

MS in Nursing (MSN) Compliance Policy, Procedure, and Forms: Fall 2019

Students in the MS in Nursing (MSN) program at CSUSB must meet all legal, health, insurance, and competency compliance requirements of the Department of Nursing. Students must also be prepared to meet any additional compliance requirements of clinical agencies in which they are placed for clinical practicums.

Compliance Requirements:

Legal and health compliance requirements fall into the following general categories:

- Current RN licensure
- Valid Social Security (SS) card
- Criminal background check, done once at the beginning of the MSN program, repeated after a break in enrollment (e.g., leave of absence, military obligation)
- Drug screen, done once at the beginning of the MSN program, repeated after a break in enrollment (e.g., leave of absence, military obligation)
- Valid driver's license
- Health requirements, including physical exam with verification of fitness for "Essential Duties to Meet Clinical Requirements" as well as titers/boosters to verify immunity status, influenza vaccination, and TB skin test
- Proof of Insurance: Health, automobile
- Competencies: CPR, HIPAA Compliance, Universal Precautions/Blood-borne Pathogens, Mandatory Reporting Procedures

Please note: Compliance requirements are subject to change.

Compliance Documentation Process and Deadlines:

The Department of Nursing uses the services of CastleBranch Tracker, a proprietary online product, to house students' compliance documentation, maintain privacy of documents, and track ongoing compliance with requirements. All MSN students must create a personal account with CastleBranch so the Tracker feature can be used. Information on how to create the account will be distributed for new users. Documents verifying compliance are uploaded to one's personal CastleBranch account.

MSN students' criminal background check and drug screen are done through several possible vendors.

- Students who reside in the Coachella Valley and expect to have their clinical practicums in Coachella Valley agencies will work through HireRight.com for their criminal background check and through Forensic Drug Testing Services for their drug screens.
- Students who reside outside the Coachella Valley and expect to have their clinical practicums in agencies outside the Coachella Valley will work through CastleBranch for both their criminal background check and their drug screen.

The deadlines for submission of documentation of compliance are attached.

The student is responsible for updating all compliance requirements in advance of any deadlines and for submitting documentation of updates to prior to any and all expiration dates.

Any student who is found to have submitted false compliance information will be immediately dismissed from the CSUSB Master of Science in Nursing program.

All documents submitted to the Department of Nursing become the property of the Department and will not be provided to anyone, including the student. This ensures protection of your private information. It is the student's responsibility to retain copies of all documentation submitted. The Department of Nursing will NOT make copies of any documents submitted and will NOT provide in any other way copies of records or any other information submitted and/or required.

Additional Information on Selected Compliance Requirements:

If a student is employed at a health care agency such as a hospital, reports of titers done for the employer will be acceptable if done within the past 10-12 months. Exceptions to this will be made if a student is placed in a clinical agency that requires more recent titers.

If titers prove immunity (are positive), then no immunizations are required. If titers are negative, then follow-up (e.g., boosters) will be required according to policy related to the specific immunization.

The required CPR course MUST BE American Heart Association (AHA) HealthCare Provider (2-year certification).

CSUSB nursing students are covered by the CSUSB Student Professional Liability Insurance Program while enrolled and engaged in for-credit internships with CSUSB partners.

For any questions, please contact the Graduate Coordinator, Dr. Cheryl Brandt (contact information below).

Thank you for your cooperation.

Cheryl L. Brandt, PhD, RN, ACNS-BC, CNE
Graduate Coordinator
909.537.7238 cheryl.brandt@csusb.edu

Required Compliance Items

- **Current state driver's license or state issued identification card**
- **Valid Social Security Card**
- **Background Check and Drug Screen – Read information carefully on attached form.**
 - Students placed in clinical agencies outside the Coachella Valley (e.g., Inland Empire) will use CastleBranch for Background Check and Drug Screen.
 - Students placed in clinical agencies in the Coachella Valley will use Hire Right and Forensic drug screen
 - Additional Background and Drug Screen may be required by clinical agency throughout program.
- **HIPAA Certification** – Watch HIPAA video during orientation/clinical class, fill out form and submit to faculty
- **Universal Precautions and Blood Borne Pathogens** - Watch BBP video during orientation/clinical class, fill out form and submit to faculty
- **Mandatory Reporter** - Read material at the web link provided, fill out form and submit to faculty
- **Handbook Acknowledgement Form**
- **Proof of Transportation** - Copy of document demonstrating current auto insurance policy
- **Proof of Current Health Insurance Coverage** - Copy of current/valid health insurance card
- **Measles, Mumps & Rubella (MMR)*** - Positive antibody titers for all 3 components (lab report required). If you report an equivocal or negative titer, you MUST receive two doses of MMR, 4-6 weeks apart. No follow up titer is needed. *(see NOTE below)
- **Varicella (Chicken Pox)*** - Positive antibody titer (lab report required) for Varicella. IgG results must be reported. If you report an equivocal or negative titer, you MUST receive two doses of Varicella, 4-6 weeks apart. No follow up titer is needed. *(see NOTE below)
- **Hepatitis B*** - Positive antibody titers for all 3 components (lab report required); OR a signed declination waiver. *(see NOTE below)
- **TB Skin Test** - One of the following is required: a 2 step TB Skin Test (1-3 weeks apart); OR 2 consecutive annual TB Skin Tests (no more than 12 months between tests AND at least one being within the last 12 months); OR TB blood test (QuantiFERON Gold Test or T-spot with lab report). If the results are positive, a clear Chest X-Ray (with lab report) PLUS documentation from your healthcare provider that you are free of TB symptoms using CSUSB form.

