

Western MA Clinical Requirements for Nursing Students and Faculty Academic Year 2020 -2021

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 is scheduled, the standard verification letter must sent to the healthcare organization from the academic institutions prior to the start of the rotation.
 - a. ~~Schools of Nursing will be charged a \$25.00 verification fee if an attestation letter or flu declination form is not submitted to Trinity Health Of New England-MMC if that particular record is pulled for verification~~
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 will updated no later than April regarding changes that will affect students in the upcoming academic year. Whenever extenuating circumstances arises after the notification deadline passes, the Schools of Nursing will be notified with ample time to meet new requirements.

For additional information or proposed changes to the requirements, please contact Peta-Gaye Porter, Program Manager at the MassHire Hampden County Workforce Board at pporter@masshirehcb.com.

Western MA Clinical Requirements for Nursing Students & Faculty – Academic Year 2020 - 2021

All partner organizations agree to the following requirements for a period of one academic 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		
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 Dickinson 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 the 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 they already have their RN licenses and they are returning to school to further their degree).</p>
Measles, Mumps, & Rubella	Date of Immunization	<p>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.</p> <p>Note 1: If a student tests lower than the acceptable levels, it will be the responsibility of the school/university to ensure a minimum of one dose of the MMR Vaccine is given to a student before the student will be allowed to begin his/her clinical rotations. Further, this is a conditional clearance with the responsibility of the college to attest that within the 28 day window a second dosage of the MMR Vaccine is administered. Once that is completed, with all other requirements in proper order and completion, the student will then be fully cleared.</p> <p>Note 2: Baystate Health Policy does NOT require an additional titer to be drawn in line with CDC guidelines to verify levels.</p>

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	<p>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.</p>
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 and practice Standard Precautions.</p> <p>Note 3: Proof of 3 doses of immunization or two dose Heplisav-B (HepB-CpG) vaccine AND a titer demonstrating immunity</p> <p>Note 4: If a student cannot verify Hepatitis B vaccination but their titer is positive, <u>they can sign a declination letter.</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.</p> <p>Note 5: Schools must maintain record of documentation and submit the completed flu documentation form for students by October 26, 2020.</p> <p>Note 6: Trinity Health Of New England-Mercy Medical Center and Baystate Health require a mask in all facilities if student declines vaccine for any reason. At Cooley Dickinson Hospital students may only decline a flu vaccine if they complete a religious exemption form or medical exemption form (<i>this is a Mass General Brigham specific form</i>). If refusing the vaccine for one of those two reasons, students must wear a surgical mask in all facilities.</p>

		<p>Note 7: 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	Date verified Genesis, MMC and Encompass Health need negative drug screening listed	<p>Note 1: <u>Genesis Health-Heritage Hall and Mercy Medical Center</u> require 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> <ol style="list-style-type: none"> I. Encompass Health requires drug testing and provides testing onsite. <p>Screening panel: [Amphetamine (AMP), Barbiturates (BAR), Benzodiazepines (BZO), Cocaine (COC), Marijuana (THC), Methamphetamine (MET), Methadone (MTD), Opiates (OPI), Oxycodone (OXY), Phencyclidine (PCP), Ecstasy (MDMA)]</p> <p>Note 2: <u>Baystate Health, Cooley Dickinson Hospital and Holyoke Medical Center do not test for marijuana.</u></p> <ol style="list-style-type: none"> I. Per Baystate Policy, Marijuana use that is in compliance with state law “during non-work and non-call hours, off Baystate Health property, and while not representing or performing duties for Baystate” is not prohibited. However please be aware, and notify your students as necessary, that any student working impaired from any substance will, at a minimum, be removed from patient care and the school will be notified.
Tuberculin Skin Test (PPD)	Date of immunization	<p>Annual requirement</p> <p>Note 1: For freshman students or those new to healthcare Proof of PPD 2 step testing (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. They have to answer a questionnaire every year (to inform whether or not they are experiencing symptoms and a CXR every 5 years. <p><u>Exceptions</u></p> <ol style="list-style-type: none"> 1. There has been a break in rotations during the year where the student went to a high risk facility or a homeless shelter (where biannual testing is required). 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 or Trinity Health Of New England--Mercy Medical Center.</i></p> <p>3. There has been a break in rotation at Trinity Health Of New England--Mercy Medical Center where the student went to a high risk facility or a homeless shelter (where biannual testing is required), then repeat [<i>Proof of 2 PPD2 step testing (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)</i>]</p>
COVID-19		<p>Note 1: COVID-19 information was added to Module 3 (the infection and control module) of the CCP centralized modules</p> <p>Note 2: Universal Mask & Eye Protection Policy at Baystate Health, Cooley Dickinson Hospital, Genesis Centers and Trinity Health Of New England-MMC. Students/faculty should wear a mask to the HCO organizations and the HCO will provide the student/faculty with a disposable mask once they are onsite.</p> <p>Note 3: At MMC NP students need to be fit tested (when rotating in a dept. that needs it). The fit tests can be done at MMC using one of the following: N95 8210, 1860 and federal stockpile N95 8000 for the cost of \$95. Genesis Centers will not fit test students nor provide N95 respirators for students. CDH will fit test internship/preceptorship students in the Intensive Care Unit and VNA students ONLY for 3M 1860s and/or Halyard (formally Kimberley Clark) duckbill masks prior to student arrival. PPE will be distributed to students by clinical sites, according to current clinical guidelines.</p> <p>Note 4: Required bi-weekly testing for all nursing students in LTC</p>
CPR certification by the American Heart Association	Expiration Date	<p>American Red Cross is no longer acceptable</p> <p>Note 1: For re-certification, BH will permit AHA online courses to start but require completion of the final step of validation (in person) prior to 12/31/20. For initial certifications, BH is still requiring the full course. BH AHA center is expanding capacity and can work with schools to schedule classes.</p> <p>Note 2: CDH accept only AHA certification. There are two options for this:</p> <ol style="list-style-type: none"> a. Take a live certification (or recertification) course b. Complete AHA BLS HeartCode online AND complete a skills check (the skills check portion is live).

