

NURSING CLINICAL REQUIREMENTS

Bring with you the FIRST day of class

Please note that it may take you more than 2 months to complete these requirements SO YOU SHOULD START WORKING ON THIS IMMEDIATELY

NURSING CLINICAL REQUIREMENTS

- The following documents may be found in your Newly Accepted Student Packet and/or the Nursing Student Handbook located on the NWCC website on the Nursing page
- Thoroughly read each document and use this PowerPoint to guide you to complete each one correctly
- You will turn in COPIES of each of these forms. Keep the original plus an additional copy for yourself (you will need the additional copy to turn in later in the semester). Please note you will NOT get your copies back; once you turn them in you will NOT see them again.

REQUIREMENT LIST

- The next TWO slides
show the list of requirements.
- You MUST read them carefully
and follow ALL the instructions.
Each one has very SPECIFIC
information.

Page 1

NURSING REQUIREMENTS must be submitted on **THE FIRST DAY OF CLASS** so students may receive clearance from our various clinical facilities. These DO NOT have to all be obtained at a single agency. Existing shot records can be taken to the health department to obtain a **Form 121 (Certificate of Immunization Compliance)** as required or you may get this from your primary healthcare provider.

Student MUST provide documentation of each of the following (please use this check list):

TDAP: Proof of TDAP within last 10 YEARS regardless of when the last Td received. **Must be on Form 121.**

COVID-19: Proof of two Pfizer vaccines, two Moderna vaccines, or one Johnson & Johnson vaccine (per clinical facility guidelines). Make a copy of your CDC COVID-19 Vaccination Record Card.

MMR: Proof of TWO (2) MMR vaccines OR antibody titers* (blood test) proving immunity to Mumps, Rubella, AND Rubeola. Titers* must be a quantitative, numerical result, IgG test. If MMR vaccines are required, there must be at least 4 weeks between the first and second vaccine. **Must be on Form 121.**

VARICELLA: Proof of TWO (2) Varicella (chicken pox) vaccines OR titer* proving immunity to Varicella. Titer* must be a quantitative, numerical result, IgG test. If Varicella vaccines are required, there must be at least 4 weeks between the first and second vaccine. **Must be on Form 121.**

HEP B (3 dose series): Proof of the first TWO (2) doses of Hepatitis B vaccines is required before entering into the program. The 3rd dose must be completed prior to the 2nd semester of RN program. A quantitative titer* proving immunity is acceptable. **Must be on Form 121.**

TB TESTING: Proof of either one (1) IGRA (Interferon Gamma Release Assay) test showing positive or negative for TB, or a two-step TB skin test/PPD** with documentation. **Step 1:** TB skin test administered and then student returns to facility which administered the test between 48 and 72 hours after administration for the test result to be read. Then **Step 2:** A second TB skin test is administered and then the student returns to the facility which administered the test between 48 and 72 hours after administration. **Note:** **Step 2** must be at least 7 days after Step 1's test result has been read but not more than 21 days after Step 1's test has been read. [Example: student receives TB skin test at primary care office on June 3rd. Student must return to same office on June 5 or June 6 to have result read. Then between 7 and 21 days later (June 12 or 13 through June 26 or 27, depending on date the first test was read) the student returns to primary care office to have second TB test administered. Then the student must return 48-72 hours after that date to have the second skin test read.]

Use the TB #1 and TB #2 forms (found on NWCC website) and be sure the healthcare provider fully and accurately completes each form.

****NOTE-The 2-step TB skin test will require you to visit the facility (which provides the test) a total of four (4) times.**

If the IGRA or step 1 or step 2 comes back positive, then you must show proof of the positive test **AND** have a chest X ray to prove you do not have active TB **AND** complete the "absence of TB symptoms" form (found on NWCC website).

Students do NOT need to complete the "absence of TB symptoms" form unless they have a POSITIVE result.

Page 2

PHYSICAL EXAM: Must be completed within the past 12 months on NWCC form (found on NWCC website). Health care provider must print name, sign form, and CIRCLE section of capability of providing safe care. (Expires in 2 years) Documentation on the Health Form must have the same dates on the front and the back of the form. (Healthcare provider completes and dates one side of form, and student completes and dates the other side of form using same date as HCP.)

CURRENT CPR certification: MUST be American Heart Association Basic Life Support Provider. On-line courses without a return demonstration component are NOT acceptable. Student must turn in a copy of the actual AHA BLS card (copy of front and back) or a copy of the AHA BLS eCard.

FLU VACCINE: **Students entering fall semester should NOT get this vaccine until October.** Proof of current season Quadrivalent Flu Vaccine MUST be on Northwest Flu Vaccine form (on NWCC website) and include all information on the form. Be sure provider will document on this form BEFORE obtaining vaccine. Students entering in spring semester must have received flu vaccine on or after October 1.