- **Tetanus, Diphtheria & Pertussis (Tdap):** documentation of a Tdap booster within the past 10 years OR one Tdap at any point and Td booster within the past 10 years.
- **Influenza** - Documentation of a flu shot administered during the current flu season.
- **CPR Certification**
 - Must be the American Heart Association Healthcare Provider course.
 - Copy of front & back of signed card received following completion of an American Heart Association Healthcare Provider course.
- **Physical Examination**
 - Must be done within the past 6 months, unless a clinical agency requires a more recent physical exam.
 - Present “Essential Duties to Meet Clinical Requirements” to provider prior to physical exam.
 - Fill out form provided, and have it signed by your provider.

***NOTE: This is a multi-step process that requires immediate attention. You must schedule to allow enough time for result and final submission by required deadline.**

Professional Liability Insurance - CSUSB nursing students are covered by the CSUSB Student Professional Liability Insurance Program while engaged in for-credit internships with CSUSB partners.

**CSUSB DEPARTMENT OF NURSING
CHECKLIST OF COMPLIANCE REQUIREMENTS**

Student Name: _____ Date _____

___ Current state driver's license or state issued identification card _____

___ Copy of a Valid Social Security Number _____

___ Background Check – Actual Report print out (Instruction/CSUSB codes attached) _____

___ Drug Screen Test – Actual Report print out (Instruction/CSUSB codes attached) _____

___ HIPAA Form (Annually-obtained in orientation) _____

___ Universal Precautions & Blood Borne Pathogen Form (Annually-obtained in orientation) _____

___ Mandatory Reporter Form (Annually-obtained in orientation) _____

___ Handbook Acknowledgement Form _____

___ Proof of Transportation (copy of current auto insurance) _____

___ Copy of Current Health Insurance (Expires) _____

___ Rubella, Rubeola, Mumps, Varicella, & Hepatitis B (Positive Titers) _____

___ PPD Two-Step Skin Test done/proof (Annually) _____

___ If PPD is positive, need neg. CXR & Every 2yrs. TB Questionnaire Sheet (Annually) _____

___ Tetanus, Diphtheria, and Pertussis (Tdap) Booster _____

___ Influenza [FLU] Vaccine Immunization/Declination form (Annually) _____

___ CPR - AHA Health Care Provider (Every 2 years) Expires _____

___ Physical Health Clearance Form (Attached) _____

California State University, San Bernardino
Essential Duties to Meet Clinical Requirements
Physical Exam Health Clearance Form
(Give this to your provider prior to your physical exam)

Dear Healthcare Provider:

Students in the Master of Science in Nursing (MSN) program at California State University San Bernardino (CSUSB) must be able to meet the emotional and physical requirements of the Department of Nursing (DON) and the agencies in which students are placed for clinical. If accommodations are required for a student to meet these requirements, the student and faculty are to work with *Services to Students with Disabilities (SSD)* to determine what accommodations would be reasonable in a clinical setting.

Emotional Requirements The student must have sufficient emotional stability to perform under stress produced by both academic study and the necessity of performing nursing care in real patient situations while being observed by instructors and other health care personnel.

Physical Requirements In order to participate in CSUSB DON clinical activities, students are required to travel to agencies and hospitals, and possibly even to homes with unpredictable environments. Students need to have the endurance to adapt to a physically and emotionally demanding program.

