

Policy - Student Health

Origin Date: February 20, 2014

Last Evaluated: April 2018

Responsible Party: Program Director

Minimum Review Frequency: Annually

Approving Body: Principal Faculty

DPAS Associated Forms:

- Health Information and Immunization Form
- Verification of Health Information and Immunization Form
- Immunization Release of Information Form
- Consent to Treat Form
- HIPAA Consent Form

ARC-PA Associated Standards:

- **A1.05** - PA students must be provided student health services equivalent to those services provided other comparable students.
- **A3.07** - The program must have and implement a policy on immunization based on current CDC recommendations for health care professionals.
- **A3.09** - Principal faculty, the program director and the medical director must not participate as health care providers for students in the program, except in an emergency situation.
- **A3.19** - Student files kept by the program must include documentation: (b) that the student has met institution and program health screening and immunization requirements.
- **A3.21** - Student health records are confidential and must not be accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and tuberculosis screening results which may be maintained and released with written permission from the student.
ANNOTATION: The ARC-PA does not consider needle stick/sharp records, results of drug screening, or criminal background checks, a part of the health record.

Background and Purpose

The purpose of this document is to define policies, procedures and availability of health services for students enrolled in the physician assistant program.

Policy Statement

1. All students **MUST** provide proof of health insurance prior to matriculation. Each Student's personal health insurance policy must remain active throughout their participation in the program.
2. Students are financially responsible for the cost of all health care services they may require while enrolled in the program, including any health care services required as a result of their participation in

scheduled program activities (e.g. TB testing, immunizations, treatment of injuries, pathogen exposure evaluation and treatment).

3. The following health requirements are mandatory prior to any experiential education course at off-site facilities. The immunization requirements must be fully complied with in the first 30 days post matriculation, or the student will be withdrawn from classes without credit.

- **Tuberculosis:** One of the following completed within the past 12 months is required:

- 2 step TB skin test (administered 1-3 weeks apart)

OR

- QuantiFERON Gold blood test (lab report required)

OR

- If positive results, submit a clear chest x-ray (lab report required)

- **Immunizations:** Students must be current on all required immunizations. Either record of immunization or serologic proof of immunity must be provided for all listed conditions recommended by the Centers for Disease Control and Prevention for health care personnel, to include, but may not be limited to:

- Hepatitis B: BOTH of the following are required:

- 3 vaccinations

AND

- A positive antibody titer (lab report required)

If your titer was negative or equivocal, you must repeat the series and provide a 2nd titer.

- Measles, Mumps & Rubella (MMR): One of the following is required:

- 2 vaccinations: The first vaccination MUST be administered AFTER the age of 1 regardless of vaccination type. Vaccinations can be a combined MMR vaccination, however if individualized vaccinations are submitted you MUST submit 2 vaccinations for Mumps and Measles and 1 vaccination for Rubella

OR

- Positive antibody titer (lab report required) for all 3 components. If your titer was negative or equivocal, you must receive 1 booster vaccine (administered after your titer) and provide a 2nd titer.

- Varicella: One of the following is required:

- 2 vaccinations

OR

- Positive antibody titer (lab report required) If your titer was negative or equivocal, you must repeat the series.

- Tdap (Tetanus/Diphtheria/Pertussis): One of the following is required:

- Documentation of a Tdap (Tetanus, Diphtheria & Pertussis) vaccination administered within the past 10 years

OR

- Documentation of a Tdap vaccination administered from any time AND a Td (Tetanus & Diphtheria) booster administered within the past 10 years.

Renewal will be set for 10 years from the most recent vaccination. Upon renewal, a Td booster is required.

- Influenza: Students will be required to obtain influenza immunization annually while enrolled in the program.

- **Other Immunizations:** Students may occasionally be involved in patient care activities that require additional immunizations or disease prophylaxis (e.g. international rotations). It is the responsibility of the student to consult with the PD/DCE to determine if any additional precautions are necessary.

4. Historical documentation without primary source evidence of tuberculosis screening, immunizations and/or serologic proof of immunity will not satisfy the program's documentation requirements.

- The following qualify as legitimate proof of immunization/TB testing status:
 - Copies of the applicant's medical record(s) on which administration and results of tuberculosis screening data is recorded.
 - Copies of the applicant's medical record(s) on which administration of the immunization series is documented by the immunization provider (including immunization cards signed by the administering health care professional/agency).
 - Copies of the laboratory report(s) documenting results of serologic testing for immunity (antibody test results).
 - Copies of the applicant's medical record(s) or a letter from the applicant's health care provider documenting immunization non-conversion and explaining the process by which that conclusion was reached.
5. Immunization records must be submitted to the CastleBranch compliance tracking system, **NOT to the Department of Physician Assistant Studies.**
 6. The PA program will access CastleBranch to ensure completion of required immunizations and TB screening of all students.
 7. Students will be provided access to CastleBranch online files.
 8. Program Director, principal program faculty, medical director, or program staff **WILL NOT** participate as health care providers for students enrolled in the program and **WILL NOT** have access to any student health information other than that defined in this policy.

Student Insurance through High Point University

Students without primary health insurance may purchase a health insurance plan offered by High Point University through partnership with United Healthcare/Student Resources, one of the largest student health insurance providers in the United States.

As a condition of enrollment students are required to maintain health insurance and provide evidence of a primary insurance policy. Students without primary health insurance are required to enroll and purchase the health insurance plan offered by High Point University. Our plan is the United Healthcare Choice Plus policy. Detailed information about the plan is available at www.uhcsr.com/highpoint.

ELECTING TO PURCHASE THE STUDENT HEALTH PLAN

Students enrolled in Physician Assistant Studies must complete a paper waiver form in order to accept participation or to waive their participation in the United Healthcare Choice Plus plan offered through High Point University. Paper waiver forms can be found in the Graduate - Operations Office, Office of Student Accounts or by accessing the form online at:

<http://www.highpoint.edu/studentaccounts/student-insurance/>

Approved By: Principal Faculty

Modified:

February 5, 2015

April 12, 2016: updated to be consistent with revised Health Information and Immunization forms (9.16.15)

April 2017, April 2018

Next Review: Spring 2019