

HEALTH AND SAFETY REQUIREMENTS

Maricopa Community Colleges does not require students to provide proof of vaccination to enroll in its colleges or programs, but certain clinical partners may require adherence to vaccination protocols.

As is outlined in Arizona Revised Statutes 15-1650.05, students participating in clinical settings at a healthcare institution licensed under A.R.S. Title 36 which includes hospitals, nursing care institutions, residential care institutions, intermediate care facilities for individuals with intellectual disabilities (ICF-IID), group homes, or other medical facilities may be required to provide proof of a COVID-19 vaccination and be subject to regular health screening and testing as determined by the healthcare institutions. (See Arizona Revised Statutes 15-1650.05).

Maricopa County Community College District will require all Allied Health and Nursing students to show proof of vaccination in order to ensure compliance with our clinical partner's health and safety requirements. Students must be in compliance with the immunization processes and procedures of the Healthcare Program in which they are enrolled. The program will provide students with health requirements applicable to that program and the deadline by which students must submit proof of meeting such requirements. Individuals should consult with their physician regarding necessary and available vaccinations.

MCCCD cannot provide accommodation in the clinical setting and cannot force our clinical partners to provide accommodations to students. Students may be able to decline a vaccine due to religious beliefs or for medical reasons by following the clinical partner's declination or accommodation process, if the clinical partner has one. If you are unsure if the facility where you have been placed provides accommodations, please visit myClinicalExchange (mCE) to confirm and obtain directions for requesting accommodations from the site.

The Maricopa Community College programs will try to assist students who decline required vaccinations due to religious beliefs or medical reasons with clinical placement in an effort to provide clinical experiences necessary for the completion of the program. However, declination may limit the availability of clinical placements in a given semester and/or may delay or prevent a student's ability to graduate.

Students will be responsible for the cost of completion for all immunization requirements. The following is a description of immunizations that may be required and the type of documentation that a student would have to provide to verify the requirements have been met. (See Exhibit B Health and Safety Documentation) If there is a communicable disease outbreak, additional vaccinations may be required as specified by the local public health agency. Proof of all immunizations and tuberculin skin tests should be copied and submitted to the third-party verification system.

Health and Safety requirements are subject to change without notice, depending on clinical agency requirements. If the requirements change due to our agreements with our clinical facilities, you will be notified and will be required to meet the changes in requirements.

A. COVID-19 Vaccine -Optional Vaccination The COVID-19 vaccine is optional for students. If you choose to receive the vaccine, you may upload your vaccination record as proof of immunization.

Acceptable documentation includes:

1. Proof of **two-dose series** of Pfizer-BioNTech or Moderna vaccine. OR
2. Proof of a **single-dose** Johnson & Johnson's Janssen vaccine. Or
3. Provide proof of a **single- dose** Pfizer-BioNTech or Moderna Bivalent vaccine. Or
4. Upload a copy of your signed COVID-19 declination if required by the facility.

Please Note: All documentation is required to have the student's full name, Date of Administration, Manufacturer, and Healthcare Professional or Clinical Site. Annual vaccination and/or renewal are not determined at this time.

B. MMR (Measles/Rubella, Mumps, & Rubella)

MMR is a combined vaccine that protects against three separate illnesses – measles, mumps and rubella (German measles) – in a single injection. Measles, mumps, and rubella are highly infectious diseases that can have serious, and potentially fatal, complications. The full series of MMR vaccination requires two doses.

If you had all three illnesses OR you have received the vaccinations but have no documented proof, you can have an IgG MMR titer drawn, which provides evidence of immunity to each disease. If the titer results are POSITIVE, showing immunity to each disease, upload a copy of the lab results.

Options to meet this requirement:

1. Submit documentation of two MMR vaccinations on separate dates at least 4 weeks apart.
OR
2. Lab documentation of POSITIVE titer results for each disease (measles, mumps and rubella).
OR
3. NEGATIVE or EQUIVOCAL titer results for measles, mumps or rubella shows lack of immunity, meaning you must submit documentation of one MMR booster (vaccination) dated after negative or equivocal titer.
OR
4. Upload a copy of your signed MMR declination. Please note that a completed declination form does not guarantee clinical placement. Further, the declination notice does not guarantee an accommodation will be granted by a clinical partner or that you will be placed at a clinical site that does not require the MMR vaccine, which may impact continuation in your clinical course.

Please Note: If the student has prior immunizations it is required for students to provide written documentation of all doses. If results are negative and documentation is not available it is required to start a new series.

