

**CONNECTICUT COMMUNITY COLLEGE NURSING PROGRAM (CT-CCNP)**

*Capital Community College, Gateway Community College,  
Naugatuck Valley Community College, Northwestern Connecticut Community College,  
Norwalk Community College, Three Rivers Community College*

*Three Rivers Community College  
574 New London Turnpike  
Norwich, CT 06360*

**HEALTH ASSESSMENT FORM  
for  
Students participating in Clinical Activities**

**COMPLETED FORM IS DUE ON OR BEFORE:**

**July 1, 2017 for fall students  
December 1, 2017 for spring students**

**All requirements are to be submitted through  
[Castlebranch.com](http://Castlebranch.com)  
A confidential document tracking system  
Specific instructions to follow**

**CT-CCNP/Three Rivers Community College**

Student Name \_\_\_\_\_ Banner ID@\_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Personal email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone(1) \_\_\_\_\_ (2) \_\_\_\_\_

**TO THE EXAMINING PHYSICIAN/HEALTHCARE PROVIDER (HCP):** \_\_\_\_\_ Date of Exam: \_\_\_\_\_ (SIG@BOTTOM)

Based on my health assessment and physical exam:  Student DENIES Latex Allergy  Student CONFIRMS Latex Allergy

Student is clear to participate in clinical nursing courses with no restrictions \*(please check)  yes  no

\*See the Required Competencies for Admitted Students to Deliver Safe and Competent Nursing Care for general expectations, attached. IF NO, please explain the nature of the restrictions/limitations related to the delivery of patient care:

**IMMUNIZATION ASSESSMENT**

Refer to the CDC *Healthcare Personnel Vaccination Recommendations*, attached & at <http://www.immunize.org/catg.d/p2017.pdf>

**TITERS MUST BE POSITIVE PER LABORATORY STANDARD; REPORT(S), IF INDICATED, MUST ACCOMPANY THIS FORM.**

**1. MMR: MEASLES (RUBEOLA), MUMPS & RUBELLA (GERMAN MEASLES)^**

Documentation of *one* of the following must be provided as evidence of immunity:

- a) Vaccination against measles, mumps, and rubella. 2 doses of MMR, 4 weeks apart, dates of dose(s) and/or date for remaining dose
- b) Laboratory confirmation of disease or immunity (titer) **Qualitative or Quantitative Titer, Laboratory report must be attached**

^For unvaccinated HCP born before 1957 who lack laboratory confirmation of immunity or disease, evidence of vaccination with 2 doses of MMR, 4 wks apart and 1 additional dose of MMR vaccine (for rubella) at least 4 wks from the 2nd one, is required. Repeat titers are not required for those who have received 3 doses of the vaccination. For additional details, see <https://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf>

**2. VARICELLA (CHICKEN POX)**

Documentation of one of the following must be provided as evidence of immunity:

- a) Verification of history of varicella or herpes zoster by HCP (must be attached)
- b) Laboratory confirmation of disease or immunity or **May be Qualitative or Quantitative Titer, Laboratory report must be attached**
- c) Vaccination against varicella, 2 doses of varicella vaccine at least 28 days apart, dates of dose(s) and/or date for remaining dose

**3. TETANUS/DIPHTHERIA/PERTUSSIS (Tdap)**

Documentation of one of the following must be provided as evidence of immunity:

- a) Tdap vaccination within 10 years
- b) Td Booster if Tdap was received greater than 10 years ago

Note: All healthcare personnel (HCP) must receive a single dose of Tdap. A Td booster is required every 10 years.

