

Western MA Clinical Requirements for Nursing Students and Faculty Academic Year 2018 -2019

Western Massachusetts healthcare facilities and schools involved in the implementation of the Massachusetts Centralized Clinical Placement System have agreed to the following process for tracking student and faculty clinical requirements.

1. Schools are required to track the agreed upon Western MA Clinical Requirements for all nursing students and faculty. They are required to keep the information readily accessible. Note: It is the schools' choice if they decide to track using a database or paper files. The recommendation is to use a database.
2. Facilities will accept the agreed upon Standard Verification Letter instead of requiring individual student/faculty paperwork. The letter should be printed on school letter head, signed by an authorized administrator and include the name and number of the CCP contact. (see template)
3. After a clinical rotation has been scheduled, the standard verification letter must be received prior to the start of the rotation
4. The school will produce evidence of the clinical requirements at the facilities request within 24 hours for exposure or regulatory review.
5. It should be noted that in addition to the standard verification letter provided to facilities for specific clinical rotations, there may be requirements that schools must meet on an annual basis. For example, every year Trinity Health Of New England requires a physical copy of a school's Certificate of Insurance (COI).

These requirements will be reviewed on an annual basis and updated if required. Schools of Nursing should be updated no later than April regarding changes that will affect students in the upcoming academic year.

For additional information or proposed changes to the requirements, please contact Peta-Gaye Porter, Program Manager at the Regional Employment Board of Hampden County, Inc. at pporter@rebhc.org.

Western MA Clinical Requirements for Nursing Students & Faculty – Academic Year 2018-2019

All partner organizations agree to the following requirements for a period of one calendar year and to the best of their organizational abilities, will not propose any changes.

Requirement	Specific Information	Note for Schools
General Information		
Name	Last, First, Middle Initial	
School	Name of school & program	
Expected Graduation Date	Name of school & program	
Student's Current Health Insurance	Name of carrier & policy number	
School's Malpractice Insurance Carrier	Name of carrier	Note 1: A Certificate of Insurance will be provided to Trinity Health Of New England, Genesis Health, and Cooley Dickenson Hospital to indicate professional liability coverage each academic year.
Health History & Exam		
Physical Exam	Date of exam	<p>Must occur within one year prior to admission to nursing program.</p> <p>Note 1: Genesis corporate policy requires all clinical students follow new employee guidelines which states "periodic physical examinations should be performed and recorded at least every two years".</p> <p>Note 2: Baystate Health is not requiring physical exam documentation for continuing ed students, (if you already have your RN and you are returning to school to further your degree).</p>
Measles, Mumps, & Rubella	Date of Immunization	Evidence of 2 vaccines or a positive titer; if titer is equivocal or negative, must receive two vaccines <u>after</u> equivocal or negative titer.
Diphtheria/Tetanus/ Pertussis (Tdap)	Date of immunization (must be within 10 Years)	<p>Vaccine verified. Per MA Dept. of Public Health, one dose of Tdap required for all health science students.</p> <p>Note 1: Visit mass.gov for Dept. of Public Health Tdap requirements.</p> <p>Note 2: In some cases, physicians do not administer the appropriate vaccine. Should this happen, the student will be required to update to a Tdap prior to attending clinical practice.</p> <p>Note 3: Tdap can be administered regardless of interval.</p>
Varicella (Chicken Pox)	Date of Immunization	Evidence of 2 vaccines or a positive titer; if titer is equivocal or negative, must receive two vaccines <u>after</u> equivocal or negative titer.
Hepatitis B	Date of immunization	<p>Note 1: Vaccination, disease, immunity or declination signed.</p> <p>Note 2: If student is identified as a carrier then they must provide the school with documentation practice Standard Precautions.</p>

Requirement	Specific Information	Note for Schools
		<p>Note 3: Proof of 3 doses of immunization AND a titer demonstrating immunity. If a student cannot verify Hepatitis B vaccination but their titer is positive, they can sign a declination letter.</p> <p><u>NOTE: The CDC requires the healthcare worker to have proof of the three vaccines and a positive titer. OSHA allows the healthcare worker to decline the vaccine.</u></p>
Flu vaccination	Annual immunization or submission of a signed declination form (available on CCP website - West Region tab)	<p>Annual requirement</p> <p>Note 1: Students who refuse or are unable to receive vaccination must sign declination form.</p> <p>Note 2: Schools must indicate in their letter which students have declined flu vaccine and the reason.</p> <p>Note 3: If students cannot get vaccination due to availability, the student should sign the declination form and update health service once immunization is received. Declination should include the school they are attending and the matriculation as a nursing student.</p> <p>Note 4: Schools must provide updated student information to healthcare providers as soon as it is available, typically in November.</p> <p>Note 5: Trinity Health Of New England and Baystate Health require a mask in all facilities if student declines vaccine for any reason.</p> <p>Note 6: At Baystate Health, the student must present a document to EHS which confirms the vaccine was given as well as their school and that they are a nursing student in order to receive an identifier for their badge (i.e. a blue dot sticker).</p>
Urine Drug Screen Test	<p>Date verified</p> <p>Genesis, HMC and Baystate Health need negative drug screening listed</p>	<p>Annual Requirement for Genesis Health/Heritage Hall</p> <p>Note 1: Holyoke Medical Center, Trinity Health Of New England and Baystate Health requires a drug screen on file prior to the start of the clinical rotation. <i>This is not annual, just prior to and then test if there is a question of fitness for duty.</i></p> <p>Note 2: Health South requires drug testing and provides testing onsite.</p> <p>Note 3: A student who is on medical marijuana cannot participate in the educational programs at healthcare facilities. Students should be guided on their educational path that medical marijuana is not recognized under the Federal government regulations. If they intend to follow career path in jobs with Federal government drug testing, they should consider an alternative career path.</p> <p>Screening panel: [Amphetamine (AMP), Barbiturates (BAR), Benzodiazepines (BZO), Cocaine (COC), Marijuana (THC), Methamphetamine (MET), Methadone (MTD),</p>

