

**Western MA Clinical Requirements for Nursing Students and Faculty  
Academic Year 2017 -2018**

*[UPDATED - May 17, 2017]*

Western Massachusetts healthcare facilities and schools involved in the implementation of the Massachusetts Centralized Clinical Placement System have agreed to the following process for tracking student and faculty clinical requirements

1. Schools are required to track the agreed upon *Western MA Clinical Requirements* for all nursing students and faculty. They are required to keep the information readily accessible. Note: It is the schools' choice if they decide to track using a database or paper files. The recommendation is to use a database.
2. Facilities will accept the agreed upon *Standard Verification Letter* instead of requiring individual student/faculty paperwork. The letter should be printed on school letter head, signed by an authorized administrator and include the name and number of the CCP contact. (see template)
3. After a clinical rotation has been scheduled, the standard verification letter must be received prior to the start of the rotation
4. The school will produce evidence of the clinical requirements at the facilities request within 24 hours for exposure or regulatory review.
5. It should be noted that in addition to the standard verification letter provided to facilities for specific clinical rotations, there may be requirements that schools must meet on an annual basis. For example, every year Sisters of Providence Health Systems requires a physical copy of a school's Certificate of Insurance (COI).

These requirements will be reviewed on an annual basis and updated if required. Schools of Nursing should be updated no later than April regarding changes that will affect students in the upcoming academic year.

For additional information or proposed changes to the requirements, please contact Peta-Gaye Porter, Program Coordinator at the Regional Employment Board of Hampden County at [pporter@rebhc.org](mailto:pporter@rebhc.org).

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**Western MA Clinical Requirements for Nursing Students & Faculty – Academic Year 2017-2018**

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**All partner organizations agree to the following requirements for a period of one calendar year and to the best of their organizational abilities, will not propose any changes.**

Requirement	Specific Information	Note for Schools
<b>General Information</b>		
Name	Last, First, Middle Initial	
School	Name of school & program	
Expected Graduation Date		
Student's Current Health Insurance	Name of carrier & policy number	
School's Malpractice Insurance Carrier	Name of carrier	Note 1 (SPHS): During the term of the Agreement, the School shall maintain professional liability insurance covering each Student, and on-site faculty member, for his or her acts or omissions while participating in student curriculum activities at the SPHS entity/program in the minimum amount of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) in the aggregate. A Certificate of Insurance will be provided to SPHS entity/program, indicating professional liability coverage.
<b>Health History &amp; Exam</b>		
Physical Exam	Date of exam	Must occur within one year prior to admission to nursing program.  <b>Note 1:</b> Genesis corporate policy requires all clinical students follow new employee guidelines which states "periodic physical examinations should be performed and recorded at least every two years" <b>Note 2:</b> Baystate is not requiring physical exam documentation for continuing ed students, (if you already have your RN and you are returning to school to further your degree).
Measles, Mumps, & Rubella	Date of immunization	Titer or two (2) vaccines verified
Diphtheria/Tetanus/ Pertussis (Tdap)	Date of immunization <i>(must be within 10 Years)</i>	Vaccine verified. Per MA Dept. of Public Health, one dose of Tdap required for all health science students.  <b>Note 1:</b> Visit mass.gov for Dept of Public Health Tdap requirements <b>Note 2:</b> In some cases, physicians do not administer the appropriate vaccine. Should this happen, the student will be required to update to a Tdap prior to attending clinical practice. <b>Note 3:</b> Tdap can be administered regardless of interval
Varicella (Chicken Pox)	Date of immunization	Positive titer or two (2) vaccinations verified.

Requirement	Specific Information	Note for Schools
Hepatitis B	Date of immunization	<p><b>Note 1:</b> Vaccination, disease, immunity or declination signed.</p> <p><b>Note 2:</b> If student is identified as a carrier then they must bring provide the school with documentation practice Standard Precautions</p> <p><b>Note 3:</b> Proof of 3 doses of immunization AND a titer demonstrating immunity. <b>If a student cannot verify Hepatitis B vaccination but their titer is positive, they can sign a declination letter. <u>The CDC requires the healthcare worker to have proof of the three vaccines and a positive titer. OSHA allows the healthcare worker to decline the vaccine.</u></b></p>
Flu vaccination	Annual immunization or submission of a signed declination form (available on CCP website - West Region tab)immunization or	<p><i>Annual requirement</i></p> <p><b>Note 1:</b> Students who refuse or are unable to receive vaccination must sign declination form</p> <p><b>Note 2:</b> Schools must indicate in their letter which students have declined flu vaccine and the reason</p> <p><b>Note 3:</b> If students cannot get vaccination due to availability, sign declination form and update health service once immunization received. Declination should include the school they are attending and the matriculation as a nursing student.</p> <p><b>Note 4:</b> Schools must provide updated student information to healthcare providers as soon as it is available (typically November)</p> <p><b>Note 5:</b> Mercy and Baystate require mask in all facilities if student declines vaccine for any reason</p> <p><b>Note 6:</b> At Baystate the student must present a document to EHS which confirms the vaccine was given as well as their school and that they are a nursing student in order to receive an identifier for their badge(i.e. a blue dot sticker)</p>
Urine Drug Screen Test	Date verified  Genesis, HMC and Baystate Health need negative drug screening listed	<p><i>Annual Requirement for Genesis Health/Heritage Hall</i></p> <p><b>Note 1:</b> Holyoke Medical Center and Baystate Health Requires drug screen on file prior to the start of the clinical rotation. <i>This is not annual, just prior to and then test if there is a question of fitness for duty.</i></p> <p><b>Note 2:</b> Health South requires drug testing and provides testing onsite</p> <p><b>Note 3:</b> A student who is on medical marijuana cannot participate in the educational programs at healthcare facilities. Students should be guided on their educational path that medical marijuana is not recognized under the Federal government regulations. If they intend to follow career path in jobs with Federal government drug testing, they should alternative career path.</p> <p><b>[Amphetamine (AMP), Barbiturates (BAR), Benzodiazepines (BZO), Cocaine (COC), Marijuana (THC), Methamphetamine (MET), Methadone (MTD), Opiates (OPI), Oxycodone (OXY), Phencyclidine (PCP), Ecstasy (MDMA)]</b></p>

