Western MA Clinical Requirements for Nursing Student and Faculty Academic Year 2024 -2025 Updated: May 16, 2024

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/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.
- Facilities will accept the agreed upon Standard Verification Letter instead of requiring individual student/faculty paperwork. The letter should be printed on school letterhead, signed by an authorized administrator and include the name and number of the CCP contact. (see template)
- 3. After a clinical rotation is scheduled, the standard verification letter must be sent to the healthcare organization from the academic institutions 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 Trinity Health Of New England 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 will receive updates no later than April regarding changes that will affect students/faculty in the upcoming academic year. Whenever extenuating circumstances arises after the notification deadline passes, the Schools of Nursing will be notified with ample time to meet new requirements.

For additional information or proposed changes to the requirements, please contact Peta-Gaye Johnson, Program Director at the MassHire Hampden County Workforce Board at pjohnson@masshirehcwb.com.

Western MA Clinical Requirements for Nursing Student & Faculty – Academic Year 2024 - 2025

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

Requirement	Specific	Note for Schools
	Information	
General Information		
Name	Last, First,	
	Middle Initial	
School	Name of school	
	& program	
Expected Graduation Date		
Student/faculty's Current Health	Name of carrier	
Insurance	& policy number	
School's Malpractice	Name of carrier	Note 1: A Certificate of Insurance will be provided to
Insurance Carrier		Trinity Health Of New England, and Cooley Dickinson
		Hospital to indicate professional liability coverage each
		academic year.
Health History & Exam		
Physical Exam	Date of exam	Must occur within one year prior to admission to the nursing program.
		Note 1: Baystate Health is not requiring physical exam
		documentation for continuing ed. students/faculty, (if
		they already have their RN licenses and they are returning to school to further their degree).
Measles, Mumps, &	Date of	Evidence of 2 vaccines or a positive titer; if titer is
Rubella	Immunization	equivocal or negative, must receive two vaccines after
Rubella	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	equivocal or negative titer.
		Note 1: If a student/faculty tests lower than the
		acceptable levels, it will be the responsibility of the
		school/university to ensure a minimum of one dose of the
		MMR Vaccine is given to a student/faculty before the
		student/faculty will be allowed to begin his/her clinical
		rotations. Further, this is a conditional clearance with the
		responsibility of the college to attest that within the 28
		day window a second dosage of the MMR Vaccine is
		administered. Once that is completed, with all other
		requirements in proper order and completion, the
		student/faculty will then be fully cleared.
		Note 2: Baystate Health and Mercy Medical Center does
		NOT require an additional titer to be drawn in line with
		CDC guidelines to verify levels.

Academic Year 2024 -2025

Diphtheria/Tetanus/	Date of	Vaccine verified. Per MA Dept. of Public Health, one dose
Pertussis (Tdap)	immunization (must be within	of Tdap required for all health science students/faculty.
	10 Years)	Note 1: Visit mass.gov for Dept. of Public Health Tdap
		requirements.
		Note 2: In some cases, physicians do not administer the
		appropriate vaccine. Should this happen, the
		student/faculty will be required to update to a Tdap prior
		to attending clinical practice. Note 3: Tdap can be administered regardless of interval.
Varicella (Chicken Pox)	Date of	Evidence of 2 vaccines or a positive titer; if titer is
Tarroena (erneken Fex)	Immunization	equivocal or negative, must receive two vaccines after
		equivocal or negative titer.
Hepatitis B	Date of	Note 1: Vaccination, disease, immunity or
	Immunization	declination/supplemental signed.
		Note 2: If student/faculty is identified as a carrier then
	Нер В	they must provide the school with documentation and
	Supplementation	practice Standard Precautions.
	form (available on CCP website -	Note 3: Proof of 3 doses of immunization or two dose Heplisav-B (HepB-CpG) vaccine AND a titer demonstrating
	West Region tab)	immunity.
	West Region taby	Note 4: If a student/faculty cannot verify Hepatitis B
		vaccination but their titer is positive, they can sign a
		declination/supplemental letter.
		Note 5: If a student/faculty is in process of getting the
		Hep B series, or it is documented that they do not
		respond to the vaccine), they can attend rotation with
		evidence of first inoculation. Student will need to sign the
Flu vaccination	Annual	declination/supplemental letter. Annual requirement
Fiu vaccination	immunization or	Note 1: Students/faculty are allowed to attend clinical
	submission of a	sites at BH and CDH if they've received the annual flu
	signed medical or	vaccination or were determined medically or religiously
	religious	exempted by the school. Students/faculty are allowed to
	exemption form	attend clinical sites at HMC and MMC if they've received
	(available on CCP	the annual flu vaccination or declined receiving vaccine.
	website - West	Note 2: If students/faculty cannot get vaccination due to
	Region tab)	availability, the student/faculty should sign the exemption
		form and update health service once immunization is
		received. Note 3: Cooley Dickinson Hospital, Trinity Health Of New
		England-Mercy Medical Center and requires a mask in all
		facilities if student/faculty has not received vaccine for
		medical or religious exemption, or declined (MMC).
		Note 4: Baystate Health requires a mask only per their risk
		mitigation guidance tool and is subject to change during
		the academic year.

