PRE-CLINICAL HEALTH AND SAFETY PACKET
Effective Spring 2014

ALLIED HEALTH
PROGRAMS
Information on Pre-Clinical Health and Safety Requirements
Dear Student:

Congratulations on your decision to pursue an allied health program at GateWay Community College. There are very specific requirements that students must meet in order to participate in clinical experiences. This health and safety packet outlines these requirements and provides a “Frequently Asked Question” section, instructions, and forms.

Please note the following clarification pertaining to the CPR card requirement:

All Health Science Programs require American Heart Association Healthcare Provider CPR certification. This certification includes training for Adult/Child/Infant CPR, choking, AED, and one- and two-man rescuer. Please be sure to verify with the trainer that the course you take satisfies these requirements.

Maricopa County Community College District has implemented new admission requirements pertaining to background checks for all Allied Health and Nursing programs within the district. This policy requires that students must show proof of an Arizona Department of Public Safety Level One Fingerprint Clearance Card and a passing score on MCCCD’s background check. The link below will take you to the district website that explains the policy in detail and provides an FAQ.

http://healthcare.maricopa.edu/

Please send your Health & Safety documents via email to: immunizations@gatewaycc.edu

If you have any questions, please do not hesitate to contact us. Our office is located in the Center for Health Careers Education, which is on the first floor just off the reception area. Office hours are Monday through Friday, 9:00 a.m. – 5:00 p.m.
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HEALTH AND SAFETY REQUIREMENTS

The health and safety requirements are in place to provide protection to both our students and the patients they will care for during clinical. The back of this packet contains all the forms necessary to complete these requirements. The requirements are listed below:

**Health**

- **Measles/ Mumps/ Rubella (MMR)** - Proof of immunity through serologic testing (positive titer) OR documentation of two (2) doses of MMR. If a titer shows negative or non-reactive you will be required to repeat the MMR series with two (2) additional immunizations and provide appropriate documentation.

- **Varicella** - Proof of immunity through serologic testing (positive titer) OR documentation of two (2) doses of Varicella. If a titer shows negative or non-reactive you will be required to repeat the Varicella series with two (2) additional immunizations and provide appropriate documentation.

- **Tetanus/ Diphtheria/ Pertussis (Tdap)** - Documentation of immunization with the past 10 years.

- **Tuberculosis** - Proof of disease-free state. All students must complete the Two-Step TB testing.
  - Initial Two-Step TB Testing AND annual TB skin tests (PPD) (See FAQ for explanation of this process)
  - OR
  - If there is documented proof of a prior positive TB test, then documentation of a chest x-ray within the past 2 years AND annual TB Symptom Questionnaire is required

- **Hepatitis B** - Proof of immunity by a positive titer OR documentation of three (3) immunizations OR signed declination

- **Physical** - Completion of the Healthcare Provider Form signed by a physician (M.D. or D.O., Nurse Practitioner, or Physician’s Assistant)

- **Seasonal Influenza** - Proof of vaccination for the current flu season. If allowed by the assigned clinical agency, a student may sign a declination. Some agencies do not accept a declination; in which case a student may not attend clinical at that agency

**Safety**

- **CPR Card** - Healthcare Provider CPR card issued by the American Heart Association. Courses that do not have a demonstration component will not be accepted. Examples would be cards received on the internet that do not have an in-person skills review.

- **Urine Drug Screen** - Random urine drug screens are conducted prior to a student attending clinical.

**Background Checks**

- **Level-One Fingerprint Clearance Card** - Issued by the Arizona Department of Public Safety.

- **Maricopa Community College District Supplemental Background Check** - Must be completed within the six (6) months prior to the start date of the program.
FREQUENTLY ASKED QUESTIONS

IMMUNIZATIONS

How long are my immunizations good for?
Most immunizations do not have an expiration date. Two exceptions are the Tetanus/Diphtheria/Pertussis immunization, which is required every 10 years, and the influenza vaccine that is required every season. The TB test, although not an immunization, is required annually.

What can I do if I can't find my immunization records for Measles, Mumps and Rubella (MMR) and Varicella?
You may have a blood test (titer) drawn to determine your immune status. If your result shows that you are immune, you can submit documentation of the results to meet the requirements. Otherwise any result showing negative, non-responsive, or equivocal will require additional immunizations.

I had chicken pox (Varicella) as a child, isn't that proof of immunity?
Unfortunately we cannot accept this as proof of immunity. If you did have chicken pox, you can have your healthcare provider request a Varicella IgG titer to determine if your body has immunity. If the titer is positive, that is proof of immunity and you will need to provide copies of the lab report. Negative or equivocal results will require additional immunizations.

What is a titer?
A titer is a blood test that indicates whether or not a person is immune to a specific disease. The lab runs tests on a blood sample to determine whether antibodies are present. If there are enough antibodies, then the person is assumed to be immune to the disease.

