

# WESTERN CONNECTICUT STATE UNIVERSITY

## DEPARTMENT OF NURSING

### **SOPHOMORE NURSING STUDENT**

#### **Directions for students,**

The following items must be completed:

1. Create an Account on [www.CastleBranch.com](http://www.CastleBranch.com). It is on this site that you will upload all the information in this packet. Through this site you will also register for a background check and a future Drug Screening.
2. Keep a copy of all uploaded documentation for your records. Placement sites may request proof and you will be required to produce proof within 24 hours.
3. Included in your folder is a link to the Nursing Student handbook and form attesting to the fact that you have received and read the handbook. Your signed attestation letter must be uploaded to your CastleBranch account every August and January before the start of the new semester.
4. Between the end of December 2022 and mid January 2023, you will be instructed to register for a Drug Screening through your account at CastleBranch.com.

**YOU MUST HAVE REGISTERED FOR A BACKGROUND CHECK  
AND HAVE ALL HEALTH CLEARANCE FORMS COMPLETED AND UPLOADED TO  
[CastleBranch.com](http://CastleBranch.com)  
ON OR BEFORE  
JUNE 1, 2022**

Failure to Submit Forms and/or Register for a Background Check  
Will Result In Written Warning or Removal from Nursing Courses.

*Reviewed 11/13/21 JHL/EC*

**WESTERN CONNECTICUT STATE UNIVERSITY  
DEPARTMENT OF NURSING  
Clinical Credentialing Requirements**

Directions for **Sophomore** Nursing Students:

**The student is responsible for obtaining and uploading all the required documentation to their [CastleBranch.com](https://www.castlebranch.com) Account and keeping it current.**

**Inaccurate and/or incomplete documentation uploaded to the [CastleBranch.com](https://www.castlebranch.com) Account could impact the student's eligibility to participate in clinical.**

Below is a checklist of the documents to be uploaded to your [CastleBranch.com](https://www.castlebranch.com) Account.

Student Check List	Document
	Vaccine Records: Proof of titers Draws (i.e.: Lab Report.) T-Dap (valid for 10 years) MMR (2 vaccines) Varicella (X2 or proof of positive titer) Hepatitis B (series of three vaccinations). Physical cannot be more than two years old. An attestation from a health care provider will also work here. (Please review Technical Standards) PPD or Quantiferon Gold Test (placed annually) and COVID vaccination.
	Release Statement (page 3 of packet)
	Technical Standards (page 4 of packet)
	Completed TB and PPD health screening form (page 5 of packet)
	Completed Health Clearance (page 6 of packet)
	The Nursing Student handbook must be read, signed and uploaded (page 7 of packet)
	Proof of COVID Vaccination must be uploaded to <a href="https://www.castlebranch.com">CastleBranch.com</a> . If you received a vaccine that required two shots, both dates must be uploaded. The Department of Nursing will update the COVID requirement should Boosters become mandatory.
	CHA Test – print, complete and uploaded to <a href="https://www.castlebranch.com">CastleBranch</a> , making sure pages are in order.
	Current Healthcare Provider CPR Card (i.e.: American Heart Association or Red Cross) must be valid. Including: <b>ADULT, CHILD and INFANT, with DEFIBRILLATOR. Front of the card must be uploaded. If signature is needed on the back of the card, the Back of the card must be uploaded, as well.</b>
	Please note students will be also required to get a flu vaccination. The flu vaccination must be for the 2022-2023 season and it is usually available Fall 2022. <b>Check your WCSU email during <u>September</u></b> . Proof must be uploaded to <a href="https://www.castlebranch.com">CastleBranch.com</a> as soon as it's obtained.
	Towards the end of the Fall 2022 semester, between December 2022 – January 2023, you must register for a Drug Screening, through your account at <a href="https://www.castlebranch.com">CastleBranch.com</a> . Do not do it earlier, as it may not be valid through the end of Spring 2023 semester of clinical.
	<i>Proof of Current Comprehensive Health Insurance.</i> It does not need to be uploaded, however, if asked to show proof, student must show they are compliant.