Requirement	Specific Information	Note for Schools
Tuberculin Skin Test (PPD)	Date of immunization Documentation of HgB	<p><i>Annual requirement</i></p> <p><b>Note 1: For freshman students or those new to healthcare</b> Proof of PPD (tuberculosis screen) 2 tests-within 1 year: 1 within 90 days of start OR an IGRA-test (T-spot or QuantiFERON Gold test) within 90 days of start (if history of a positive TB, report of negative chest x-ray done within past 12 months required).</p> <p><b>Note 2: All</b> Proof of PPD (tuberculosis screen) <u>OR</u> an IGRA-test (T-spot or QuantiFERON Gold test) one year from previous test. Unless....</p> <ol style="list-style-type: none"> <li>1. There has been a break in rotations at Baystate during the year where the student went to a high risk facility (where biannual testing is required) or a homeless shelter.</li> <li>2. Travel to an endemic area out of the country.</li> </ol> <p>If 1 or 2 has occurred then another TB test is required prior to returning to Baystate.</p>
<b>Other Information</b>		
CPR certification by the American Heart Association	Expiration Date	American Red Cross is no longer acceptable
Criminal Background Check (CORI/SORI)	Date Sent: Date Verified:	<p><i>Annual requirement</i></p> <p>Specify type of background check performed annually (national, state, county)</p>
Nurse Aide Registry	Date verified	Long term Care requirement. Check must be completed.
CCP Clinical Orientation	Date completed	<p><i>Annual requirement</i></p> <p><b>Note:</b> Facilities do not want the facility transcript. Schools should collect and maintain them</p>
Facility-Specific Clinical Orientation	Date completed	<p><i>Annual requirement</i></p> <p>Note: Facilities do not want the CCP tickets. Schools should collect and maintain them</p>
N95 mask	Signed waiver	<p>If schools are not providing annual N95 mask fitting then, Students' will sign a waiver indicating that they not be assigned or go into those rooms and/or work with patients requiring a N95 mask to provide care. It is the students' responsibility to inform the preceptor that they have signed a waiver.</p> <p>If it becomes imperative that the student needs to have a respirator fit test, this can be performed at Employee Health.</p>

SCHOOL LETTERHEAD

CURRENT DATE

FACILITY CONTACT  
FACILITY ADDRESS

Dear FACILITY CONTACT,

FACULTY NAME will be returning as the clinical nursing instructor for the TYPE OF STUDENT doing their clinical rotation in the SEMESTER DATE. This rotation begins on DATE and ends on DATE. FACULTY has provided the following:

- Documentation of current immunizations, negative Mantoux testing and physical exam
- Current CPR card
- Current RN license
- CORI/SORI checked by the College
- Proof of health insurance
- Documented completion of all required CCP on-line orientation and facility-specific orientation requirement.
- Reference to Drug Testing completion and negative results
- Verification in MA Nurses Aid Registry

Students and faculty who will be coming to FACILITY NAME have met the health requirements and have updated medical records on file in the NAME OF DEPARTMENT at SCHOOL NAME, which contain the following:

- Documentation of current immunizations and negative Mantoux testing and physical exam
- Current CPR card
- CORI/SORI checked by the College
- Proof of health insurance
- Malpractice insurance
- Documented completion of all required CCP on-line orientation and facility-specific orientation, including post-tests prior to their clinical start date.
- Reference to Drug Testing completion and negative results
- Verification in MA Nurses Aid Registry
- Flu declination form

NAME OF SCHOOL maintains a current Certificate of Insurance (COI) for both students and faculty.

First Session- DATE	Second Session-DATE
1. STUDENT NAME	1. STUDENT NAME
2. STUDENT NAME	2. STUDENT NAME
3. STUDENT NAME	3. STUDENT NAME
4. STUDENT NAME	4. STUDENT NAME
5. STUDENT NAME	5. STUDENT NAME

As always, thank you for allowing us to utilize your facility for this experience. If there are questions, please call or email NAME OF NURSING PLACEMENT COORDINATOR AND CONTACT INFORMATION.

Sincerely,

SCHOOL ADMINISTRATOR – DEAN OR DIRECTOR  
DIRECT CONTACT INFORMATION