How do I know if my results show immunity?
The lab test summary will show one of three different results as outlined below:

1. Positive or Reactive - This indicates that there is immunity to the specific disease.
2. Equivocal - Indicates that the result is neither positive nor negative. GateWay Health Science and Nursing programs consider this a negative result, so additional immunizations will be required.
3. Negative or Non-Reactive - This result indicates that there is no immunity.

The only record I have of my immunizations is a childhood vaccination record. Will this satisfy the documentation requirements?
Yes. Provide a copy of the vaccination record with your health and safety checklist.

I had titers drawn and the results are not positive. What do I need to do to satisfy the requirements?
Negative or equivocal results will require that you repeat the series of immunizations. For example, if you are negative for one of the components of MMR; you will need to repeat the series and provide documentation for two (2) MMR vaccinations.

What do I need to do if my records are in my maiden name?
Be sure to indicate on the copy of the immunization record your current name and student ID number. We will verify the past name from your student records.

Can I sign a waiver for the Hepatitis B immunizations?
Yes you can. However, we encourage our students to receive the Hepatitis B immunizations. Hepatitis B is transmitted through blood and other body fluids. Healthcare workers are at risk if they come into contact with body fluids from a patient who has Hepatitis B. Hepatitis B affects the liver and becomes a chronic health condition.
I had the Hepatitis B series, but my titer comes back non-reactive. What do I do now?
We just require proof of immunization. If you don’t show immunity after having the series, it is best to follow the advice of your healthcare provider. It may be recommended to retake the series. Sometimes a person does not develop immunity to Hepatitis B and are classified as a non-responder.

Can I get copies of my healthcare records from Gateway?
No, we do not provide copies. It is the student’s responsibility to keep copies of their own records. Some facilities may require students to provide this information.

TB TESTING

What is Two-Step TB testing?
According to the Francis J. Curry National Tuberculosis Center website, “the two-step tuberculin skin test (TST) is designed to detect individuals with past tuberculosis (TB) infections who now have diminished skin test reactivity.” Two tests are used to create a baseline. The tests are spaced one to three weeks apart. The first test may be negative, but acts as a reminder to the body that it has been exposed to TB in the past. The second test may be positive, which would indicate that the person had a past infection. If both tests are negative and the person has a positive test in the future, the healthcare provider will know that it is a new infection and will treat it accordingly.

How do I get Two-Step Testing?
The Two-Step TB test involves four visits to your healthcare provider. These are outlined below:

1. First Visit – you will receive the TB shot. The healthcare provider will document this visit on a Two-Step TB testing form. Make an appointment for 2 – 3 days later for the second visit.

2. Second Visit – The healthcare provider will read (evaluate) the reaction (positive result) or lack of reaction (negative result) from the shot you received on the first visit. This will be documented on your form. Make an appointment 1 to 2 weeks later from the date of the first visit.

3. Third Visit – Repeat step one (second TB shot). The healthcare provider will again document on the Two-Step TB testing form. Make an appointment for 2 – 3 days later for the fourth visit.

4. Fourth Visit – The second TB shot will be evaluated and documented. This is the final test.

What happens if I miss one of the scheduled appointments for the Two-Step testing?
If you miss an appointment for the first or third visit, you will just need to reschedule. The second and fourth visits are required for your testing to be complete. If you miss a visit when the TB test was to be read, you will need to repeat the TB test. For example, if you miss the second visit, then you will need to start the process over again at step 1. Likewise, if the fourth visit is missed, you will need to start the process again at step 3.

What happens if any of my TB testing is positive?
We will require a chest x-ray report indicating that there are no active signs of disease, and an annual Tuberculosis Symptom Screening form. Students will need to submit a new chest x-ray report every three years.

I have TB testing done through my employer every year. Do I still need to complete Two-Step TB testing?
Yes, it is required of all students regardless of their employer requirements.

Are there annual TB test requirements?
Yes, after a Two-Step TB test is given, students must have an annual TB test.

When is the best time to have the TB testing done?
It is best to arrange your testing so that it falls in between semesters. This way you won’t have to update your testing in the middle of a semester when you may be busy with classes and clinical.
FINGERPRINT CLEARANCE CARDS, MCCCD BACKGROUND CHECK, CPR CARD AND URINE DRUG SCREENING

I have a DPS Fingerprint Clearance Card, but it doesn’t indicate Level-One, what do I need to do?
If your card was issued prior to July 2009, you will need to reapply for a new card. If you qualify for a Level-One card, it will have the designation on the front of the card. Those decisions are made by the Arizona Department of Public Safety’s Fingerprint Clearance Card office. The types of offenses are outlined by law and a link is provided on their website. Please keep in mind that if you have a criminal offense on your record, you may or may not be able to receive your licensure/credential from your professional association or state agency. Please verify their restrictions prior to starting your program.