Please Note: All documentation is required to have the student's full name.

C. Varicella (Chickenpox)

Chickenpox is a highly contagious disease caused by the varicella-zoster virus (VZV). Infection with chickenpox also makes people susceptible to develop herpes zoster (shingles) later in life. The best means of preventing chickenpox is to get the

varicella vaccine.

Varicella vaccination is required for all healthcare workers who do not meet evidence of immunity by having met any of the following criteria: a). Documentation of receiving 2 doses of varicella vaccine, separated by at least 4 weeks or b). Laboratory evidence of immunity or laboratory confirmation of disease. If you haven't had the varicella vaccine or if you don't have a blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) gets 2 doses of varicella vaccine, 4 weeks apart.

Options to meet this requirement:

1. Documentation of two varicella vaccines at least 4 weeks apart, including dates of administration.
OR
2. Upload a copy of proof of a POSITIVE IgG titer for varicella. If the titer is NEGATIVE or EQUIVOCAL. Upload documentation of one varicella (vaccination) booster dated after negative or equivocal titer.
OR
3. Upload a copy of your signed Varicella declination. Please note that a completed declination form does not guarantee clinical placement. Further, the declination notice does not guarantee an accommodation will be granted by a clinical partner or that you will be placed at a clinical site that does not require the Varicella vaccine, which may impact continuation in your clinical course.

Please Note: If the student has prior immunizations it is required for students to provide written documentation of all doses. If results are negative and documentation is not available it is required to start a new series.

Please Note: All documentation is required to have the student's full name.

D. Tetanus/Diphtheria/Pertussis (Tdap):

Tetanus, diphtheria, and pertussis are serious bacterial illnesses which can lead to illness and death. Tdap vaccination can protect against these diseases and is recommended for healthcare personnel with direct patient contact who have not previously received Tdap. Tdap vaccination can protect healthcare personnel against pertussis and help prevent them from spreading it to their patients.

Following administration of Tdap, a new Tdap should be given if 10 years or more since the initial Tdap.

If you have a Tdap titer , it must include all three components (Tetanus, Diphtheria, and Pertussis).

Please note - if you submit a non-immune titer for Tdap, you will be required to receive a booster or recommendation from your healthcare provider. Boosters dated AFTER your titer.

To meet this requirement:

1. Provide documentation of a Tdap vaccination administered after the age of 11 and then a new Tdap vaccination every 10 years thereafter. OR
2. Lab documentation of Positive titer results for each disease (tetanus, diphtheria, and pertussis.) OR
3. Negative or Equivocal titer results for tetanus, diphtheria or pertussis shows lack of immunity, meaning you must receive a booster dated after your titer or recommendation from the healthcare provider. OR

4. Upload a copy of your signed Tdap declination. Please note that a completed declination form does not guarantee clinical placement. Further, the declination notice does not guarantee an accommodation will be granted by a clinical partner or that you will be placed at a clinical site that does not require the Tdap vaccine, which may impact continuation in your clinical course.

Please Note: All documentation is required to have the student's full name and date of administration.

E. Tuberculosis (TB)

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis* which usually infects the lungs, but can attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria develops tuberculosis. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated properly, TB disease can be fatal.

All students entering a Maricopa Nursing program are required to upload documentation showing negative TB disease status. Documentation may include a negative 2-step Tuberculosis Skin Test (TBST) or negative blood test (QuantiFERON or T-Spot) performed within the previous twelve (12) months. The TBST or negative blood test must remain current throughout the semester of enrollment.

To maintain compliance with annual TB testing requirements, students who initially submitted a 2-step TBST may submit a current 1-step TBST for subsequent annual testing. A TBST is considered current if no more than 365 days have elapsed since the date of administration of the second of the 2-step TBST. Most skin testing or blood tests must have been completed within the previous (12) months.

If you have ever had a positive TBST, you must provide documentation of a negative blood test or negative chest X-ray from within the previous twelve (12) months. You will also need to complete a TB Symptom Screening Questionnaire annually.

If you have received the TB vaccine (Bacille Calmette-Guerin (BCG) you must provide documentation of BCG TB Vaccine and a negative blood test or negative chest x-ray from within the last 12 months.

