

Joseph F. McCloskey School of Nursing

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Date: 8/2026	Change of Health Status #214	Pages: 1 of 8
Reviewed: 9/2026	 Tina VanBuren, DNP, MSN, RN, CNS Director, School of Nursing	Student Affairs Committee

PURPOSE

This policy establishes the requirements for a student who experiences a change in health status, meaning an injury, illness, surgery, or other medical condition, that results in a physical restriction or the need for a supportive device. It exists to protect patient safety, student safety, and the integrity of the clinical and simulation learning environment at Joseph F. McCloskey School of Nursing (JFMSON).

SCOPE

This policy applies to all enrolled JFMSON students in the Day or Evening/Weekend track at both the Pottsville/Schuylkill and Center Valley sites, in all clinical, simulation lab, and skills lab settings. It governs a new, acute change in health status that arises after admission. It does not govern a pre-existing disability or condition already addressed by the Director of Nursing or designee under the Students with Disabilities Policy #204; see the Applicability to Pre-Existing Conditions section below.

DEFINITIONS

Change of Health Status: A new injury, illness, surgery, pregnancy-related restriction, or medical condition, arising after admission, that limits a student's physical or cognitive ability to perform clinical or lab skills safely.

Restriction: Any limitation on activity, weight-bearing, lifting, range of motion, or mobility ordered by a licensed health care provider.

Supportive Device: Any external device used to protect, stabilize, or assist a body part during healing or recovery, including but not limited to a walking boot, brace, sling, splint, cast, crutches, cane, or wheelchair.

Clearance to Return: Written documentation from a licensed health care provider stating whether a student may resume clinical, simulation lab, and skills lab activities, and specifying any restrictions still in place.

Pre-Existing Condition: A disability or health condition disclosed to JFMSON and addressed by the Director of Nursing or designee under the Students with Disabilities Policy #204 prior to the change in health status at issue.

POLICY

A student who develops a new restriction, or who requires a supportive device of any kind, including but not limited to a walking boot, brace, sling, splint, cast, or crutches, may not participate in clinical, simulation lab, or skills lab activities. This applies no matter how minor the injury or condition seems to the student and no matter the reason for the restriction or device.

A student may return only after a licensed health care provider provides written clearance stating the student can perform all required clinical and lab skills without restriction and without a supportive device. Faculty and clinical instructors may not make case-by-case exceptions to this requirement.

APPLICABILITY TO PRE-EXISTING CONDITIONS AND DISABILITY ACCOMMODATIONS

This policy governs a new, acute change in health status. It does not apply to a documented, pre-existing disability or health condition disclosed at admission or during enrollment and managed by the Director of Nursing or designee under the Students with Disabilities Policy #204.

JFMSON evaluates a student with a pre-existing condition individually, in accordance with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and the Pennsylvania Human Relations Act. JFMSON does not exclude a student from clinical, simulation lab, or skills lab activities solely because of a pre-existing, accommodated condition. Any change in that student's condition, or any new restriction affecting the student's ability to perform the essential functions of the nursing program, is reviewed by the Director of Nursing and the student's health care provider to determine whether a reasonable accommodation allows continued participation, before any decision is made to limit or exclude the student from clinical or lab activities.

If a student with a documented pre-existing condition experiences a new or worsening restriction unrelated to that condition, the new restriction is handled under this policy the same as for any other student.

STUDENT RESPONSIBILITIES

- Notify the Director of Nursing or designated contact in writing within 24 hours of any change in health status that could affect clinical or lab participation.
- Do not report to clinical, simulation lab, or skills lab once a qualifying restriction or supportive device is present, even if the absence has not yet been formally excused.
- Complete and submit the Change of Health Status Notification Form (Attachment A) at the time of notification.
- Obtain and submit the Health Care Provider Clearance to Return Form (Attachment B), signed by a licensed health care provider, before returning to any clinical or lab activity.

PROCEDURE

1. The student notifies the Director of Nursing or designated contact as soon as the change in health status occurs, using Attachment A.
2. The contact notifies the Clinical Placement Specialist and course faculty. The student is excused from clinical, simulation lab, and skills lab attendance pending clearance.
3. The student obtains Attachment B from a licensed health care provider. The form must state clearly whether the student may return without restriction, or list every restriction still in place.
4. The Director of Nursing or Director of Nursing reviews Attachment B. If any restriction remains, or if a supportive device is still required, the student may not return to clinical or lab.
5. Once full, unrestricted clearance is documented, the student may resume clinical, simulation lab, and skills lab activities.
6. Missed clinical, simulation, or lab time is made up according to the Attendance Policy in the Student Handbook.

