Due to the specific expectations of the nursing profession and our clinical agencies, the following requirements must be met for enrollment in all nursing clinical courses:

1. **Nursing Skills Fair**: Mandatory attendance and satisfactory performance at each scheduled Nursing Skills Fair. For client care and safety, students must be able to perform basic skills such as vital signs, medication math, and nursing assessment.

2. **Uniform**: Approved complete Trinity purple uniform with short white lab jacket with trinity patch and Trinity name pin. White leather shoes- to protect feet against injury and contamination. Trinity photo ID badge. Plain wrist watch with second hand. Stethoscope. **Students are expected to follow the Nursing Student Handbook for attire and appearance. Failure to do so may result in dismissal from clinical and/or unsatisfactory in clinical.**

3. **Professional Behavior**: Students MUST conduct themselves with integrity and in a professional, respectful, and courteous manner at all times. **Attendance and promptness in clinical is expected.** Please carefully read the Trinity Student Handbook and the Nursing Student Handbook (posted on the NPH webpage).

4. **CPR Healthcare Provider**: Only Healthcare Provider CPR (BCLS) from the American Heart Association will be accepted. CPR from sources which do not provide the hands-on skills check-off will not be accepted. **You will not be allowed in the clinical setting if your CPR card is expired. Students who fail to provide a current CPR card will be unable to register for the next semester and/or risk being dropped from clinical courses.**

5. **Health Requirements**: All the following health requirements must be confirmed by a licensed health care provider. **The student must provide copies of all medical records to the nursing program for each of these requirements** (copies of original immunization records, titer lab results, chest x-ray report, etc.)

   a. **TB Screening:**
      1. **BCG**: For those students with a history of bacille Calmette–Guérin (BCG) injection: you must provide documentation of testing with either IGRA (CDC recommendation) or PPD.
      2. **Annual PPD**: negative PPD [TB skin test (TST)] done within the past year. **This must be renewed every year.**
      3. **Positive TB skin test:**
         a. **Stating “history of positive PPD” is insufficient.** You must provide a copy of the original medical document containing the actual measurement reading.
         b. A positive PPD requires either a negative chest x-ray every 2 years or a negative serum TB antibody screen (IRGA). A positive chest x-ray or antibody screen requires documentation of follow-up with a licensed provider and medical treatment as indicated.
         c. **Annual TB screening thereafter**: Negative TB symptom questionnaire performed with a licensed health care provider. Any manifestations of disease will require a chest x-ray and follow-up with a licensed provider and medical treatment as indicated.

   b. **MMR (Measles, mumps, rubella)**: 2 doses of MMR vaccine or positive antibody titer for each disease. History of the disease is not adequate.

   c. **Tetanus/Diphtheria, Pertussis (TDaP)**: Vaccination with TD (tetanus/diphtheria) must be within 10 years. Vaccination with Pertussis must be no earlier than 2005. Pertussis vaccination may be given separately (alone) if dosing with the TDaP is too early for TD booster.

   d. **Varicella (Chicken Pox)**: 2 injections of the Varicella vaccine or a positive Varicella antibody titer level. **History of the disease is not adequate.**

   e. **Polio**: Completed polio vaccination series or positive polio antibody titer. Documentation of 3 doses of either OPV or IPV is required for a completed series. Four doses are required for a completed series if the OPV and IPV are given as a combined treatment.

   f. **Hepatitis B**: Immunizations with 3 injections of the Hepatitis B vaccine or positive Hepatitis B antibody titer level and date drawn. **You must have the initiated the series and provide documentation of the first injection to attend clinical. The series should be completed within 6 months of the initial injection. Students who fail
to continue the series and/or complete the series will be unable to register for the next semester and/or risk being dropped from clinical courses.

g. **Seasonal Influenza vaccine (flu):** This is an annual requirement. You will not be allowed in the clinical setting if your flu vaccine is expired. **Students who fail to keep their flu vaccine current will be unable to register for the next semester and/or risk being dropped from clinical courses.** Be aware that flu vaccine production may be limited. Also be aware that composition of the flu vaccine may change each year. Therefore, hospitals may require immunization with the newest flu vaccine lot, requiring up-dating the flu vaccine before your last immunization has expired.

h. **Drug screen:** Completed upon entrance into the nursing program. **Be aware that all clinical agencies (hospitals, clinics, etc.) have the right to require an alcohol and/or drug screen on you at any time while you are in the clinical setting.**

i. **Physical Exam (PE):** You must be medically cleared to attend clinical. This is an annual requirement. **Students who fail to keep the PE current will be unable to register for the next semester and/or risk being dropped from clinical courses. Only the complete Trinity Physical Exam form will be accepted.**

6. **Criminal background check with fingerprinting:** upon entrance into the nursing program. Trinity requires you to complete this background check through www.certifiedbackground.com. **Please be aware that Trinity and the clinical agencies reserve the right to determine if it is appropriate for you to continue in clinical. Therefore, any serious findings on the background check may prevent a student from continuing in the nursing program. Any arrests occurring after acceptance and during enrollment must be immediately reported to the Associate Dean of the Nursing Program. Failure to promptly notify the Director may be grounds for dismissal from the program.**

7. **Proof of personal health insurance coverage:** students are required to maintain major health insurance coverage for the duration of enrollment in the nursing program.

8. **Magnus Cover Form:** For electronic safe-keeping, all records will be uploaded into the Magnus computer system. Log onto the www.certifiedbackground.com site and sign up for Magnus and upload your records yourself or submit them for scanning and uploading to the Administrative Assistant of the Nursing Program front office, Jemima Pierre. **You must provide a copy of the Magnus cover form to Ms. Pierre.**

I understand and accept all the above clinical requirements. I understand and accept that I am responsible for updating and maintaining all the above clinical requirements for the duration of my enrollment in the Trinity Nursing Program. I understand that, due to clinical facility requirements, I must update any requirements that expire during the semester prior by the published deadline. **I understand that, due to requirements from our clinical facilities, these guidelines are subject to change.** I understand and accept that Trinity and the clinical agencies reserve the right to determine if it is appropriate for me to continue in clinical.

I understand that once I have met the above requirements and submitted all documents, I must obtain an updated signed “Clinical Clearance” (permission letter) in a sealed, signed envelope, from Jemima Pierre, Nursing Program administrative. Ms. Pierre will provide me with a copy of the permission letter for my records. I must obtain an updated letter prior to registering for clinical courses each semester of my enrollment in the Trinity Nursing Program. **I understand that my advisor will not approve my registration for a clinical course until he/she receives my permission letter stating that all clinical requirements are current.**

I understand that because the Nursing Program must submit student health requirements to the clinical agencies weeks before the beginning of the semester, I must register for all clinical courses prior to the clinical course registration deadline. Exceptions to this clinical registration policy may occur only at the discretion of the Associate Dean of the Nursing Program in the event of unusual circumstances.

Student’s Name (Print): ________________________________________________________

Student’s Signature: _______________________________________________________ Date: __________