Pregnancy or breastfeeding will not be an exception. Students who are unable to provide proof of all vaccinations due to pregnancy or breastfeeding will need to withdraw from the course. After proof is obtained, the student will be allowed to re-enter the program in the next semester. All pregnant students must have a signed release from the health care provider to participate in lab and clinical experiences (forms found on NWCC website).

***TITERS:** If a titer is drawn and used as proof of immunity, student **MUST** include a separate copy (other than Form 121) and it must show the student's numerical blood titer value, positive or negative, and include the lab's reference range with guide to determine results.

MMR, Varicella, HepB vaccines do not "expire" so it does not matter how long ago you received them.

All information above must have the date and name of facility where testing/services were received and each form must be entirely complete. If there is a space for a healthcare provider signature, then it MUST be signed to be complete. It is the student's responsibility to make sure these are completed in a timely manner. **Failure to comply with the requirements for clinical clearance will result in the student withdrawing from the course as the student will be unable to attend and participate in the required clinical portion of the course.**

All NWCC forms may be found on the NWCC website on the Department of Nursing page.

ALL NURSING REQUIREMENTS are due on the first day of class. You MUST MAKE COPIES of everything you turn in as these will NOT be returned to you. You WILL need copies of each of these again, so we advise you to go ahead and make at least two (2) copies—one to turn in and one to keep in a safe place (you will need these for an assignment and also may need to provide them for the next semester).

For questions, please contact the NWCC Nursing Department health requirements advisor Mrs. Beaver at rbeaver@northwestms.edu or the Nursing office at 662-562-3283.

FORM 121

- Tdap, MMR, Varicella, and Hep B must be documented on Form 121

Example →

Form 121 may be obtained at your Doctor's office or health dept

Form No. 121 Certificate of Immunization Compliance

Name of Child/Student/Employee Jane Doe SSN XX-XX-1234 Birthdate 2-7-90
Name of Parent Mary Mild
Address 3456 Oak Lane Olive Branch MS 38454
Street City State Zip

Vaccine	Date Each Dose Was Given				
	1st	2nd	3rd	4th	5th
Pprevnar					
Varicella					
DTaP/DT/Td					
Hib					
Polio					
MMR					
Hep B					
Other <u>Tdap</u>					

☐ Check here if prior history of chicken pox

The individual named above has met the immunization requirements for attendance or employment in a Mississippi day care facility or entry into a Mississippi school, college, or university.

Please check (✓) one box only

☐ Complete until school entry immunizations are due

☐ Complete for school, university/college, work requirements

☐ Incomplete-next immunization is due Month / Day / Year

☐ Record in transit, valid until Month / Day / Year

Date of serological confirmation of immunity

Measles Month / Day / Year

Rubella Month / Day / Year

Hepatitis B Month / Day / Year

Jim Smith MD
Signature of Physician/Health Provider

Jim Smith MD
Signature and Title of Issuing Individual

6 / 14 / 2020
Month Day Year

Hib is required only for day care, hepatitis B is required for 5 year old kindergarten entrants. Beginning School Year 2002-2003, varicella vaccine or hx of chicken pox will be required for entry into daycare and 5 year old kindergarten. Prevnar vaccine is recommended, not required.

* Facility Stamp *
MISSISSIPPI STATE DEPARTMENT OF HEALTH

(or Facility name)
Address
Phone #

Form No. 121

FORM 121

- Hep B vaccine is a series of three (3) different injections over the course of 6 months. You must have proof of at least the first two (2) doses documented on Form 121 to turn in on the first day of class. The third dose must be complete prior to the end of the second semester of RN program.
- If you have been previously vaccinated but no longer have proof, you may have an antibody titer drawn to prove immunity. See 2-page Requirement List for more information about titers for Hep B, MMR, and Varicella.

TITERS

- Example of what a blood antibody titer result will look like →

LabCorp
Laboratory Corporation of America

Testmaster Testing
3060 S Church Street
Burlington, NC 27215
Phone: 336-436-2762

Specimen Number 236-988-3263-0	Patient ID	Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
SAMPLE REPORT			Account Address		
Patient First Name 096206	Patient Middle Name	LabCorp Test Master			
Patient SS#	Patient Phone	Total Volume	Test Account		
Age (Y/M/D) 36/07/13	Date of Birth 01/10/80	Sex F	3060 South Church Street		
Patient Address			Burlington NC 27215		
Date and Time Collected 08/23/16 00:00			Date Entered 08/23/16	Date and Time Reported	Physician Name
NPI			Physician ID		
Tests Ordered					
Varicella-Zoster V Ab, IgG					
TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL
Varicella-Zoster V Ab, IgG	195		index	Immune	>165
Varicella Zoster IgG			Negative		<135
			Equivocal	135 - 165	
			Positive	>165	
A positive result generally indicates exposure to the pathogen or administration of specific immunoglobulins, but it is not indication of active infection or stage of disease.					
01 BN LabCorp Burlington Dir: William F Hancock, MD 1447 York Court, Burlington, NC 27215-3361 For inquiries, the physician may contact Branch: 800-222-7566 Lab: 336-436-2762					