To meet this requirement:

1. Proof of a negative 2-step TBST completed within the previous 6 months, including date given, date read, result, and name and signature of the healthcare provider. **Please note: 2-step TBST consists of four total visits and two separate readings.**

Follow the steps below:

Step 1

1. Administer first TST following proper protocol
2. Review result
 - *Positive - consider TB infected, no second TST needed; evaluate for TB disease (x-ray)
 - * Negative - a second TST is needed. Retest in 1 to 3 weeks after the first TST result is read.
3. Document result

Step 2

1. Administer second TST 1 to 3 weeks after first test is read
2. Review results

* Positive - consider TB infected and evaluate for TB disease (x-ray).

*Negative - consider a person not infected.

3. Document result

OR

2. Submit documentation of a negative blood test (QuantiFERON or T-Spot) performed within the last twelve months. OR

3. Submit documentation of a negative chest X-ray if TBST or Blood Testing is positive. OR

4. **POSITIVE RESULTS:** If you have a positive TBST, provide documentation of negative chest X-ray performed within the last year (12) months or negative blood test and a completed Maricopa Nursing Tuberculosis Screening Questionnaire. The questionnaire can be found in the American DataBank Medical Document Tracker. This questionnaire must be completed annually. OR

5. Submit documentation of TB vaccine (Bacille Calmette-Guerin(BCG) and a negative blood test or a negative chest x-ray from within the last 12 months.

Please Note: If the student has prior immunizations it is required for students to provide written documentation of all doses. If results are negative and documentation is not available it is required to start a new series.

Please Note: All documentation is required to have the student's full name.

Please Note: A new chest x-ray must be completed every five years.

F. Hepatitis B

Maricopa Nursing students may be exposed to potentially infectious materials which can increase their risk of acquiring hepatitis B virus infection, a serious disease that can cause acute or chronic liver disease which can lead to a serious, lifelong illness. Maricopa Nursing recommends that all students receive the hepatitis B 3-vaccine series administered over a 6-month period. Obtain the first vaccination; the second is given 1 - 2 months after the first dose and the third injection is 4 - 6 months after the first dose.

Effective immunization status can be proven by a titer confirming the presence of anti-Hbs or HepBSab antibodies in the blood. This titer is recommended but not mandatory.

Please note- if you submit a non-immune titer for Hepatitis B, you will be required to receive a booster or recommendation from your healthcare provider. Boosters must be dated after your titer.

Students may choose to decline the hepatitis B vaccine; however, lack of immunity to hepatitis B means that students remain at risk of acquiring the disease.

Options to meet this requirement:

1. Submit a copy of laboratory documentation of a positive HbsAb titer. Students will be required to receive a booster or recommendation from your healthcare provider. Boosters dated after Titer.

OR

2. Upload a copy of your immunization record, showing completion of the three Hepatitis B injections or two Heplisav-B injections. If the series is in progress, upload a copy of the immunizations received to date. You must remain on schedule for the remaining immunizations and provide the additional documentation. One to two months after your last immunization, it is recommended that you have an HbsAb titer drawn.

OR

3. Upload a copy of your signed Hepatitis B declination noting that by declining the vaccine you continue to be at risk of acquiring hepatitis B, a serious disease. Maricopa Nursing declination form is available in American DataBank.

Please Note: If the student has prior immunizations it is required for students to provide written documentation of all doses. If results are negative and documentation is not available it is required to start a new series.

Please Note: All documentation is required to have the student's full name.

G. Influenza (Flu Vaccine)

Influenza is a serious contagious respiratory disease which can result in mild to severe illness. Susceptible individuals are at high risk for serious flu complications which may lead to hospitalization or death.

The single best way to protect against the flu is annual vaccination. A flu vaccine is needed every season because: 1). The body's immune response from vaccination declines over time, so an annual vaccine is needed for optimal protection; 2). Because flu viruses are constantly changing, the formulation of the flu vaccine is reviewed each year and sometimes updated to keep up with changing flu viruses. The seasonal flu vaccine protects against the influenza viruses that research indicates will be most common during the upcoming season.

Students are required to be vaccinated every flu season and to upload documentation proving annual vaccinations.

To meet this requirement:

1. Upload a copy of proof of flu vaccine proving annual vaccination.

OR

2. Upload a copy of your signed Influenza (Flu) declination. Please note that a completed declination form does not guarantee clinical placement. Further, the declination notice does not guarantee an accommodation will be granted by a clinical partner or that you will be placed at a clinical site that does not require the Influenza (Flu) vaccine, which may impact continuation in your clinical course.

Please Note: All documentation is required to have the student's full name.

