

Hinds Community College Nursing and Allied Health Programs Clinical Record Packet



General Directions & Information

Beginning Summer 2018, CastleBranch will be utilized by Nursing/Allied Health students to intake students' clinical health records. CastleBranch provides colleges, universities and other education institutions nationwide a secure, web-based, environment to maintain all records required as part of the clinical records packet. Additionally, CastleBranch monitors and notifies students of any missing documents as well as notifying students reminders of when documents are set to expire. Students pay a small fee for this service, which is charged to students as part of healthcare professional fees. Students have access to all submitted documents through CastleBranch even when no longer enrolled in the college.

During orientation, students will be given information regarding the registration process for a CastleBranch account. After orientation, students will receive an email from CastleBranch regarding registration for a Castle Branch Account.

Using a login and password to access the CastleBranch student portal, students will be required to upload clinical requirement documents to the student's account by the program's designated due date. Failure to submit all documents required as part of the Clinical Record Packet by the due date will result in disruption in progression. Attendance guidelines will be enforced for any time missed due to lack of complete clinical requirements. For questions about program deadline dates or satisfactory completion of requirements, contact the appropriate program representative provided on the list on page 2 of this packet.

Uploading your documents is easiest by scanning and uploading. Scanning and uploading using your cell phone is very convenient using the CamScanner mobile app, which is available through the App Store on your phone. Newer iPhones have the ability to scan documents as PDF through the Notes App. Please do not take photos of the document and upload. CastleBranch has directions on how to upload documents.

Students may choose to go to any healthcare provider, clinic, etc.; however, the following healthcare agencies offer discounted pricing to Hinds Community College students for lab tests, immunizations, etc.:

- Jackson Hinds Comprehensive Health · 601-362-5321
- MedScreens, Inc. · 601-939-3030
- TrustCare Medical Express Clinics (various locations in the Jackson Metro Area)

All clinical requirements uploaded to CastleBranch must include a date that will be current for the entire semester. **Altered documents will not be accepted!**

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Clinical Record Requirements Check List

The following are requirements for all students entering nursing and allied health programs. Students are responsible for uploading all documents, with the exception of the Clinical Clearance Letter and the Drug Screen Results, to the student's account through the CastleBranch Portal.

Hinds' Nursing/Allied Health Requirements	Item Completed	Item Uploaded
Annual Requirements		
<p>Completed Health History Upon Admission & Annually Thereafter To be completed by the student, Page 6.</p>		
<p>Completed Physical Exam Form Upon Admission & Annually Thereafter To be completed by physician or certified nurse practitioner within three months prior to the published due date, i.e., if due on August 1, must have be completed no earlier than May 1st. All areas must be completed on the Hinds Community College approved form on page 7.</p>		
<p>TB skin test, chest x-ray (CXR) or IGRA, Upon Admission & Annually Thereafter A record of negative results from a TB skin test, CXR or IGRA (QuantiFeron Gold® or T-Spot) is required upon admission and annually thereafter. Note: A two-step TB skin test is required unless the student has received a TB skin test within the last year (must provide evidence of previous TB test, in order to not have to receive two-step skin test). 2nd step TB skin test is given 7-21 days after the 1st step. *TB SKIN TESTS MUST BE DONE PRIOR TO OTHER VACCINES**</p>		
<p>Flu Vaccine Annually between October 1 & November 1 Flu vaccines are required annually in the fall between Oct. 1 and Nov. 1; can be done earlier than October 1st, if CDC recommends. Students returning in the spring and summer semesters must show documentation of flu vaccine between Oct. 1 of the previous year and the beginning of the semester.</p> <ul style="list-style-type: none"> • Students have the right to request medical or religious exemption, but the agency may not allow exemptions and has the right to deny clinical experiences to the student, or may require the student to wear a mask for an entire clinical experience. • A Flu Declination Statement is available for download on CastleBranch, must be completed and uploaded along with appropriate documentation of a medical or religious exemption. 		
Biennial Requirements (Every 2 years)		
<p>CPR: Upon Admission and Every 2 Years Thereafter Proof of current American Heart Association BLS Provider Certification with a signed card. Both front and back of card must be uploaded. A BLS Provider eCard is also acceptable for uploading. Letters stating student has completed a BLS course and is awaiting a CPR Card will only be accepted from Hinds Community College's continuing education department and must be uploaded. Must not expire during the current semester</p>		
<p>Background Records Check: Upon Admission and Every 2 Years Thereafter All students must complete fingerprinting and criminal background check from the Nursing/Allied Health Center. Students who have any eliminating background record will not be allowed admission to any nursing or allied health program. Students may also be denied the ability to progress in a program of study based on eliminating background information. Students will receive information regarding signing up for fingerprinting during the call-in/orientation. For more information, review the procedure on the Nursing & Health Related Professions page of the College website: http://www.hindscc.edu/programs-of-study/nursing-and-health-related-programs/index#gsc.tab=0 . Clinical clearance letter will be uploaded to student account by the NAH Clinical Records Coordinator.</p>		