The following physical requirements are necessary to participate in the clinical application courses in nursing:

1. **Strength:** Sufficient strength to lift, move and transfer most patients; to restrain and carry children; to move and carry equipment; and to perform CPR, which requires sufficient body weight and adequate lung expansion.
2. **Mobility:** Sufficient to bend, stoop, get down on the floor; combination of strength, dexterity, mobility and coordination to assist patients; ability to move around physically and adequately in confined spaces (patient rooms, bathrooms, treatment settings, around patient equipment, etc.). Be able to perform all physical skills required to deliver patient care such as CPR, ambulation, transport, reposition, lifting, and other nursing duties.
3. **Fine Motor Movements:** Necessary to manipulate syringes and IVs; to assist patients with feeding and hygiene; to write appropriate notations; to document in health record; to perform sterile procedures and other skilled procedures.
4. **Speech:** Ability to speak clearly in order to communicate with staff, physicians and patients; need to be understood on the telephone.
5. **Vision:** Visualize patients in order to assess and observe their health status; skin tone, color changes, dermatological conditions, non-verbal behaviors, changes in signs and symptoms of illness, health improvement or deterioration, etc.
6. **Hearing:** Hear and see patients, monitor signs and symptoms, hear alarms, patient voices, call lights, and assess patient conditions, non-verbal behaviors, changes in signs and symptoms of illness, health improvement or deterioration, hear through the stethoscope to discriminate sounds, and accurately hear on the telephone.
7. **Touch:** Ability to palpate both superficially and deeply and to discriminate tactile sensations.

California State University, San Bernardino
Essential Duties to Meet Clinical Requirements
Physical Exam Health Clearance Form

Client (Student or Faculty) Name: _____

Date of Physical Exam: _____ (Within last 6 months)

Physician Printed Name: _____

Office Address: _____

"I have seen the above-named student and completed a screening history and physical exam. The student does not present with apparent clinical contraindications to the daily activities as a nurse, and the student is able to meet the Essential Duties for Clinical Requirements. Our screening physical does not substitute for ongoing clinical care and monitoring."

Recommendations for further evaluation _____

Recommended restrictions _____

Should you have any questions, please contact me at

(____) - _____

Physician's Signature & Date

California State University San Bernardino-Department of Nursing

Annual Health Screening Questionnaire for History of Positive TB Skin Test

Instructions: Annual symptom screening is required for all students who have a history of a positive tuberculosis skin test [PPD skin test]. Students are required to see a licensed healthcare provider for symptom screening and completion of this form yearly only if they have a history of a positive TB skin test.

When did you convert to a positive PPD? _____

What is the date of your last chest x-ray? _____

Result:

Do you **currently** have symptoms of?

	YES	NO
Weight loss [unrelated to dieting]	<input type="checkbox"/>	<input type="checkbox"/>
Loss of appetite for > 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Bloody sputum	<input type="checkbox"/>	<input type="checkbox"/>
Night sweats/fever	<input type="checkbox"/>	<input type="checkbox"/>
Unusual fatigue for > 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Persistent cough for > 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>

Answering "yes" to any of the above questions constitutes a positive screening evaluation and requires further treatment as recommended by your health care provider.

I am aware that misrepresentation of health information may result in dismissal from the program. I declare that my answers and statements are correctly recorded, complete, and true to the best of my knowledge.

Signature _____ Date _____

Print Name _____ Student ID# _____

Health Care Provider verifying information [THIS FORM MUST BE SIGNED BY A HEALTH CARE PROVIDER] -Nurse Practitioner, Physician, Physician's Assistant or a public health official-	
Name of Health Care Provider [Print]	Telephone [area code + number]
Signature of Health Care Provider	Date
Address of Health Care Provider	

Rev. 9.2018 EFG

FOR CLINICAL ROTATIONS OUTSIDE THE COACHELLA VALLEY



California State University
How to Place Order

Welcome to my

To place your order go to:

<https://portal.castlebranch.com/CV10>

Package Name (if applicable):

select program you ar currently in

PLACE ORDER

SELECT PROGRAM

SELECT PACKAGE

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- ✓ View order results
- ✓ Upload documents
- ✓ Manage requirements
- ✓ Place additional orders
- ✓ Complete tasks

Please have ready personal identifying information needed for security purposes.

The email address you provide will become your username.

Contact Us: 888.914.7279 or servicedesk.cu@castlebranch.com

Hire Right Background Check

Step 1. You will receive an email invitation from Maritza Diaz to proceed with the background check.

Step 2. Log on to www.HireRight.com using the login and password provided in the email.

Step 3. Pay the required fee (approximately \$40.53).

Step 4. When you receive the email notification from Hire Right, print the full report.

Step 5. Submit to Maritza Diaz.

NOTE: The background check averages 5-10 working -days.

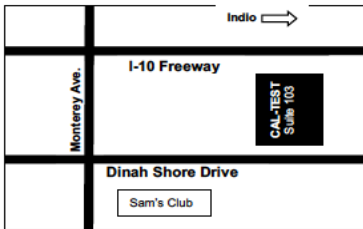
FOR CLINICAL ROTATIONS IN THE COACHELLA VALLEY (DRMC, EMC, JFK)



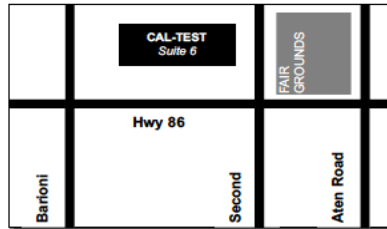
Donor ARRIVAL Time:

DRUG TEST ORDER FORM
 *** This order may also be placed On-line at www.fdti.com under "Order A Test - Client" ***

DONOR'S NAME:	<input type="text"/>	SSN:	<input type="text"/>
SCHOOL NAME:	<input type="text"/>	DOB:	<input type="text"/>
Requesting Person Email:	Kara.daniels@csusb.edu	Requesting Phone:	909-537-5380
TEST REQUESTED: <input type="checkbox"/> STANDARD LAB BASED Urine Drug Test, 10 Panel (NO ALCOHOL) \$30.00		REASON FOR TEST: <input type="checkbox"/> College Classes / Pre-Enrollment <input type="checkbox"/> College Classes / Job Placement	



73-700 Dinah Shore Drive # 206, Palm Desert, CA 92211
 Behind "White Cap" Construction Center
Phone: 760-770-6068
Fax: 760-770-0806
 HOURS: 8:00AM-5:00PM



612 South J Street, Suite 8, Imperial, CA 92251
 Next to the Fairgrounds
Phone: 760-355-0796
Fax: 760-355-4643
 HOURS: 8:00AM-5:00PM

SPECIAL INSTRUCTIONS FOR DONORS/CUSTOMERS:

IDENTIFICATION: PHOTO ID IS REQUIRED in order to be tested (Driver's License, State ID, Passport, ext).

CHILDCARE: FDTSI does not offer Childcare. Please arrange for childcare off-site BEFORE coming to FDTSI.

PREPERATION: Please limit your fluid intake for at least three hours PRIOR to testing. No more than 40 ounces.

MEDICATIONS: There is no need to bring or list your medications. The MRO will call you, if needed.

SAMPLE TAMPERING: In the event sample tampering is suspected, we have instructed the Collector to recollect a new sample, under same-sex direct observation. This means the Collector must watch your urine leave your body into the sample cup. The Collector will also ask you to lift your shirt and lower your undergarments mid-thigh, to do a visual inspection prior to sample collection.

DEADLINE: YOU MUST ARRIVE BEFORE YOUR DEADLINE or the Company will consider this a Refusal to Test !!!!

73-700 Dinah Shore Drive, Suite 206, Palm Desert, CA 92211 (760) 770-6068/ FAX: (760) 770-0806
 612 South 'J' Street, Suite 8, Imperial, CA 92251 (760) 355-0796/ FAX: (760) 355-4643

CSU SAN BERNARDINO DEPARTMENT OF NURSING COMPLIANCE

Compliance Documentation	Submission Deadline
Copy, current unrestricted California RN license	By Orientation
Copy of Valid Driver's License or California ID	By Orientation
Copy of Social Security Card	By Orientation
Background Check	By 1 st day of Fall quarter
Drug Screen	By 1 st day of Fall quarter
Copy of CPR Certification	By 1 st day of Fall quarter
HIPAA Certification Form	By 1 st day of Fall quarter
Universal Precautions & Blood Borne Pathogens Form	By 1 st day of Fall quarter
Mandatory Reporter Form	By 1 st day of Fall quarter
Student Handbook Acknowledgment Form	By 1 st day of Fall quarter
Proof of Health Insurance	By 1 st day of Fall quarter
TB Skin Test (Two-Step)	By 1 st day of Fall quarter
Measles, Mumps, & Rubella (MMR) Titer	By 1 st day of Fall quarter
Varicella (Chicken Pox) Titer	By end of term before first clinical begins
Hepatitis B (Titer)	By end of term before first clinical begins
Tetanus, Diphtheria, & Pertussis (TDAP)	By end of term before first clinical begins
Physical Examination Form	By end of term before first clinical begins
Proof of Transportation/Auto Insurance	By end of term before first clinical begins
Flu Shot**	TBD*

*Flu shot deadline will be announced and required when the 2019 flu vaccine is released by the Centers for Disease Control and Prevention.

**Previous year's flu shot is acceptable until a new shot is received.