For further information see: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/td-tdap.html>

**4. HEPATITIS B:** see <http://www.immunize.org/catg.d/p2108.pdf> for information about management of exposure

Documentation of one of the following will be accepted as evidence of immunity, immunity in progress, or status as a non-responder:

- a) Anti-HBs ≥10 mIU/ml IF Hep. B Series vaccination has been completed, **Laboratory report must be attached**
- b) Documentation of Hep B Series in progress: dates of dose(s)/remaining dose(s) and Anti-HBs serologic testing 1-2 mos after dose #3. **Laboratory report must be submitted.** Mandatory follow-up on negative lab report per <http://www.immunize.org/catg.d/p2017.pdf>

**ANNUAL IMMUNIZATION REQUIREMENTS:**

**5. Tuberculosis Testing** is required every year, options as below: (see <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>)

- a) TB Skin Test (TST): **INITIAL TST MUST be a two-step test** Dates Given \_\_\_\_\_ Dates Read \_\_\_\_\_ Results \_\_\_\_\_
- b) TB Blood Test (IGRA, i.e. Quantiferon) Date of Blood Draw \_\_\_\_\_ Results \_\_\_\_\_
- c) If either test is positive a chest x-ray report showing no evidence of active TB disease MUST be provided for the first positive test; the TB screening form must be completed each year thereafter.

**6. Influenza (Flu) Vaccination** is required each year prior to October 31<sup>st</sup>, a separate college level process will address this requirement.

Healthcare Provider Print Name \_\_\_\_\_ Healthcare Provider Signature \_\_\_\_\_ DEA Number \_\_\_\_\_ DATE \_\_\_\_\_

Address: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

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### Required Competencies for Admitted Students to Deliver Safe and Competent Nursing Care

The competencies reflect reasonable expectations of the RN student for the performance of common functions of the registered nurse. In adopting these standards the CT-CCNP is mindful of the client's right to safe and quality health care provided both by our students and graduates. The RN student must be able to apply the knowledge and skills necessary to function in a broad variety of clinical situations.

Each student in the Associate in Science degree program must have the ability to learn and perform the following competencies and skills:

Motor. The student must possess sufficient motor capabilities to execute the movements and skills required to provide safe and effective nursing interventions. These include, but are not limited to:

1. Coordination, speed and agility to assist and safely guard (protect), with safe and proper body mechanics, clients who are ambulating, transferring, or performing other activities.
2. Ability to adjust and position equipment and clients, which involves bending or stooping freely to floor level and reaching above the head.
3. Ability to move or position clients and equipment, which involves lifting, carrying, pulling, up to and including 30 pounds.
4. Ability to guide, resist, and assist clients, or to provide emergency care, which involves the activities of standing, kneeling, sitting, or walking.
5. Ability and dexterity to manipulate the devices used in giving nursing care.
6. Ability to administer CPR without assistance.

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Sensory. The student must possess the ability to obtain information in classroom, laboratory or clinical settings through observation, auscultation, palpation and other measures, including but not limited to:

1. Visual ability (corrected as necessary) to recognize and interpret facial expressions and body language, identify normal and abnormal patterns of movement, to read or set parameters on various equipment, to discriminate color changes, and to interpret and assess the environment.
2. Auditory ability (corrected as necessary) to recognize and respond to soft voices, auditory timers, equipment alarms, call bells, and to effectively use devices for measurement of blood pressure, breath sounds, etc.
3. Tactile ability to palpate a pulse and to detect changes or abnormalities of surface texture, skin temperature, body contour, muscle tone, and joint movement.
4. Sufficient position, movement and balance sensations to assist and safely guard (protect) clients who are ambulating, transferring or performing other activities.

Communication. The student must be able to utilize effective communication with peers, faculty, clients and their families, and other health care providers. This includes, but is not limited to:

1. Ability to read at a competency level that allows one to safely carry out the essential functions of an assignment (examples: handwritten chart data, printed policy and procedure manuals).
2. Ability to effectively interpret and process information.

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3. Ability to effectively communicate (verbally and in writing) with clients/families, health care professionals, and others within the community.
4. Ability to access information and to communicate and document effectively via computer.
5. Ability to recognize, interpret, and respond to nonverbal behavior of self and others.

Behavior. The student must be capable of exercising good judgment, developing empathic and therapeutic relationships with clients and others, and tolerating close and direct physical contact with a diverse population. This will include people of all ages, races, socioeconomic and ethnic backgrounds, as well as individuals with weight disorders, physical disfigurement and medical or mental health problems. This also includes, but is not limited to:

1. Ability to work with multiple clients/families and colleagues at the same time.
2. Ability to work with classmates, instructors, health care providers, clients, families and others under stressful conditions, including but not limited to providing care to medically or emotionally unstable individuals, situations requiring rapid adaptations, the provision of CPR, or other emergency interventions.
3. Ability to foster and maintain cooperative and collegial relationships with classmates, instructors, other health care providers, clients and their families.