Please Note: Documentation must contain the following information:

- Student Name
- Facility/Site Name
- Date of Administration
- Renewal Date

H. CPR (Basic Life Support) Certification

CPR is a procedure performed on persons in cardiac arrest in an effort to maintain blood circulation and to preserve brain function. Maricopa Nursing students are required to learn CPR by completing an acceptable Basic Life Support course. CPR certification must include infant, child, and adult, 1-and 2-man rescuer, and evidence of a hands-on skills component.

CPR courses are offered at numerous locations throughout the greater Phoenix area. The American Heart Association provides in-person courses and an online course. Students who complete online courses must complete the hands-on skills training and testing. CPR training without the hands-on skills training and testing component will not be accepted. Students are required to maintain current CPR certification throughout enrollment in the nursing program.

Please Note: If utilizing RQI, a third-party vendor for the American Heart Association, it must include the AED component. If you are unsure, please contact your program before enrolling into your CPR course.

To meet this requirement:

Upload a copy of the signed American Heart Association BLS CPR card (front and back) or CPR certificate.

I. Level One Fingerprint Clearance Card

All students admitted to any Maricopa Nursing program are required to obtain and maintain a valid Level One Arizona Department of Public Safety Fingerprint Clearance Card (FCC). The FCC must remain current throughout every semester of enrollment in the program

If the FCC is suspended or revoked at any time during the nursing program, the student must report this to the Nursing Director within five (5) school days and will be unable to continue in the program until the FCC is reinstated.

To meet this requirement:

Upload a copy (front and back) of a current Level One DPS Fingerprint Clearance Card.

Submit a copy of the front of your Fingerprint Clearance Card. The card will be accepted with or without restrictions. The name on the front of the card must match the name on order. The renewal date will be set for the expiration date on the card. Notified 90 days prior to the date on the FCC card expiration date and a 60-day open date.

J. Health Care Provider Signature Form

Must be completed and signed by a licensed healthcare provider (M.D., D.O., N.P., P.A.) within the past six (6) months of start date.

To meet this requirement:

Upload a copy of the signed Health Care Provider Signature form completed within the past six (6) months of start date. Must include signature and facility stamp and/or watermark that includes facility (name, address, contact information, etc.).

K. American DataBank Clearance Document

All students admitted to Maricopa Nursing are required to show a "Pass" result on the MCCCDC-required supplemental background screening completed within the past six (6) months through American DataBank. Information regarding the background clearance is obtained from Maricopa Nursing following your acceptance into the nursing program.

Please note that results for the American DataBank self-check cannot be accessed by the nursing program. If you have done a self-check, you will be required to do an additional background check through American DataBank using your Nursing program access code.

To meet this requirement:

In the Compio system, complete the "Pass Certificate of your American DataBank Background Check that has been completed within the past six months. This can only be done after you have purchased the Immunization Tracker and your Background Check has met Maricopa's requirements.

IMPORTANT:

- MCCCDC requires all students to meet the placement requirements as set up by our program's most stringent clinical partner. We do this for ease of random placement.
- Healthcare students have a responsibility to protect themselves and their patients and families from preventable

diseases. All students will purchase a supplemental background screen and Medical Document Tracker from American Data Bank. Program requirements will be approved by American DataBank.

- Students are responsible for maintaining all health and safety requirements and to submit documentation by due date. Failure to maintain program health and safety requirements will result in inability to continue clinical experiences and may result in withdrawal from the nursing program.
- All immunization records must include the student's name and the signature of the healthcare provider.
- Health and safety requirements are subject to change depending on clinical agency requirements.

Health and Safety Requirements Student Checklist

Use this checklist as a guide to ensure that you have documentation of each requirement. **DO NOT** upload this document into American DataBank or myClinicalExchange. Only supporting documents (lab results, immunization records, signed healthcare provider form, etc.) for each requirement should be uploaded. Additional information regarding acceptable documentation for each requirement can be found on the American DataBank website. MCCCD requires all students to meet the placement requirements as set up by our program's most stringent clinical partner. We do this for ease of random placement.

A. COVID-19 Vaccine-Optional Immunization. If you choose to receive the vaccination, you may upload your vaccination record as proof of immunization. Acceptable documentation includes:

1. Date of 1st injection ___ Date of 2nd injection ___
OR
2. Date of single-dose injection _____
OR
3. Provide a signed declination form for medical or religious reasons if required by the facility.

B. MMR (Measles/Rubella, Mumps and Rubella) To meet requirement:

1. MMR vaccination: Dates: #1 _____ #2 _____ OR
2. Date & titer results:
Booster: _____
Measles: _____
Mumps: _____
Rubella: _____
OR
3. Provide a signed declination form for medical or religious reasons.