* Note this has the individual's result as well as reference range

If the titer (result) is less than the "positive" ref. range, then the individual will need proof of two vaccines or may get a booster and then test titer again.

TB Skin Test

- You must get two (2) separate skin tests.
- You will have two (2) separate skin test forms completed (Test #1 and Test #2).

You MUST use the NWCC forms, so be sure to take them with you when you go for testing!

If you choose to complete one blood test (IGRA) instead of two skin tests, then you will not complete this form. You will turn in the lab report for the blood test.

If either of the two skin tests or the blood test (whichever you choose to complete) comes back positive, then you must get a chest x-ray to rule out active TB, complete the “absence of TB symptoms form,” and turn in all 3 of these (the positive result, the x-ray result, and the “absence of TB” form).

PLEASE READ THE REQUIREMENTS LIST FOR MORE DETAIL



NORTHWEST
MISSISSIPPI COMMUNITY COLLEGE
DEPARTMENT of NURSING

Tuberculin Skin Test #1 Documentation

Name: Jane Doe
Date & Time PPD Placed: 6-2-2020 1005 Right Arm ☒ Left Arm ☐
Lot Number of Vaccine: TB34J76 Expiration Date: 2-28-22
Manufacturer: Smith-Kline
Administered by: Nancy Nurse, RN Are you certified? Yes ☒ No ☐
Date PPD Read: 6-4-2020 1345 Induration: 0 MM
Read by: Susan Nurse, RN Are you certified? Yes ☒ No ☐
Tuberculin skin test is: Negative ☒ Positive ☐
Referred for chest x-ray: Yes ☐ No ☒

If unable to take PPD Skin Test, current chest x-ray documentation required or record of interferon-gamma release assay for TB.

Place health care provider/health care facility stamp below:
(If stamp is not available, health care provider, please print name and address, and provide signature.)

Name: DeSoto Healthcare
Address: 4567 Main Street
Southaven, MS 38671
Phone Number: 662-393-2345
Signature: Nancy Nurse, RN

Rev. 11/19

4975 Highway 51 North, Senatobia, MS 38668
662.562.3283 www.northwestms.edu

PHYSICAL EXAM PG 1

Be sure to complete the entire form. Do NOT leave any lines blank.

The date at the bottom of page 1 should be the same as the date on page 2 (example on next slide).

NORTHWEST MISSISSIPPI COMMUNITY COLLEGE SCHOOL OF HEALTH SCIENCE STUDENT HEALTH RECORD

Student Name: _____ Sex: _____ DOB: _____

Last 6 digits of SS#: _____ Age: _____ Phone #: _____

Emergency contact: _____ Phone #: _____ Relationship: _____

I understand that all information is strictly confidential. I certify that the information given on this form is true and correct, and I have no abnormality, limitation, or restriction not mentioned on this document. I understand that any false information or failure to disclose any requested information will constitute grounds for dismissal from the nursing program. I agree to notify NWCC School of Health Science of any change in my physical or mental health prior to my registration and while I am a student in the Registered Nursing Program. I understand that I may be exposed to patient's bodily fluids and other hazardous material in the clinical setting. I can tolerate physically taxing workloads and function effectively under stress. I feel that I possess the emotional well-being required for the full use of intellectual abilities; the exercise of sound judgment, the prompt completion of all responsibilities attendant to the care of patients, the development of mature, sensitive, and effective relationships with clients, peers, and staff. I understand that I will be required to administer narcotics safely. I acknowledge by my signature that I have read and understand these statements and agree to be bound by them. I give my permission for release of all medical information related to this health form.

Date

Student Signature

*This section is to be completed by a **physician or certified nurse practitioner ONLY.**

HT _____ WT _____ B/P _____ PULSE _____ TEMP _____ RESP _____

HEENT _____

RESP _____ CV _____

GI/GU _____ MUSCULOSKELETAL _____

NEURO _____ LYMPH _____

PHYSICAL EXAM PG 2

MD/Practitioner MUST circle the “yes” or “no” to answer the question in the middle section of the form.

