

Clinical Placements Northwest Student/Faculty Clinical Passport Requirements

Student / Faculty Name: Last, First, M.I. _____

College: _____

Program: _____

These requirements are in place for the health and safety of students, faculty and their patients.

By contract with your academic institution, all students and faculty participating in learning experiences at this healthcare site must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met **prior** to participation in patient care/clinical experience. Records will be kept at the academic institution and random review by the clinical affiliates will occur on a regular basis. *Documentation must meet requirements at all times.* Required immunizations must include mm/dd/yyyy if available.

SUBMITTED ONCE

TUBERCULIN STATUS

- Documentation of an initial 2-step TST is required AND documentation of an initial 2-step was completed
- If no records of previous positive TB tests or more than 12 months since last TST then 2-step TST **OR**
- Negative TB IGRA test within 12 months **OR**
- If negative TST within 12 months → 1-step TST
- If newly positive TST or TB IGRA → F/U healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and need to complete health questionnaire
- If history of positive TST → provide documentation of TST reading, provide proof of chest X-ray documenting absence of M. TB, medical treatment and negative symptom check
- If history of BCG vaccine → TST Skin Testing as above or TB IGRA. If negative → OK; if positive → follow-up as above

HEPATITIS B

- Documentation of Series of 3 vaccines completed at appropriate time intervals and post vaccination titer at 6-8 weeks after series completion. If negative titer, then repeat series (consisting of doses #4—#6) and repeat titer 6-8 weeks after #6 dose. **OR** obtain challenge dose #4 and re-titer after 6-8 weeks **OR**
- Provide documentation of positive titer (anti-HBs or HepB Sab) **OR**
- Signed declination for students/faculty who decline vaccination
Specific healthcare institutions may require vaccination without exception (i.e., no declination)

MMR (Measles, Mumps, Rubella)

- Proof of vaccination (2 doses at appropriate intervals) **OR**
- Proof of Measles immunity by titer **and**
- Proof of Mumps immunity by titer **and**
- Proof of Rubella immunity by titer

VARICELLA

- Proof of vaccination (2 doses administered at least 4 weeks apart) **OR**
- Proof of immunity by titer

TETANUS, DIPHTHERIA, PERTUSIS (Tdap)

- Tdap **required** once
- Td required every 10 years after Tdap

CPR

- American Heart Association (AHA) BLS Provider Card or Military Training Network (MTN) Provider Card only

AUTHORIZATION FOR RELEASE OF RECORD

- Kept on file by education institution

REQUIRED EDUCATION

- EACH HEALTHCARE INSTITUTION WILL COMMUNICATE TO FACULTY AND STUDENTS ANY REQUIRED EDUCATIONAL CONTENT TO BE COMPLETED PRIOR TO PARTICIPATION IN PATIENT CARE.

SUBMITTED EVERY YEAR

TUBERCULIN STATUS

- Annual TST **OR**
- Annual TB IGRA test
- If newly positive TST/IGRA results → F/U with healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and may need to complete health questionnaire.
- Previously documented positive TST results and prior negative chest X-ray results. Complete Annual Symptom Check Form. If any “yes” responses → /F/U with healthcare provider.

INFLUENZA

- Proof of seasonal vaccination(s) **OR**
- Signed declination for student/faculty who decline vaccination
Specific healthcare institutions may require vaccination without exception (i.e., no declination) <http://flushot.healthmap.org/>

BACKGROUND CHECKS

- National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/re-admission and re-entry/hire to program to include all counties of residence & all Washington State counties per RCW 43.43.830 and OIG and GSA screens. Exclude provider search on:
 - * OIG <http://exclusions.oig.hhs.gov/> (conducted monthly by CPNW)
 - * GSA <http://www.sam.gov> (conducted monthly by CPNW)
- Washington State Patrol Background Check (WATCH annually thereafter)
- Disclosure Statement (annual) and kept on file by education institution

LICENSE (If individual is licensed as any healthcare provider [RN, LPN, NAC, etc.] and in what specific State)

- Current
- Unencumbered

INSURANCE

- Professional Liability \$1,000,000/3,000,000 policy (This may be coverage via the school or individual)

ADDITIONAL REQUIREMENTS (if applicable)

Some healthcare settings may have additional requirements, such as the following:

- Vehicle Insurance (for access to VA & Military Facilities)
- Personal Health Insurance
- Drug Screen
- Hepatitis A Vaccine
- Current First Aid Card
- Proof of U.S. Citizenship
- Color Vision Test
- Food Handlers License

Students and Faculty will be informed prior to clinical experience if optional or additional requirements need to be met.