Critical Thinking. The student must possess sufficient abilities in the areas of calculation, critical problem solving, reasoning, and judgment to be able to comprehend and process information within a reasonable time frame as determined by the faculty and the

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profession. The student must be able to prioritize, organize and attend to tasks and responsibilities efficiently. This includes, but is not limited to:

1. Ability to collect, interpret and analyze written, verbal and observed data about clients.
2. Ability to prioritize multiple tasks, integrate information and make decisions.
3. Ability to apply knowledge of the principles, indications, and contraindications for nursing interventions.
4. Ability to act safely and ethically in the college clinical lab and in clinical placements within the community.

# Healthcare Personnel Vaccination Recommendations

## VACCINES AND RECOMMENDATIONS IN BRIEF

**Hepatitis B** – If previously unvaccinated, give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give intramuscularly (IM). For HCP who perform tasks that may involve exposure to blood or body fluids, obtain anti-HBs serologic testing 1–2 months after dose #3.

**Influenza** – Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given IM, except when using the intradermal influenza vaccine. Live attenuated influenza vaccine (LAIV) is given intranasally.

**MMR** – For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give subcutaneously (Subcut).

**Varicella (chickenpox)** – For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart. Give Subcut.

**Tetanus, diphtheria, pertussis** – Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy (see below). Give Td boosters every 10 years thereafter. Give IM.

**Meningococcal** – Give both MenACWY and MenB to microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*. Every 5 years boost with MenACWY if risk continues. Give MenACWY and MenB IM; if necessary to use MPSV4, give Subcut.

*Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.*

## Hepatitis B

Unvaccinated healthcare personnel (HCP) and/or those who cannot document previous vaccination should receive a 3-dose series of hepatitis B vaccine at 0, 1, and 6 months. HCP who perform tasks that may involve exposure to blood or body fluids should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #3 to document immunity.

- If anti-HBs is at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the vaccinee is not protected from hepatitis B virus (HBV) infection, and should receive 3 additional doses of HepB vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later. A vaccinee whose anti-HBs remains less than 10 mIU/mL after 6 doses is considered a “non-responder.”

**For non-responders:** HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood or blood with unknown HBsAg status. It is also possible that non-responders are people who are HBsAg positive. HBsAg testing is recommended. HCP found to be HBsAg positive should be counseled and medically evaluated.

**For HCP with documentation of a complete 3-dose HepB vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood):** HCP who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. [See references 2 and 3 for details.](#)

## Influenza

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed patients (e.g., stem cell transplant recipients) when they require protective isolation.

## Measles, Mumps, Rubella (MMR)

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after

the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.

- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

## Varicella

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.

## Tetanus/Diphtheria/Pertussis (Td/Tdap)

All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP should be revaccinated during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.

## Meningococcal

Vaccination with MenACWY and MenB is recommended for microbiologists who are routinely exposed to isolates of *N. meningitidis*. The two vaccines may be given concomitantly but at different anatomic sites, if feasible.

## REFERENCES

- 1 CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, 2011; 60(RR-7).
- 2 CDC. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management. *MMWR*, 2013; 62(10):1–19.
- 3 IAC. Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing. Accessed at [www.immunize.org/catg.d/p2108.pdf](http://www.immunize.org/catg.d/p2108.pdf).

For additional specific ACIP recommendations, visit CDC's website at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html) or visit IAC's website at [www.immunize.org/acip](http://www.immunize.org/acip).

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Student Statement of Responsibility

I understand that I must submit a completed Health Assessment form prior to participation in any clinical experiences.

I am aware that if my health status should change in a way that would impact my ability to perform in the nursing program, I must notify the Director/Administrator of the program immediately. The need for additional clearance will be determined at that time.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date