One-time Submissions Upon Admission		
*Tetanus, Diphtheria, & Pertussis Proof of immunization for all three (3) infections, Tetanus, Diphtheria, & Pertussis in the past ten years. TDaP is the acceptable immunization for all three.		
Varicella Titer or Copy of immunization record verifying proof of two Varicella immunizations. A positive IGG Varicella titer is required (if there is no proof of two Varicella immunizations) and must be completed by the program deadline. Vaccinations are required if the Varicella titer is negative. Note: There is a waiting period of at least thirty days between the two injections. There must be at least fourteen days between the last injection and the first day of clinical.		
MMR (2) Two MMR's or proof of a positive titer for each of the following: measles, mumps and rubella. If born before 1957, only 1 injection is required.		
Hepatitis B Immunization/Immunity A complete series* of three scheduled immunizations is strongly recommended for all programs. A positive Hepatitis B titer can be substituted for a complete series. Note: Students are required to upload of the following: a complete series and a positive titer, or a declination statement. The declination statement form is found on CastleBranch and must be completed and uploaded.		
OSHA/HIPAA Certificates Upon orientation/registration students will be given information by program director/chair regarding completion of OSHA/HIPAA modules. Upon completion students will upload completion certificates (9). These must be uploaded at one time. You will not be able to upload 1-2 certificates then come back later to upload more.		

Continuing Nursing and Allied Health Students' Clinical Requirements

Continuing Nursing and Allied Health students that will be utilizing CastleBranch will be required to register for a CastleBranch account, and upload documents to the student portal. See first page regarding CastleBranch registration instructions.

Continuing Nursing and Allied Health Students are required to complete the following **annually**, (due dates will be assigned by instructors). Students will not be allowed to participate in class, laboratory, or clinical until the annual requirements are completed:

1. A revised health history (Page 6)
2. A physical examination by a physician or certified nurse practitioner (Page 7)
3. Clinical Tests: A negative one-step TB Skin Test, chest X-ray (with negative results recorded) or negative IGRA (QuantiFeron Gold or T-Spot)
4. Flu vaccine annually in the fall semester (due November 1). Students returning in the spring and summer semesters must show documentation of flu vaccine between Oct. 1 of the previous year and the beginning of the semester. May be earlier than October 1st, upon CDC recommendations.

Biennial (every 2 years) Requirements:

Continuing and/or repeating nursing and allied health students are required to complete the following biennially or every 2 years. Students will not be allowed to participate in class, laboratory, or clinical until the biennial requirements are completed.

1. CPR certification must be updated PRIOR to the start of the semester in which it expires, i.e., if CPR expires March, 2019, it must be updated prior to the start of the Spring 2019 semester.
2. Background Check must be updated PRIOR to the semester in which it expires, i.e., if Background check expires Sept 20, 2018, it must be updated prior to the start of the Fall 2018 semester.

For Programs NOT Utilizing Castle Branch for Continuing Nursing and Allied Health Students

Continuing Nursing and Allied Health Students' Clinical Requirements

Continuing Nursing and Allied Health students in programs that will NOT be utilizing CastleBranch will turn in all required healthcare documents to the Clinical Records Clerk, Ms. Penny Bishop, in Student Services. Program representatives will provide students with more detailed instructions regarding when these documents are due, etc.

Continuing Nursing and Allied Health Students are required to complete the following **annually**, (due dates will be assigned by instructors). Students will not be allowed to participate in class, laboratory, or clinical until the annual requirements are completed:

1. A revised health history (Page 6)
2. A physical examination by a physician or certified nurse practitioner (Page 7)
3. Clinical Tests: A negative one-step TB Skin Test, chest X-ray (with negative results recorded) or negative IGRA (QuantiFeron Gold or T-Spot)
4. Flu vaccine annually in the fall semester (due November 1). Students returning in the spring and summer semesters must show documentation of flu vaccine between Oct. 1 of the previous year and the beginning of the semester. May be earlier than October 1st, upon CDC recommendations.