C. Varicella (Chickenpox) To meet requirement:

1. Varicella vaccination dates: #1 _____ #2 _____
OR
2. Date & results of varicella IgG titer: Date: _____ Result: _____, B o o s t e r: _____
OR
3. Provide a signed declination form for medical or religious reasons.

D. Tetanus/Diphtheria/Pertussis (Tdap) To meet requirement:

1. Tdap vaccine: Date: _____ OR
2. Provide a signed declination form for medical or religious reasons.

E. Tuberculosis To meet requirement:

1. Negative 2-step TB Skin Test (TBST), including date of administration, date read, result, and name and signature of healthcare provider.
Initial Test (#1) Date: _____ Date Read: _____ Results: Negative or Positive
Boosted Test (#2) Date: _____ Date Read: _____ Results: Negative or Positive
2. Annual 1-step TBST (accepted only from continuing students who have submitted initial 2-step TBST) Date: _____ Date Read: _____ Results: Negative or Positive
OR
3. Negative blood test (Either QuantiFERON or T-Spot)
QuantiFERON Date: _____
T-Spot Date: _____
OR
4. Negative chest X-ray
OR
5. Documentation of a negative chest X-ray (x-ray report) from within the last twelve months or negative QuantiFERON result and completed Tuberculosis Screening Questionnaire (available in American DataBank).
Date: _____
OR
6. Documentation of TB vaccination (BCG) and negative blood test or negative chest x-ray within the last twelve months.

F. Hepatitis B To meet requirement:

1. Positive HbsAb titer Date: _____ Result: _____ OR
2. Proof of 3 Hepatitis B vaccinations or 2 Heplisav B vaccinations
Hepatitis B vaccine/dates: #1 _____ #2 _____ #3 _____

Heplisav B vaccine/dates: #1 _____ #2 _____ OR
3. Hepatitis B declination- students who choose to decline Hepatitis B vaccine series must submit a Hep B Vaccination Declination form.

G. Flu Vaccine To meet requirement:

1. Documentation of current annual flu vaccine Date: _____ OR
2. Provide a signed declination form for medical or religious reasons.

H. CPR Card (Healthcare Provider level) To meet requirement:

American Heart Association BLS CPR card or certificate showing date card issued: _____
Expiration date: _____

I. Level One Fingerprint Clearance Card (FCC) To meet requirement:

Level One FCC including date card issued: _____ Expiration date: _____

J. Photo ID To meet requirement:

Upload a Passport, Driver License, State ID, or Military Identification Card

K. Photograph To meet requirement:

1. Submit one color photo, taken within the last 6 months.
2. Use a clear image of your face.
3. Do not use filters commonly used on social media.
4. Have someone else take your photo. No selfies.
5. Take off your eyeglasses and hats for your photo.
6. Use a white, or off-white background without shadows, texture, or lines.

Please note: If the clinical facility requires facial piercings to be covered or removed, students must adhere to the facilities requirements.

L. Health Care Provider Signature Form To meet requirement:

Healthcare Provider Signature Form signed and dated by healthcare provider. Date of exam: _____

M. American DataBank Background Clearance Document To meet requirement:

American DataBank background check document with date of "Pass" status: _____

Healthcare Statement of Clearance Form**Instructions for Completion of Healthcare Statement of Clearance Form**

A healthcare provider must sign the Healthcare Provider Signature Form within six (6) months of start date and indicate whether the applicant will be able to function as an Allied Health and/or Nursing student. Health care providers who qualify to sign this declaration include a Licensed Physician (M.D., D.O.), a Nurse Practitioner (N.P.), or Physician's Assistant (P.A.). This declaration should not impede students with disabilities from applying or being accepted into the program.

(Please Print)

Applicant Name: _____ Student ID Number: _____

It is essential that healthcare students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical Allied Health and/or Nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. This declaration should not impede students with disabilities from applying or being accepted into the program.

I believe the applicant (print name): _____ Date: _____

_____ **WILL** _____ **WILL NOT** be able to function as an Allied Health and/or Nursing student as described above.

If not, explain:

Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.):

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Essential Skills and Functional Abilities for Nursing Students

Individuals enrolled in Maricopa Nursing must be able to perform essential skills. If a student believes that he or she cannot meet one or more of the standards without accommodations, the nursing program must determine, on an individual basis, whether a reasonable accommodation can be made. The ultimate determination regarding reasonable accommodations will be based upon the preservation of patient safety.