		Note 5: Schools must maintain record of documentation of the flu vaccine and submit the completed flu documentation form to all HCOs. Documentation must include: Last Name, First Name, DOB, Date of Vaccine (or exempted(or declined) Note 6: An organization specific exemption form is required at CDH.
Urine Drug Screen Test	Mercy Medical Center need negative drug screening listed	Note 1: Baystate Health and Mercy Medical Center Mercy Medical Center require a drug screen on file prior to the start of the clinical rotation. This is not annual, just prior to and then test if there is a question of fitness for duty. No other facility require a drug screen. Note 2: Baystate Health and Mercy Medical Center require a 4-panel drug screen. -Drug Panel- 4 panel includes Cocaine, amphetamines, Opiates, and PCP Note 3: All students/faculty must meet the fitness for duty requirement. A screening may be required if there is a question of fitness for duty.
		Note 4: If students/faculty are found not fit for duty at any time during the rotation. They will be sent from the premises and the school will be notified.
Tuberculin Skin Test (PPD) OR an IGRA-test	Date of immunization	Annual requirement Note 1: Baystate Health and Mercy Medical Center require TB testing will be performed once, 90 days prior to start date to clinical start date. Faculty is required to test once upon hire. If an individual has a TB exposure at a site other than Baystate Health, appropriate exposure protocols should be followed.
		All other facilities: Note 2: For freshman students/faculty or those new to healthcare Proof of PPD 2 step testing (tuberculosis screen) OR an IGRA-test (T-spot or QuantiFERON Gold test) within 1 year (if history of a positive TB, report of negative chest x-ray done within past 12 months required) Note 3: Affiliating students/faculty will then have an
		annual requirement to provide documentation of a negative TB test (IGRA or skin test) within the previous 12 months

		Unless
		1. There is a history of a previously positive TB test. They
		have to complete a symptom assessment screening
		every year (to inform whether or not they are
		experiencing symptoms and a CXR every 5 years.
COVID-19		Note 1: BH, Cooley Dickinson Hospital, and Holyoke
		Medical Center (HMC) require the COVID vaccine is
		administered or a (medical/religious exemption if
		approved by academic institution) at least 14 days prior to
		clinical start date.
		Note 2: Mercy Medical Center and HMC do not require
		the COVID vaccine.
		Note 3: BH and HMC must report number of
		students/faculty who received the 2024-2025 vaccine to
		DPH, those who were <u>exempted</u> or <u>declined</u> the new
		2024-2025 formulation because they received an earlier COVID vaccine.
		Note 4: Schools must maintain record of documentation
		of the COVID-19 vaccine and submit vaccine
		documentation to all HCOs. Documentation must include:
		(Clinical Start Date, Clinical End Date, Last Name, First
		Name, DOB, Vaccine Type, Date of Vaccine(s) (or
		exempted/declined). Note 5: COVID-19 information was added to Module 3
		(the infection and control module) of the CCP centralized
		modules. Completion of additional training modules might
		be required at some HCOs.
		Note 6: Baystate Health requires a mask and eye
		protection only per our risk mitigation guidance tool and
		is subject to change during the academic year.
BLS certification by the American	Expiration date	Note 1: BLS certification is accepted at all HCOs. There are
Heart Association	Lapitation date	two options for this:
Tical (Association		a. Take a live certification (or recertification)
		course.
		b. Complete AHA BLS HeartCode online AND
		complete a skills check (the skills check
		portion is live).
		Note 2: BH, CDH and HMC AHA centers are expanding
		capacity and can work with schools to schedule classes.
		Note 3: Trinity Health OF New England- MMC and Cooley
		Dickinson Hospital accept American Red Cross.
Criminal Background	Date sent	Annual requirement
Check	Date sent Date verified	Specify type of background check performed annually
	Date verified	
• (CORI/SORI)		(i.e., national, state or county)
Sanction Screening		Sanction screening to ensure that the student/faculty has not been discussified an applied of forms.
		has not been disqualified or excluded from