Where do I get the MCCCD background check?
When students are admitted into an Allied Health program, they will receive a letter of conditional admittance. The letter will outline the steps required to complete the background check.

Are the fees for the Fingerprint Clearance Card and MCCCD background check included in my course fees?
No, the costs for both of these requirements are the responsibility of the student.

I took a CPR renewal class online. Is this an acceptable card?
No, the CPR requirements state that the course must include an in-person demonstration component.

What type of CPR card is required?
The Allied Health programs will only accept a Healthcare Provider Card issued by the American Heart Association.

When is the drug screening administered?
We conduct random urine drug screens. The drug tests will be given after a student is admitted into a program, but prior to attending clinical.

Are the costs for the drug screen included in my fees?
No, students are responsible for the costs of the drug screen. They may run in price from $30 to $60 depending on the type of screen required.

What type of substances do you test for?
We base our requirements on what the clinical agencies require of their employees. Generally, we test for illegal drugs, certain prescription medications, alcohol, and nicotine. Positive results for alcohol and nicotine do not preclude a student from clinical placement, but it may limit the clinical agencies a student may be placed with.

I have a prescription for and use medical marijuana. Will this affect my ability to pass the urine drug screen?
Yes. Urine drug screens are required of students prior to attending a clinical learning experience. Medical Marijuana, or its metabolites, are not an accepted substance in urine drug screens, which will result in a positive urine drug screen. Students with a prescription for medical marijuana would not be considered exempt from urine drug screening.
**FORMS**

**2-Step TB Form**
This form is used to document a 2-step TB test. Students may also use this form to document an annual (single) test.

**Tuberculosis Screening Questionnaire**
This form is only required if a student has had a positive TB test. This along with a Radiologists Report of a negative chest x-ray satisfies the TB requirement.

**Hepatitis B Declinations**
This form is provided for those students that who do not wish to have the Hepatitis B immunizations.

**Seasonal Influenza Declinations**
Some clinical facilities and programs have made the seasonal influenza immunization mandatory. Please see your Program Director or Health and Safety Coordinator for information regarding the requirements for your program or assigned clinical agency.

**Health and Safety Checklist**
This form is used to keep track of your requirements. Separate documentation must be provided for each requirement. Page 2 of the checklist is a form that your healthcare provider will complete to attest to your ability to physically and mentally participate in your educational program.
### TB Testing Documentation Form

**Student Name (Please Print):** ____________________________  **Date:** __________

**Student ID Number:** ____________________________  **Program:** ____________________________

### Instructions for Completing

**IMPORTANT:** The Allied Health and Nursing programs at GateWay Community College require 2-Step TB testing. This testing process consists of two (2) individual TB tests that are administered within a one to three week time period. TB testing that falls outside of this time frame will not be accepted. If a test indicates a positive read, a chest x-ray is required.

Please note that this form requires completion by a healthcare provider.

#### TB Skin Test - Step 1 of 2-Step

<table>
<thead>
<tr>
<th>Date Given</th>
<th>Date Read</th>
<th>Result</th>
<th>Size of Induration, if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HealthCare Provider Signature  Name of Clinic  Address  Phone

#### TB Skin Test - Step 2 of 2-Step

<table>
<thead>
<tr>
<th>Date Given</th>
<th>Date Read</th>
<th>Result</th>
<th>Size of Induration, if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HealthCare Provider Signature  Name of Clinic  Address  Phone

#### Annual TB Skin Test

<table>
<thead>
<tr>
<th>Date Given</th>
<th>Date Read</th>
<th>Result</th>
<th>Size of Induration, if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HealthCare Provider Signature  Name of Clinic  Address  Phone

#### Chest X-Ray (If Documented Positive TB Test)

<table>
<thead>
<tr>
<th>Date Given</th>
<th>Results</th>
<th>Attach a copy of the radiologic report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TUBERCULOSIS SCREENING QUESTIONNAIRE

(For Individuals with Positive TB Test Only)

__________________________________________  ______________________________
Student Name                                  Date

__________________________________________  ______________________________
Positive TB skin test (PPD) Date               Last Chest X-Ray Date

Please indicate if you are having any of the following problems for three to four weeks or longer:

1. Blood-Streaked Sputum   □ Yes □ No
2. Chronic Cough greater than 3 weeks □ Yes □ No
3. Fatigue/Tiredness       □ Yes □ No
4. Fever                   □ Yes □ No
5. Night Sweats            □ Yes □ No
6. Production of Sputum    □ Yes □ No
7. Shortness of Breath     □ Yes □ No
8. Unexplained Weight Loss □ Yes □ No

If “Yes” is marked on any of the above questions, then student must submit a negative chest x-ray and health care provider clearance prior to student appearance at clinical assignment.