		Note 3: CDH and HMC do accept only the online portion as it does not allow for demonstration of skills.
<p>Criminal Background Check</p> <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/ 	<p>Date Sent</p> <p>Date Verified</p>	<p>Annual requirement</p> <p>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 Alzheimer’s and dementia training with interactive component and a follow-up 4-hour training annually.
CCP Clinical Orientation	Date completed	<p>Annual requirement</p> <p>Note 1: Facilities do not want the facility transcript. Schools should collect and maintain them.</p>
Facility-Specific Clinical Orientation	Date completed	<p>Annual requirement</p> <p>Note: Facilities do not want the CCP tickets. Schools should collect and maintain them.</p>
N95 mask	Signed waiver	<p>If schools are not providing annual N95 mask fitting then, Students’ will sign a waiver indicating that they will 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.</p> <p>If it becomes imperative that the student needs to have a respirator fit test, this can be performed at Employee Health.</p> <p>Note 1: Students at BH and CDH are not permitted to enter airborne isolation rooms and will not be fit tested. CDH will fit test internship/preceptorship students in the Intensive Care Unit and VNA students ONLY for 3M 1860s and/or Halyard (formally Kimberley Clark) duckbill masks</p>

		<p>prior to student arrival. PPE will be distributed to students by clinical sites, according to current clinical guidelines.</p> <p>Note 2: At MMC NP students need to be fit tested (when rotating in a dept. that needs it). The fit tests can be done at MMC using one of the following: N95 8210, 1860 and federal stockpile N95 8000 for the cost of \$95. Genesis Centers will not fit test students nor provide N95 respirators for students.</p>
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STANDARD VERIFICATION LETTER TEMPLATE

SCHOOL LETTERHEAD

CURRENT DATE

FACILITY CONTACT (NAME, EMAIL & TELEPHONE NUMBER)

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 with or without exemptions as long as the organization allows an exemption
- Documentation of 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 with or without exemptions as long as the organization allows an exemption
- Verification in MA Nurses Aid Registry
- N95 mask waiver (need proper wording)

Students 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 with or without exemptions as long as the organization allows an exemption
- Documentation of physical exam
- Current CPR card
- Current RN license (if applicable)
- 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 with or without exemptions as long as the organization allows an exemption
- Verification in MA Nurses Aid Registry
- N95 mask waiver (need proper wording)

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, or request for documents please call or email NAME OF NURSING PLACEMENT COORDINATOR AND CONTACT INFORMATION.

Sincerely,

SCHOOL ADMINISTRATOR – DEAN OR DIRECTOR
DIRECT CONTACT INFORMATION