Nurse Aide Registry Alzheimer's and Dementia Training CMS has a publicly available "Hand in Hand" training that can be used in lieu of the 8 hour training. Module 1 (video) Module 2 (video) Module 3 (video) Module 4 (video) Module 5 (video) Module 5 (video) Module 6 (video) Module 6 (video) Module 7 (video) Module 8 (video) Module 9 (video)	Date verified Date completed	participation in any Federal or State funded program, such as Medicare or Medicaid. Office of Inspector General – US Department of Health and Human Services: OIG has the authority to exclude individuals and entities from Federally funded health care programs pursuant to section 1128 of the Social Security Act (Act) (and from Medicare and State health care programs under section 1156 of the Act) and maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals/Entities (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP). Note 1: Baystate Health Nationwide Background check (7 year look back) Federal Criminal check (unlimited look back) CORI check County Criminal check (7 year look back) OIG & OFAC Massachusetts exclusions list Long term Care requirement. Check must be completed. The Department of Public Health require that all individuals who interact with patients in long-term care for an extended period of time complete an 8 hour Alzheimer's and dementia training with interactive component and a follow-up 4-hour training annually.
CCP Clinical Orientation	Date completed	Annual requirement
Facility Chariffs Official Office	Data as more lateral	Note 1: Facilities do not want the facility transcript. Schools should collect and maintain them.
Facility-Specific Clinical Orientation	Date completed	Annual requirement

		Note: Facilities do not want the CCP tickets. Schools
		should collect and maintain them.
Respirator Fit Testing	Signed waiver	Note 1: CDH requires that all nursing students and faculty are fit tested by the schools (annually). Schools must complete the MGB N95 Respirator Fit Test Record and RMC Form, and maintain the form on file. No exemptions or declinations allowed. Note 2: BH, HMC, MMC - If schools are not providing annual N95 mask fitting then, students/faculty will sign a waiver indicating that they will not be assigned or go into those rooms and/or work with patients requiring a N95 mask to provide care. It is the student/faculty's responsibility to inform the preceptor that they have signed a waiver. Note 3: If it becomes imperative that the student/faculty needs to have a respirator fit test, this can be performed at Employee Health. Note 4: Leadership/preceptorship students at BMC can enter enhanced isolation rooms if they are fit tested for an appropriate mask from Employee health services (EHS). BMC only, not permitted at all BH sites.

STANDARD VERFICATION LETTER TEMPLATE

SCHOOL LETTERHEAD
CURRENT DATE
FACILITY CONTACT (NAME, EMAIL & TELEPHONE NUMBER)
FACILITY ADDRESS

Dear FACILITY CONTACT,

FACULTY NAME will be returning as the clinical nursing instructor for the TYPE OF STUDENT/FACULTY 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 (MMR, Tdap, Varicella, Hep. B), negative TB testing with or without exemptions as long as the organization allows an exemption.
- Documentation of physical exam
- Flu Vaccination or medical/religious exemption form
- COVID-19 Vaccination or medical/religious exemption form as long as the organization and or school allows an exemption
- Current CPR card
- Current RN license
- Background checks completed by the College
- Sanctioned Screening
- 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, if required, with or without exemptions as long as the organization allows an exemption
- Verification in MA Nurses Aid Registry
- N95 mask waiver/MGB N95 Respirator Fit Test Record and RMC Form (no waivers)

Students/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 (MMR, Tdap, Varicella, Hep. B), negative TB testing with or without exemptions as long as the organization allows an exemption
- Documentation of physical exam
- Flu Vaccination or medical/religious exemption form
- COVID-19 Vaccination or medical/religious exemption form as long as the organization and or school allows an exemption
- Current CPR card
- Current RN license (if applicable)
- Background checks completed by the College
- Sanctioned Screening
- 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, if required, with or without exemptions as long as the organization allows an exemption

- Verification in MA Nurses Aid Registry
- N95 mask waiver MGB N95 Respirator Fit Test Record and RMC Form (no waivers)

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

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First Session-DATE	Second Session-DATE
1. STUDENT/FACULTY NAME	STUDENT/FACULTY NAME
2. STUDENT/FACULTY NAME	2. STUDENT/FACULTY NAME

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

Sincerely,

SCHOOL ADMINISTRATOR – DEAN OR DIRECTOR DIRECT CONTACT INFORMATION

Academic Year 2024 -2025