any health conditions that would affect this individual's progress in the dental hygiene program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recommendations: _____ _____	
Date: _____	Healthcare Provider's Signature: _____
Healthcare Provider's Printed Name: _____	

THOMAS NELSON COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES PROGRAM
ESSENTIAL FUNCTIONS AND PHYSICAL REQUIREMENTS

The EMS faculty has determined that to successfully complete the classroom, lab, simulation, clinical and field components of the Thomas Nelson Community College EMS Program, as well as to function as an entry level EMS provider, the student must possess certain essential abilities and have the ability to perform defined essential functions. The standards below are compatible with the Virginia OEMS/Atlantic EMS Council BLS/ALS Functional Position Description and other health professions programs. The EMS provider must demonstrate competency in handling emergency and nonemergency incidents utilizing basic and advanced life support equipment, knowledge, skills and abilities in accordance with the objectives in the Virginia EMS Education Standards for the EMT, EMT-Enhanced or Intermediate and/or the U.S. Department of Transportation National EMS Education Standards for the Paramedic to include having the ability to:

Attendance:

1. Regular classroom and clinical attendance as defined by the nursing program policies.
2. Successfully completed an approved curriculum with achievement of passing scores on written and practical certification examinations as defined by programmatic guidelines.
3. Attend continuing education and or refresher training programs as required by EMS agency, medical direction, and/or certifying agency.

Essential Mental Abilities:

1. Maintain reality orientation accompanied by short and long term memory.
2. Adapt to school and clinical environment.
3. Follow rules and instructions.
4. Assimilate and apply knowledge acquired through lectures, discussions, demonstrations, and readings.
5. Comprehend and be able to perform mathematical calculations/ratios and apply them in expedient, practical manner.
6. Demonstrate safe patient care practices within the defined clinical/field time period.
7. Demonstrate critical thinking skills by the comprehension and application of abstract concepts.
8. Adhere to the ethical/legal standards of nursing practice.
9. Read and comprehend written materials under stressful conditions;
10. Interpret and respond to written, oral, and diagnostic form instructions;
11. Use good judgment and remain calm in high-stress situations and take on the role of a leader.
12. Read road maps; drive vehicle, accurately discern street signs and address numbers.
13. Read medication/prescription labels and directions for usage in quick, accurate, and expedient manner.
14. Discern deviations/changes in eye/skin coloration due to patient's condition and to the treatment given.
15. Withstand varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.
16. Performs in situations that create stress and tension on a regular basis.
17. Be independent, confident, able to work independently without defined structure, have good stable reasoning ability with ability to draw valid conclusions expediently relevant to patient's condition, often, using limited information.
18. Have knowledge and skills relevant to position and be able to implement them in stressful situations.
19. Be cognizant of all legal, ethical, and moral obligations inherent within scope of practice.

Essential Communication Skills:

1. Speak clearly in order to communicate with patients, families, health care team members, peers and faculty.
2. Interact appropriately and communicate effectively with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
3. Communicate and organize thoughts in order to prepare written documents.
4. Document, physically in writing, document physically patient information in prescribed format that are correct in style, grammar and mechanics in light of legal ramifications of such.

5. Verbally communicate in person, via telephone and telecommunications using the English language.
6. Hear spoken information from co-workers, patients, physicians and dispatchers and in sounds common to the emergency scene.
7. Communicate verbally with patients and significant others in diverse cultural and age groups to interview patient, family members, and bystanders.

Essential Physical Abilities:

1. Stand and walk for ten to twelve hours/day.
2. Walk for prolonged periods from one area to another over a ten to twelve hour period.
3. Bend, squat and kneel, stoop, crawl, and walk on uneven surfaces.
4. Assist in lifting or moving patients of all age groups and weights.
5. Lift, carry, and balance up to 125 pounds (250 with assistance) a height of 33 inches, a distance of 10 feet.
6. Perform CPR, i.e., move above patient to compress chest and manually ventilate patient.
7. Work with arms fully extended overhead.
8. Use hands for grasping, pushing, pulling, and fine manipulation.
9. Demonstrate eye/hand coordination for manipulation of equipment, i.e., syringes, procedures, etc.
10. Demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care in a safe manner.

Essential Sensory Abilities:

1. Possess tactile ability to differentiate changes in sensation.
2. Possess tactile ability sufficient for physical assessment.
3. Possess auditory acuity to note slight changes in the patient's condition, i.e., lung sounds, etc.
4. Possess auditory acuity to hear patient calls for assistance without facing the patient.
5. Possess auditory acuity to interpret various equipment signals and use the telephone.
6. Possess visual acuity to read and distinguish colors, to read handwritten orders, and other handwritten and printed data.
7. Possess visual acuity to clearly view monitors and scales in order to correctly interpret data.
8. Possess olfactory ability sufficient to detect differences in odor.