Functional Ability	Standard	Examples Of Required Activities
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care.	<ul style="list-style-type: none"> • Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite.
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe nursing care.	<ul style="list-style-type: none"> • Motor skills sufficient to handle small equipment such as insulin syringe and administer medications by all routes, perform tracheotomy suctioning, insert urinary catheter.
Perceptual/ Sensory Ability	Sensory/perceptual ability to monitor and assess clients.	<ul style="list-style-type: none"> • Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc. • Visual acuity to read calibrations on 1 ml syringe, assess color (cyanosis, pallor, etc.). • Tactile ability to feel pulses, temperature, palpate veins, etc. • Olfactory ability to detect smoke, odor, etc.
Behavioral/ Interpersonal/ Emotional	Ability to relate to colleagues, staff and patients with honesty, civility, integrity and nondiscrimination. Capacity for development of mature, sensitive and effective therapeutic relationships. Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds. Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism. Negotiate interpersonal conflict. Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes.	<ul style="list-style-type: none"> • Establish rapport with patients/clients and colleagues. • Work with teams and workgroups. • Emotional skills sufficient to remain calm in an emergency situation. • Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of patients. • Adapt rapidly to environmental changes and multiple tasks demands. • Maintain behavioral decorum in stressful situations.
Functional Ability	Standard	Examples Of Required Activities

Safe environment for patients, families and co-workers	Ability to accurately identify patients. Ability to effectively communicate with other caregivers. Ability to administer medications safely and accurately. Ability to operate equipment safely in the clinical area. Ability to recognize and minimize hazards that could increase healthcare associated infections. Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family and co-worker falls.	<ul style="list-style-type: none"> ● Prioritizes tasks to ensure patient safety and standard of care. ● Maintains adequate concentration and attention in patient care settings. ● Seeks assistance when clinical situation requires a higher level or expertise/experience. ● Responds to monitor alarms, emergency signals, call bells from patients, and orders in a rapid and effective manner.
Communication	Ability to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language). Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy. Communicate professionally and civilly to the healthcare team including peers, instructors, and preceptors.	<ul style="list-style-type: none"> ● Gives verbal directions to or follows verbal directions from other members of the healthcare team and participates in health care team discussions of patient care. ● Elicits and records information about health history, current health state and responses to treatment from patients or family members. ● Conveys information to clients and others to teach, direct and counsel individuals in an accurate, effective and timely manner. ● Establishes and maintains effective working relations with patients and co-workers. ● Recognizes and reports critical patient information to other caregivers.
Functional Ability	Standard	Examples Of Required Activities

<p>Cognitive/ Conceptual/ Quantitative Abilities</p>	<p>Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis. Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities. Ability to comprehend three-dimensional and spatial relationships. Ability to react effectively in an emergency situation.</p>	<ul style="list-style-type: none"> ● Calculates appropriate medication dosage given specific patient parameters. ● Analyze and synthesize data and develop an appropriate plan of care. ● Collects data, prioritize needs and anticipate reactions. ● Comprehend spatial relationships adequate to properly administer injections, start intravenous lines or assess wounds of varying depths. ● Recognizes an emergency situation and responds effectively to safeguard the patient and other caregivers. ● Transfers knowledge from one situation to another. ● Accurately processes information on medication container, physicians' orders, and monitor and equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals.
<p>Punctuality/ work habits</p>	<p>Ability to adhere to Maricopa Nursing policies, procedures and requirements as described in the Student Nurse Handbook, college catalog and student handbook and course syllabus. Ability to complete classroom and clinical assignments and submit assignments at the required time. Ability to adhere to classroom and clinical schedules.</p>	<ul style="list-style-type: none"> ● Attends class and submits clinical assignments punctually. ● Reads, understands and adheres to all policies related to classroom and clinical experiences. ● Contact the instructor in advance of any absence or late arrival. ● Understands and completes classroom and clinical assignments by due date and time.
<p>Environment</p>	<p>Recognize the personal risk for exposure to health hazard. Use equipment in laboratory or clinical settings needed to provide patient care. Tolerate exposure to allergens (latex, chemical, etc.). Tolerate wearing protective equipment (e.g., mask, gown, gloves)</p>	<ul style="list-style-type: none"> ● Takes appropriate precautions for possible exposures such as communicable disease, blood- borne pathogens, and latex. ● Uses personal protective equipment (PPE) appropriately.