It is the student's responsibility to keep health information up to date and to take action to renew requirements PRIOR to the expiration date on their [CastleBranch.com](https://www.castlebranch.com) account. Call/Email [CastleBranch](https://www.castlebranch.com) first if you have trouble. If you still have trouble, then check with Dr. Lupinacci, Dr. Campbell or Terri-Ann Tilquist by email.

The student may be issued a Classroom/Lab/Clinical warning if not compliant. The student may also be kept out of the clinical setting, class or removed from courses.

WESTERN CONNECTICUT STATE UNIVERSITY DEPARTMENT OF NURSING

**STATEMENT OF RELEASE**

Students who fail to provide documentation that they have met the above stated requirements **will not** be allowed in the clinical areas. A criminal background check is required prior to placement in a clinical assignment, direct cost to be incurred by the students. In certain circumstances, evidence of a criminal record may prevent a student from fulfilling clinical requirements and/or requirements for professional licensure.

Some agencies require more than one background check.

I acknowledge that I will be required to be drug tested. Multiple drug tests may be required by agencies. Evidence of positive toxicology screening may prevent me from fulfilling clinical requirements.

I acknowledge that I am required to have received the COVID-19 vaccine. I may be required to receive a COVID-19 Booster shot by certain clinical agencies/sites.  
I may be required to be fit tested by certain agencies.

I certify that I have complied with all health requirements and policies. I understand that by signing this document that I accept all responsibility for having met all contractual health requirements by the Department of Nursing, University, and agencies in which I may be assigned to do clinical.

***I certify that I have documentation of all the above and that I will produce such documentation at the request of the Nursing Department within 24 hours of such request.***

I understand that failure to meet and maintain clinical requirements will mean that I am not allowed into the clinical areas and I will not meet the program requirements.

I am aware that if during the course of the academic year(s) while participating in clinical experiences, **IF my health status should change in a way that would impact my ability to perform in clinical, I am required to notify the Nursing Department Chair and the Nursing Undergraduate Program Coordinator.** I acknowledge that I may need additional clearance which would be determined at that time.

**STUDENT PRINT NAME:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Western Connecticut State University

### Department of Nursing

#### **Technical Standards\*\***

In order to be successful in the Western CT State University Nursing program, students should be aware that the ability to meet the following technical standards is continuously assessed. Students in the nursing program need the ability and skills in the following domains:

- observational communication ability,
- motor ability,
- intellectual/conceptual ability,
- behavioral, interpersonal, and emotional ability.

Students must be able to perform independently, with or without accommodation, to meet the following technical standards:

#### **Observation/Communication Ability – Nursing students must be able to:**

- effectively communicate both verbally and non-verbally with patients, peers, faculty, and other healthcare professionals
- use senses of vision, touch, hearing, and smell in order to interpret data
- demonstrate abilities with speech, hearing, reading, writing, English language, and computer literacy

#### **Motor Ability – Nursing students must be able to:**

- display gross and fine motor skills, physical endurance, strength, and mobility to carry out nursing procedures
- possess physical and mental stamina to meet demands associated with excessive periods of standing, moving, physical exertion, and sitting
- perform and/or assist with procedures, treatments, administration of medications, operate medical equipment, and assist with patient care activities such as lifting, wheelchair guidance, and mobility

#### **Intellectual/Conceptual Ability – Nursing students must be able to:**

- problem solve, measure, calculate, reason, analyze, and synthesize data in order to make decisions, often in a time urgent environment
- incorporate new information from teachers, peers, and the nursing literature
- interpret data from electronic and other monitoring devices