The undersigned hereby verifies that the answers on this document are true to the best of his/her knowledge. The undersigned student hereby agrees to the release of this information to GateWay Community College’s Allied Health programs as part of a health screening process.

__________________________________________  ______________________________
Student Signature                                  Date
MARICOPA COMMUNITY COLLEGE DISTRICT
ALLIED HEALTH PROGRAMS

HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my exposure to blood or other potential infectious materials during the clinical portion of my allied health program, I may be at risk of acquiring Hepatitis B virus (HBV) infection. The health requirements for the allied health program in which I am enrolled, as described in the Student Handbook, include the Hepatitis B vaccination series as part of the admission requirements. I have been encouraged by the faculty to be vaccinated with Hepatitis B vaccine; however, I decline the Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. By signing this form, I agree to assume the risk of a potential exposure to Hepatitis B virus and hold the Maricopa Community College Allied Health Program as well as all health care facilities I attend as part of my clinical experiences harmless from liability in the event I contract the Hepatitis B virus.

__________________________________________  ________________________________
Printed Student Name                            Program

__________________________________________  ________________________________
Student Signature                               Date
# Health and Safety Checklist

**Student Name** (Please Print) ____________________________ **Date** ____________

**Email Address** ______________________________________ **Program** __________________

**Home Phone** ____________ **Cell Phone** ____________ **Student ID Number** ____________

**Important:** As outlined in the student handbook, many Allied Health students must provide documentation of compliance for the vaccinations and TB testing that are required to protect patient safety. Only students providing documentation of health and safety requirements will be allowed to progress in class and participate in clinical. The Allied Health Division does not retain copies of immunization records, CPR certification, or TB skin test results in student files. Students are responsible for maintaining their own records, including current CPR certification and proof of negative TB skin tests until completion of the program. All immunization records submitted must include your name, name and signature of the healthcare provider giving the immunization, and the date.

**Please Note:** This form is not a health record. It is for informational purposes only. You must submit separate documentation for proof of immunization or testing. Any record submitted on this form without proof will not be accepted.

<table>
<thead>
<tr>
<th>MMR Titer (Measles, Mumps, Rubella)</th>
<th>Immunization Dates</th>
<th>Titer Dates/Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MMR #1</td>
<td>MMR #2</td>
</tr>
<tr>
<td>Varicella Titer (Chicken Pox)</td>
<td>Immunization Dates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Varicella #1</td>
<td>Varicella #2</td>
</tr>
<tr>
<td>Tetanus, Diphtheria, and Pertussis (Tdap) Date</td>
<td>Tetanus/Diphtheria (TD) Date</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B - (3 doses of vaccination, positive titer, or declination)</td>
<td>HepB#1 Date</td>
<td>HepB#2 Date</td>
</tr>
<tr>
<td>TB testing</td>
<td>Step 1 Date Placed</td>
<td>Step 1 Date Read</td>
</tr>
<tr>
<td>Two-Step TB Skin Test</td>
<td>Chest X-Ray, (If positive PPD)</td>
<td>Date</td>
</tr>
<tr>
<td>Annual TB Skin Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Symptom Form Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza Vaccination Date</td>
<td>Influenza Declination Date</td>
<td>Influenza Declination Reason</td>
</tr>
<tr>
<td>Healthcare Provider Physical Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPS Level-One Fingerprint Clearance Card Expiration Date</td>
<td>MCCCD Background Check Clearance Date</td>
<td></td>
</tr>
<tr>
<td>Healthcare Provider CPR Card Expiration Date</td>
<td>(Only the American Heart Association card will be accepted)</td>
<td></td>
</tr>
</tbody>
</table>
Healthcare Provider Signature Form - A healthcare provider must complete the Healthcare Provider Physical Assessment form within 6 months of beginning a program that indicates that the student will be able to function as an allied health student. Healthcare providers who qualify to sign this declaration below include a licensed physician (M.D., D.O.), a nurse practitioner, or physician’s assistant.

It is essential that allied health students be able to perform a number of physical activities in the clinical portion of the program. Students who have a chronic illness or condition must be maintained on current treatment and the student must be able to perform the essential functions of the occupational program for which they are training. Examples of these activities could be lifting patients, repetitive hand motions, standing and/or sitting for several hours at a time or performing bending activities. The clinical allied health experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients’ lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

I believe the applicant □ WILL OR □ WILL NOT be able to function as an allied health student as described above.

If not, please explain ____________________________________________________________

__________________________________________________________


Print Name

__________________________

Signature

__________________________

Address

__________________________

City

__________________________

Phone

__________________________

Title

__________________________

Date

__________________________

Ste #

__________________________

State/Zip

__________________________

Fax