Must be signed, dated, and have either a facility stamp including name of facility, address, and phone number or this info must be written in the space provided.

Student Name: _____ Sex: _____ DOB: _____

In your opinion, is the applicant physically and mentally capable of providing safe client care with regard to the following functions? (circle one) YES NO

If NO, please explain:

All nursing applicants and current nursing students must possess the following essential functions:

• **Visual acuity** with corrective lenses to identify cyanosis, absence of respiratory movement in patients, read very fine, small print on medication, containers, physician orders, monitors and equipment calibrations. Must possess normal night, color and peripheral vision.

• **Hearing ability** (with auditory aids if necessary) to understand the normal speaking voice without viewing the speaker's face, hear monitor alarms, emergency signals, call bells from clients, and telephone orders; take/hear blood pressure, heart, lung, vascular and abdominal sounds with a stethoscope.

• **Physical ability** to stand for prolonged periods of time, perform cardiopulmonary resuscitation, lift patients/objects of 35 pounds or less without assistance, and move from room to room or maneuver in limited spaces. Must also be able to transfer and transport patients, sit in one place, kneel, reach and bend.

• **Effective communication skills** in verbal and written form by speaking clearly and succinctly when explaining treatment procedures, describing patient conditions and implementing health teaching. Write legibly and correctly in patient's chart for legal documentation.

• **Manual dexterity** to use sterile technique to insert catheters, withdraw blood and prepare medications (IV, PO, IM). Must also be able to perform repetitive hand and wrist motion, grip, squeeze and possess good hand/eye coordination.



DATE PRINTED NAME OF MD/NP SIGNATURE OF MD/ NP

PRINTED ADDRESS AND PHONE NUMBER OF MD/NP OR USE STAMP:

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CURRENT CPR (BLS) CERTIFICATION

- Must be American Heart Association (AHA) Basic Life Support (BLS) Provider
- Completed in person with hands-on demonstration
- Turn in either
 - Copy of actual card (front and back), or
 - Copy of eCard you received after completing the course

BASIC LIFE SUPPORT	
BLS Provider	 American Heart Association®
Rochelle Beaver has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.	
Issue Date 1/10/2019	Recommended Renewal Date 01/2021
Training Center Name Northwest Mississippi Community College	Instructor Name Stacy Taylor
Training Center ID MS05155	Instructor ID 0112238248
Training Center Address 4975 Highway 51 N Senatobia MS 38668 USA	eCard Code 15A602140037
Training Center Phone Number (662) 562-3986	QR Code 

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.
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FLU VACCINE

DO **NOT** GET THE FLU VACCINE UNTIL
AFTER OCTOBER 1st !!!!!

After October 1st, be sure that the
facility giving you the vaccine will
complete THIS FORM. → → →

Entire form must be completed.



NORTHWEST
MISSISSIPPI COMMUNITY COLLEGE
DEPARTMENT of NURSING

Flu Vaccine Documentation

Date of Vaccination: 10-4-2020

Name of Person Receiving Vaccine: Jane Doe

Name of Flu Vaccine: Quadrivalent Acquaflu

Expiration Date: 5-31-21

Lot Number of Vaccine: QA537B42

Site of Injection: (L) Deltoid

Signature of Person giving Vaccine: Sally Smith, RN, FNP

Place health care provider/health care facility stamp below:
(If stamp is not available, health care provider, please print name and address, and
provide signature.)

Name: Sally Smith, RN, FNP Phone #: 662-123-4567

Address: 1234 Main Street Olive Branch, MS 38654

Signature: Sally Smith, RN, FNP

Rev. 11/19

4975 Highway 51 North, Senatobia, MS 38668
662.562.3283 www.northwestms.edu

PREGNANCY RELEASE

- If you are pregnant or become pregnant you must complete the two (2) pregnancy release forms located in the Student Nursing Handbook.
- If you have recently given birth, you must complete the Post-Partum Release form.
- All nursing requirements/vaccinations are still required with NO exceptions. For more info, see Student Nursing Handbook.

FINGERPRINTS/BACKGROUND CHECK

- Once you are fingerprinted by the Nursing Department at NWCC, you will be given very specific instructions about what to do with any results. It is extremely important for you to follow the instructions you are given at that time as it will be very time-sensitive.

RECAP

- Read the entire two-page list of Nursing Clinical Requirements including all details
- Use that list in conjunction with this PPT to assist you with completing all requirements
- All documents must be on the CORRECT forms, must be legible, complete, and signed/stamped if appropriate
- COPIES of all requirements will be due on the first day of class
- Please refer all questions/clarifications for clinical requirements to Rochelle Beaver at rbeaver@northwestms.edu