#### **Behavioral, Interpersonal, and Emotional Ability – Nursing students must be able to:**

- tolerate physically taxing workloads and function effectively during stressful situations
- display flexibility and adaptability in the work environment
- function in cases of uncertainty that are inherent in clinical situations involving patients/clients
- possess the skills required for full utilization of the student's intellectual abilities
- exercise stable, sound judgment
- establish rapport and maintain sensitive, interpersonal relationships with others from a variety of social, emotional, cultural, and intellectual backgrounds
- accept and integrate constructive criticism given in the classroom and clinical setting

**I (student) attest that I have read, understood, and agree that I am able to carry out the above mentioned Technical Standards.**

**STUDENT PRINT NAME:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# WESTERN CONNECTICUT STATE UNIVERSITY

## HEALTH SERVICES: TUBERCULOSIS (TB) SCREENING FORM

Name (Please print): Last: \_\_\_\_\_ First: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

PLEASE CHECK "YES" OR "NO" FOR EACH QUESTION	YES	NO
1. Have you ever had a positive tuberculosis test? If so, did you have a chest x-ray? _____ Date: _____ Were you treated with medication? _____ How long? _____ Did you ever receive BCG? _____  Please provide proof of confirmed X-ray report, results, proof of treatment and MD clearance.		
2. Were you born in the United States? If not, what country were you born in? _____		
3. Have you traveled or lived outside of the U.S. for more than 3 Months? If so where? _____		
4. Are you taking steroids, chemotherapy, radiation or drugs that affect your Immune system?		
5. Do you have any medical condition(s) that affect the immune system?		
6. <b>WOMEN:</b> Is there any possibility that you are pregnant today?		
7. <b>Do you have any of the following symptoms:</b> Cough, Fever, chills; night sweats and /or weight loss longer than 2 weeks?		
8. Have you received any 'live' vaccines in the past 6 weeks, i.e. <i>MMR, Varivax, Zoster or FluMist</i> ?		

*I hereby acknowledge that I have received and read the information sheet entitled "Tuberculosis and the Tuberculin Skin Test: What you Should Know, and I have had the opportunity to ask questions about the testing procedure. I understand that if the results of my TB test are positive, that I will need to follow-up with a healthcare provider.*

**Patient signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mantoux Purified Protein Derivative (PPD) 5 test units (0.1 ml)**

Tuberculin Product (Circle One): TUBERSOL or APLISOL Lot Number: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_

PPD #1 Date Planted: \_\_\_/\_\_\_/\_\_\_

Site: LEFT or RIGHT forearm

Result: \_\_\_\_\_ mm

PPD #1 Date Read: \_\_\_/\_\_\_/\_\_\_

POSITIVE

NEGATIVE

Or QuantiFERon Gold Blood Test

Result: \_\_\_\_\_ Date: \_\_\_\_\_

This test must be done if you have received BCG.

**Healthcare Provider Sign:** \_\_\_\_\_

**Healthcare Provider Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**DISPOSITION:** \_\_\_\_\_

**Student Sign:** \_\_\_\_\_

**Student Print Name:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Western Connecticut State University  
Department of Nursing

**HEALTH PHYSICAL EXAM CLEARANCE TO PARTICIPATE IN CLINICAL SETTING:**

*(Needs to be completed by Healthcare Provider to show proof of updated physical)*

SOPHOMORE NURSING STUDENT: \_\_\_\_\_

*On the basis of my health assessment and physical examination, the above nursing student is free of communicable diseases and is cleared to participate in all clinical nursing activities without restrictions (please circle) Yes No*

*IF NO, please explain the nature of the restrictions/limitations related to the delivery of patient care:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Physical Examination: \_\_\_\_\_ (PHYSICAL IS GOOD FOR 2 YEARS ONLY)

Is The Student Allergic To Latex? Yes No

Today's Date: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_

Healthcare Provider Name/Title: \_\_\_\_\_

License Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

**Western Connecticut State University**  
**Department of Nursing**

This is an attestation that I have received and read the Nursing Student Handbook.

<https://www.wcsu.edu/nursing/wp-content/uploads/sites/77/2022/03/Nursing-Student-Handbook-5-2019-3-2022-1.pdf>

Please print your name clearly \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_