Facts to Remember about All Immunizations:

1. If a student is pregnant or breast feeding, immunizations may be deferred with written documentation from a physician.
2. If immunizations cannot be taken, such as for allergies, written documentation must be provided by a physician.
3. The clinical agencies may reserve the right to deny the student clinical experiences based on their policies pertaining to no. 1 and 2.
4. MMR and TB skin test can be initiated on the same day; however, the TB skin test **MUST** be administered first, or a 30 day waiting period is required between the two.
5. There is a waiting period of at least 30 days between the two Varicella injections. There must be at least 14 days between the last injection and the first clinical day.

Health History

Name of Student: _____
(Print) Last Middle
First

SS# or ID# _____ Date of Birth: _____
 Phone: _____ Cell Phone: _____
 Email: _____
 Current Address: _____ City _____ State/Zip _____
 Emergency Contact: _____ Phone: _____

1. Have you ever had or do you now have the following: (Please check at left of each item) If you check "Yes", please comment below about previous/current treatment.

- | Yes No | Yes No | Yes No |
|--|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> <input type="checkbox"/> Tooth or Gum Problems | <input type="checkbox"/> <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> <input type="checkbox"/> Diphtheria | <input type="checkbox"/> <input type="checkbox"/> Hay Fever | <input type="checkbox"/> <input type="checkbox"/> Digestive Disturbances |
| <input type="checkbox"/> <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> <input type="checkbox"/> Asthma | <input type="checkbox"/> <input type="checkbox"/> Hernia |
| <input type="checkbox"/> <input type="checkbox"/> Mumps or Measles | <input type="checkbox"/> <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> <input type="checkbox"/> Kidney or Bladder Problems |
| <input type="checkbox"/> <input type="checkbox"/> German Measles | <input type="checkbox"/> <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> <input type="checkbox"/> Swollen/Painful Joints | <input type="checkbox"/> <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> <input type="checkbox"/> History of Mental Disorders | <input type="checkbox"/> <input type="checkbox"/> Menstrual Disorders | <input type="checkbox"/> <input type="checkbox"/> Foot Problems |
| <input type="checkbox"/> <input type="checkbox"/> Epilepsy / Seizure Disorders | <input type="checkbox"/> <input type="checkbox"/> Chest Pain | <input type="checkbox"/> <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> <input type="checkbox"/> Frequent Severe Headaches | <input type="checkbox"/> <input type="checkbox"/> Heart Disease | <input type="checkbox"/> <input type="checkbox"/> Speech Difficulties |
| <input type="checkbox"/> <input type="checkbox"/> Eye Problems | <input type="checkbox"/> <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> <input type="checkbox"/> Hearing Difficulties |
| <input type="checkbox"/> <input type="checkbox"/> Glasses/Contact Lenses | <input type="checkbox"/> <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> <input type="checkbox"/> Skin Disorders |
| <input type="checkbox"/> <input type="checkbox"/> Ear/Nose/Throat Problems | <input type="checkbox"/> <input type="checkbox"/> Excessive Bleeding | <input type="checkbox"/> <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> <input type="checkbox"/> Jaundice | <input type="checkbox"/> <input type="checkbox"/> Excessive Weight Loss |

Comments: _____

2. Allergies (food, medication, latex, etc.) _____
 3. Current Medications: Name and Dosage (Attach a separate sheet listing all medications, if too many to list below)

4. Drug or Alcohol Rehabilitation: _____
 5. Surgical Operations: _____

 6. Accidents or Injuries: _____
 7. Other Health Problems: _____

I certify that I have reviewed the information recorded and that it is true and complete to the best of my knowledge.

Date: _____ Signed: _____

Hinds Community College
Nursing and Allied Health Programs
1750 Chadwick Drive
Jackson, MS 39204

Physical Exam Form

Student Name: _____ SS#/ID#: _____ Program: _____ Campus: _____

To be completed by a physician or certified nurse practitioner

Vital Signs:		B/P _____	PR _____	Height _____	Weight _____
General Appearance	Neck / Head	Peripheral Vascular			
Eyes	Chest	Musculoskeletal			
Visual Acuity	Lungs	Neurological			
Ears	Heart	Skin			
Auditory Acuity	Abdomen				
Nose/Throat	Nutritional Status				

Current Medications and/or Treatment (Attach a separate list if too many to list below)

Remarks / Special Recommendations _____

Physician's/Nurse Practitioner's (Please Print)

Name _____

Address _____

Phone Number _____

<p>In your opinion, is there any health problem or prescribed medication which would interfere with this individual's ability to pursue a program of study that requires classroom and clinical experiences, including physical activity? ___ No ___ Yes (Explain)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Signed</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Physician or Nurse Practitioner</p> <p>Date _____</p>
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