Requirement	Specific Information	Note for Schools
		Opiates (OPI), Oxycodone (OXY), Phencyclidine (PCP), Ecstasy (MDMA)]
Tuberculin Skin Test (PPD)	Date of immunization Documentation of HgB	<p>Annual requirement</p> <p>Note 1: For freshman students or those new to healthcare Proof of 2 PPD (tuberculosis screen) OR an IGRA-test (T-spot or QuantiFERON Gold test) within 1 year (if history of a positive TB, report of negative chest x-ray done within past 12 months required)</p> <p>Note 2: Affiliating students will then have an annual requirement to provide documentation of a negative TB test (IGRA or skin test) within the previous 12 months <u>Unless....</u></p> <ol style="list-style-type: none"> 1. There is a history of a previously positive TB test. (then is an annual CXR due) <p><u>Exceptions</u></p> <ol style="list-style-type: none"> 1. There has been a break in rotations at Baystate Health during the year where the student went to a high risk facility (where biannual testing is required) or a homeless shelter. 2. Travel to an endemic area out of the country. <p><i>If every 1 or 2 of the above have occurred then another TB test is required prior to returning to Baystate Health.</i></p>
CPR certification by the American Heart Association	Expiration Date	American Red Cross is no longer acceptable
Criminal Background Check <ul style="list-style-type: none"> • (CORI/SORI) • Sanction Screening <ul style="list-style-type: none"> ○ CMS: Medicaid/Medicare Fraud https://exclusions.oig.hhs.gov/ 	Date Sent Date Verified	<p>Annual requirement Specify type of background check performed annually (i.e., national, state or county)</p> <ul style="list-style-type: none"> • Sanction screening to ensure that the student has not been disqualified or excluded from participation in any Federal or State funded program, such as Medicare or Medicaid. • Office of Inspector General – US Department of Health and Human Services: OIG has the authority to exclude individuals and entities from Federally funded health care programs pursuant to section 1128 of the Social Security Act (Act) (and from Medicare and State health care programs under section 1156 of the Act) and maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals/Entities (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP).
Nurse Aide Registry	Date verified	Long term Care requirement. Check must be completed.
Alzheimer's and Dementia Training	Date Completed	The Department of Public Health require that all individuals who interact with patients in long-term care for an extended period of time complete an 8 hour

Requirement	Specific Information	Note for Schools
		Alzheimer's and dementia training and a follow-up 4-hour training annually.
CCP Clinical Orientation	Date completed	Annual requirement Note: Facilities do not want the facility transcript. Schools should collect and maintain them.
Facility-Specific Clinical Orientation	Date completed	Annual requirement Note: Facilities do not want the CCP tickets. Schools should collect and maintain them.
N95 mask	Signed waiver	If schools are not providing annual N95 mask fitting then, Students' will sign a waiver indicating that they not be assigned or go into those rooms and/or work with patients requiring a N95 mask to provide care. It is the students' responsibility to inform the preceptor that they have signed a waiver. If it becomes imperative that the student needs to have a respirator fit test, this can be performed at Employee Health.

SCHOOL LETTERHEAD**CURRENT DATE****FACILITY CONTACT****FACILITY ADDRESS**

Dear **FACILITY CONTACT**,

FACULTY NAME will be returning as the clinical nursing instructor for the **TYPE OF STUDENT** doing their clinical rotation in the **SEMESTER DATE**. This rotation begins on **DATE** and ends on **DATE**. **FACULTY** has provided the following:

- Documentation of current immunizations (**MMR, Tdap, Varicella, Hep. B**), negative TB testing and physical exam
- Current CPR card
- Current RN license
- CORI/SORI checked by the College
- Sanctioned Screening
- Proof of health insurance
- Documented completion of all required CCP on-line orientation and facility-specific orientation requirement.
- Reference to Drug Testing completion and negative results
- Verification in MA Nurses Aid Registry
- Flu verification or declination form

Students and faculty who will be coming to **FACILITY NAME** have met the health requirements and have updated medical records on file in the **NAME OF DEPARTMENT** at **SCHOOL NAME**, which contain the following:

- Documentation of current immunizations (**MMR, Tdap, Varicella, Hep. B**), negative TB testing and physical exam
- Current CPR card
- Current RN license
- CORI/SORI checked by the College
- Sanctioned Screening
- Proof of health insurance
- Documented completion of all required CCP on-line orientation and facility-specific orientation requirement.
- Reference to Drug Testing completion and negative results
- Verification in MA Nurses Aid Registry
- Flu verification or declination form

NAME OF SCHOOL maintains a current Certificate of Insurance (COI) for both students and faculty.

First Session- DATE	Second Session-DATE
1. STUDENT NAME	1. STUDENT NAME
2. STUDENT NAME	2. STUDENT NAME

As always, thank you for allowing us to utilize your facility for this experience. If there are questions, please call or email **NAME OF NURSING PLACEMENT COORDINATOR AND CONTACT INFORMATION**.

Sincerely,

SCHOOL ADMINISTRATOR – DEAN OR DIRECTOR

DIRECT CONTACT INFORMATION