RESPONSIBILITIES

Students: Responsible for timely notification, refraining from clinical and lab attendance while a qualifying restriction or device is present, and submitting Attachments A and B.

Faculty and the Clinical Placement Specialist: Responsible for monitoring compliance, excusing students pending clearance, and referring any concern to the Director of Nursing.

ENFORCEMENT AND SANCTIONS

- A student who attends clinical, simulation lab, or skills lab in violation of this policy will be removed from the activity immediately.
- The student will be required to correct the deficiency and obtain full clearance before returning.
- Make-up of missed clinical, simulation, or lab time follows the Attendance Policy in the Student Handbook.
- Repeated violations are handled through the professional conduct sections of the Student Handbook.

REFERENCES

Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq. <https://www.ada.gov/law-and-regs/ada/>

Rehabilitation Act of 1973, Section 504, 29 U.S.C. § 794. U.S. Department of Labor. <https://www.dol.gov/agencies/oasam/civil-rights-center/statutes/section-504-rehabilitation-act-of-1973>

Pennsylvania Human Relations Act, 43 P.S. § 951 et seq.

National Council of State Boards of Nursing. (1996). Clinical instruction in prelicensure nursing programs. NCSBN.

Occupational Safety and Health Administration. (2024). Bloodborne pathogens and needlestick prevention. U.S. Department of Labor. <https://www.osha.gov/bloodborne-pathogens>

REVIEW and APPROVAL: Student Affairs Committee

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Attachment A: Change of Health Status Notification Form

To be completed by the student and submitted within 24 hours of any change in health status.

STUDENT INFORMATION**Student Name:** _____**Student ID:** _____**Program Track (Day / Evening-Weekend):**
_____**Site (Pottsville/Schuylkill / Center Valley):**
_____**Date of Change of Health Status:** _____**Date Reported:** _____**DESCRIPTION OF CHANGE IN HEALTH STATUS**

_____**RESTRICTIONS**

- ☐ No restrictions have been ordered at this time.
- ☐ Restrictions have been ordered (describe below):

SUPPORTIVE DEVICE

- ☐ No supportive device is required.
- ☐ A supportive device is required (check all that apply):
- ☐ Walking boot
 - ☐ Brace
 - ☐ Sling
 - ☐ Splint or cast
 - ☐ Crutches or cane
 - ☐ Wheelchair
 - ☐ Other: _____
-

PRE-EXISTING CONDITION ON FILE

- ☐ This change relates to a pre-existing condition already on file
- ☐ This is a new condition, unrelated to any accommodation on file.

Per the Change of Health Status Policy, a student with any restriction or supportive device checked above may not attend clinical, simulation lab, or skills lab until a licensed health care provider submits Attachment B stating the student is fully cleared. A student whose change relates to a pre-existing, accommodated condition will also be referred to Disability Services for the interactive accommodation process.

Student Signature / Date

Received By (Director of Nursing / Designated Contact) / Date

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Attachment B: Health Care Provider Clearance to Return Form

To be completed by the treating licensed health care provider. The student may not return to clinical, simulation lab, or skills lab until this form is submitted and reviewed.

STUDENT INFORMATION**Student Name:** _____**Date of Injury / Illness / Onset of Condition:**
_____**Diagnosis / Condition (as the provider deems appropriate to disclose):**
_____**PROVIDER INFORMATION****Provider Name:** _____**Credentials:** _____**Practice Name / Address:** _____**Phone:** _____**License Number:** _____**CLEARANCE STATUS**

- ☐ This student may return to clinical, simulation lab, and skills lab activities without any restriction and without any supportive device.
- ☐ This student may NOT return to clinical, simulation lab, or skills lab activities at this time.
- ☐ This student may return only under the following restriction(s):

Anticipated date of full, unrestricted clearance (if known):

Note to provider: JFMSON policy does not permit a student to participate in clinical, simulation lab, or skills lab activities while any restriction is in place or while a supportive device is required, including a walking boot, brace, sling, splint, cast, crutches, cane, or wheelchair. Only a checked box above indicating full, unrestricted clearance will permit the student to return.

Health Care Provider Signature / Date

REVIEWED BY JFMSON

Reviewed By (Director of Nursing / Director of Nursing):

Decision (Approved to Return / Not Approved) / Date:
