### SE WI Nursing Alliance and WI State-wide Health Requirements

#### for Students/Faculty Starting Clinical Rotations

This was developed by several Wisconsin Healthcare Alliances in order to bring continuity to the placement of students/faculty in clinical experiences throughout the state.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Requirement</th>
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| **Measles, Mumps & Rubella (MMR)** | - Two (2) doses of vaccines documented by a health care provider. Vaccines must be appropriately spaced and given according to CDC guidelines (on or after first birthday and must be at least 28 days apart). Wisconsin Immunization Registry (WIR) documentation is acceptable.  
  - If student is currently in the process of receiving the vaccine series (has received one dose of the vaccine prior to start), the second dose must be received within one month after starting the program. Doses must be at least 28 days apart.  
  - Documentation by a health care provider of serologic immunity (titer). |
| **Varicella**            | - Two (2) Varicella vaccination dates documented by a health care provider. Vaccines must be appropriately spaced and given according to CDC guidelines (after first birthday and must be at least 28 days apart).  
  - Positive Varicella titer that is documented by a health care provider. |
| Influenza Vaccination | Influenza vaccination is required prior to November 1st for fall session/semester, and prior to any winter/spring session/semester. Students in clinical placements between April 1st and September 30th are exempt from flu requirement. If a student identifies a “medical exemption”, documented validation by a MD or DO is required. Medical exemptions are granted for recognized contraindications:  
- Previous reaction to influenza vaccine (e.g., hives, difficulty breathing, swelling of tongue or lips).  
  - The above does not include sensitivity to the vaccine such as an upset stomach or mild to moderate local reactions such as soreness, redness, itching, or swelling at the injection site.  
  - The above does not include subsequent upper respiratory infection or low-grade or moderate fever following a prior dose of the vaccine.  
- History of Guillain-Barre Syndrome (GBS) within 6 weeks of a previous dose of an influenza vaccine. The student granted an influenza vaccine medical exemption is to follow facility-specific masking requirements during the influenza season (i.e., to wear a surgical mask whenever in patient care buildings, or whenever in patient care areas). |
| Tetanus, Diphtheria & Pertussis Vaccination (Tdap) | Documentation of one time dose of the Tdap vaccine and then Td every 10 years. |
| Hepatitis B Vaccination | Immunization Series or Post Vaccination Antibody Screen: This is a series of three vaccinations and post vaccination antibody screen. The vaccination series is voluntary, but is strongly recommended for all students entering a health career field. Students must provide one of the following:  
☐ Documentation by a health care provider of serologic immunity (a quantitative, numeric Hepatitis B antibody level with interpretation/scale that indicates immunity.) This testing must be dated at least one month after completion of the 3-dose vaccine series.  
OR  
☐ Documentation by a health care provider that the student is in the process of receiving the 3-dose Hepatitis B vaccination series, appropriately spaced per CDC guidelines.  
OR  
☐ A signed Hepatitis B Vaccine Declination form. |
| Tuberculosis (TB) Screening | Tuberculosis Screening is to take place within 90 days of starting the program (not the clinical placement) and annually thereafter. Screening may be done via Mantoux tuberculin skin test or Interferon Gamma Release Assay (i.e., Quantiferon Gold, T-spot).

- Initially, provide documentation of two Mantoux tuberculin skin tests (“two-step”) administered one (1) to three (3) weeks apart.
  - Students with a documented 0 mm induration Mantoux skin test within the past 12 months only need one additional skin test done within 90 days of starting the program.

- One Mantoux tuberculin skin test annually thereafter.

OR

- An IGRA (Interferon Gamma Release Assay) test within 90 days of starting the program (not the clinical placement) and annually thereafter.

| Post TB Skin Test Conversion – Chest X-ray | If a student has received a positive tuberculin skin test (TST) or IGRA result, the student must provide the following:

- Medical documentation of the positive TST or IGRA results.

AND

- Negative chest x-ray report dated post positive TB skin test or IGRA.

AND

- Complete annual TB symptoms survey / questionnaire.

If a student is positive for active TB disease, they must participate in an active treatment plan to be reviewed annually. The student will not be eligible to participate in clinical practicum until such time as his/her medical provider
<table>
<thead>
<tr>
<th><strong>Drug Screen</strong></th>
<th>Drug screens may be required by certain agencies.</th>
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<tbody>
<tr>
<td><strong>Physical Health Screening</strong></td>
<td>Physical exams may be required prior to start of the program by certain agencies. These exams may include documentation of: □ A health history. □ Physical examination by a physician, physician assistant or an advanced practice nurse prescriber. □ The student is free of clinically apparent communicable disease.</td>
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<td><strong>Cardiopulmonary Resuscitation / Basic Life Support (CPR/BLS)</strong></td>
<td>Current valid American Heart Association Healthcare Provider documentation required. Not needed if not in direct patient care.</td>
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<td>Medical Conditions / Injuries Requiring Student Restrictions</td>
<td>Students are not to report to a clinical setting if he/she is experiencing signs or symptoms of a communicable disease. Students are responsible to immediately notify their School/College designee of changes in their medical conditions or injuries prior to next scheduled clinical day. Students are also required to notify their school/college of any needed accommodations prior to or during their clinical rotations.</td>
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