The entry level EMS provider:

1. Receives a dispatched call, verbally acknowledges the call, reads road maps, identifies the most expeditious route to the scene, and observes traffic ordinances and regulations.
2. Upon arrival at the scene, ensures that the vehicle is parked in a safe location. Safely performs size-up to determine scene safety including the presence of hazardous materials, mechanism of injury or illness, and the total number of patients. Performs triage and requests additional help as necessary.
3. In the absence of public safety personnel takes safety precautions to protect the injured and those assisting in the care of the patient(s).
4. Using body substance isolation techniques, protects the patient(s) and providers from possible contamination.
5. Inspects for medical identification emblems, bracelets or cards that provide patient emergency medical care information.
6. Determines nature and extent of illness or injury, checks respirations, auscultates breath sounds, takes pulses, auscultates/palpates blood pressure (including proper placement of the cuff), visually observes changes in skin color, and establishes priority for emergency care. Based on assessment findings renders emergency care to adults, infants and children.
7. Skills performed include but are not limited to: establishing and maintaining an airway, ventilating patients, cardiac resuscitation, and use of automated external defibrillators where applicable. In addition, provides prehospital emergency care of single and multiple system trauma such as controlling hemorrhage, bandaging wounds, treatment of shock (hypoperfusion), spinal immobilization and splinting of painful swollen or deformed extremities.
8. Manages medical patients to include, but are not limited to: assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies and suspected poisonings.

9. Performs interventions and assist patients with prescribed medications, including sublingual nitroglycerine, epinephrine auto injectors, and metered dose aerosol inhalers observing safety measures for others and self.
10. Responsible for the administration of oxygen, oral glucose and activated charcoal.
11. Reassures patients and bystanders by working in a confident, efficient manner.
12. Where extrication is required, assesses extent of entrapment and provides all possible emergency care and protection to the patient. Uses recognized techniques and equipment for removing patients safely (to include proper strap placement) Communicates verbally for additional help as needed.
13. Complies with regulations for the handling of crime scenes and prehospital deaths by notifying the appropriate authorities and arranging for the protection of property and evidence at that scene.
14. Lifts and moves patients into the ambulance and assures that the patient and stretcher are secured, continues emergency medical care enroute in accordance with local protocols.
15. Determines most appropriate facility for patient transport. Reports to the receiving facility, the nature and extent of injuries, and the number of patients being transported.
16. Observes patient enroute and administers care as directed by medical control or local protocol. Able to maneuver to all points in the patient compartment while transporting with a stretchered patient. Assists in lifting and carrying patient and appropriate equipment from ambulance and into receiving facility.
17. Reports verbally and in writing, observations and emergency care given to the patient at the scene and in transit to the receiving staff for record keeping and diagnostic purposes. Upon request, provides assistance to the receiving facility staff.
18. Disposes of contaminated supplies in accordance with established guidelines, decontaminates vehicle interior, and sends used supplies for sterilization.
19. Maintains ambulance in operable condition which includes cleanliness, orderliness and restocking of equipment and supplies. Determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure.
20. Checks all medical equipment for future readiness. Maintains familiarity with all specialized equipment.

PLEASE COMPLETE FOR EMS PROGRAM STUDENTS ONLY

At this time, are you aware of any health conditions that would affect this individual's progress in the EMS program?

Yes No

Recommendations: _____

Date: _____

Healthcare Provider's Signature: _____

Healthcare Provider's Printed Name: _____

THOMAS NELSON COMMUNITY COLLEGE
NURSING PROGRAM
ESSENTIAL FUNCTIONS AND PHYSICAL DOCUMENTS

The nursing faculty has determined that to successfully complete the classroom and clinical components of the Thomas Nelson Community College Nursing Program, the student must be able to perform defined essential functions. These essential functions include but are not limited to the following:

Attendance:

Regular classroom and clinical attendance as defined by the nursing program policies.

Essential Mental Abilities:

20. Maintain reality orientation accompanied by short and long term memory.
21. Adapt to school and clinical environment.
22. Follow rules and instructions.
23. Assimilate and apply knowledge acquired through lectures, discussions, demonstrations, and readings.
24. Comprehend and apply basic mathematical skills.
25. Demonstrate safe nursing practice within the defined clinical time period.
26. Demonstrate critical thinking skills by the comprehension and application of abstract concepts.
27. Adhere to the ethical/legal standards of nursing practice.

Essential Communication Skills:

8. Speak clearly in order to communicate with patients, families, health care team members, peers and faculty.
9. Interact appropriately and communicate effectively with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
10. Communicate and organize thoughts in order to prepare written documents.
11. Prepare written documents that are correct in style, grammar and mechanics.

Essential Physical Abilities:

11. Stand and walk for six to eight hours/day.
12. Walk for prolonged periods from one area to another over an eight hour period.
13. Bend, squat and kneel.
14. Assist in lifting or moving patients of all age groups and weights.
15. Perform CPR, i.e., move above patient to compress chest and manually ventilate patient.
16. Work with arms fully extended overhead.
17. Use hands for grasping, pushing, pulling, and fine manipulation.
18. Demonstrate eye/hand coordination for manipulation of equipment, i.e., syringes, procedures, etc.

Essential Sensory Abilities:

9. Possess tactile ability to differentiate changes in sensation.
10. Possess tactile ability sufficient for physical assessment.
11. Possess auditory acuity to note slight changes in the patient's condition, i.e., lung sounds, etc.
12. Possess auditory acuity to hear patient calls for assistance without facing the patient.
13. Possess auditory acuity to interpret various equipment signals and use the telephone.
14. Possess visual acuity to read and distinguish colors, to read handwritten orders, and other handwritten and printed data.
15. Possess visual acuity to clearly view monitors and scales in order to correctly interpret data.
16. Possess olfactory ability sufficient to detect differences in odor.

PLEASE COMPLETE FOR NURSING PROGRAM STUDENTS ONLY

At this time, are you aware of any health conditions that would affect this individual's progress in the nursing program?
 Yes No

Recommendations: _____

Date: _____ **Healthcare Provider's Signature:** _____

Healthcare Provider's Printed Name: _____