

## Requirements for ALL Students and Faculty in Live Clinical Settings

Tuberculosis Screening	TB Screening	Unique Situations (Exceptions)
	<p><b>The CDC recommends that all healthcare personnel, including clinical students, have a baseline TB test for M. tuberculosis infection. This baseline TB skin test (TST) or blood test (IGRA) will be required to have been done within one year of starting the nursing program and <i>may be required annually thereafter, depending on the facility to which the student is assigned for clinical activities.</i></b></p> <p>If submitting baseline screening with a skin test (TST), two readings will be required. While two TSTs within a three-week timeframe is ideal (see “2-Step process below”), having one within 12 months prior to admission is acceptable as the 1<sup>st</sup> step, with a second test being done just prior to the start of clinical activities (2 TSTs within 12 months) is acceptable as a “2-Step.”</p> <p>Initial Two-Step TST Screening (if no other TST documentation available in the past 12 months):</p> <ol style="list-style-type: none"> <li>1. If first TST is <b>positive (+)</b>—see guideline for + TST in next column.</li> <li>2. If first TST is <b>negative (-)</b>—do the 2<sup>nd</sup> TST 1-3 weeks after the first test is read.</li> </ol>	<ol style="list-style-type: none"> <li>1. Newly discovered positive TB screening must have a chest X-Ray and complete the Missouri Department of Health &amp; Senior Services TB Risk Assessment Form (see Appendix E). The positive TB test must be reported to the health department in the county where the student resides except for Kansas City, (Jackson County) Missouri, which is reported to the KCMO Health Department. Documentation of the new positive TB test(s), chest x-ray report and TB Risk Assessment Form should be provided to the Health Department. Treatment is determined between the person testing positive, the health department and the person’s personal physician. Treatment is not required unless mandated by the health department.</li> <li>2. <b>Repeated chest X-rays</b> of persons with a positive TB screening <b>are not indicated</b> unless symptoms of TB are present, as indicated on the Missouri Department of Health &amp; Senior Services TB Risk Assessment Form (see Appendix E).</li> </ol>

	<p>3. If 2<sup>nd</sup> TST is <b>positive</b> (+) — see guideline for + TST in next column.</p> <p>4. If 2<sup>nd</sup> TST is negative (-) — considered a negative (-) baseline.</p> <p><b>NOTES:</b></p> <ol style="list-style-type: none"> <li>1. The documentation of a TB skin test screening must include the student's name, date of birth, the provider's name/signature, date of placement/given, result (with indication of positive or negative) and date read.</li> <li>2. Be aware if receiving a live virus immunization (such as varicella, MMR or FluMist), you will need to either have your TB screening (TST or IGRA) done at the same time or <b><u>wait 4 weeks</u></b>. The TB screening must be done first, prior to receiving any other live vaccines.</li> <li>3. If you have received a vaccination for COVID-19, <b><u>you no longer need to wait</u></b> to get a TB screening or any other vaccination as COVID-19 vaccine is inactive and therefore does not interfere. Likewise, there is no longer any regard to timing between COVID-19 vaccine and any other vaccine. They can be given together or at any other time.</li> <li>4. Chest X-ray is not permitted in lieu of TB Screening.</li> </ol>	<p><b>3. If IGRA or TST is positive (+):</b></p> <ol style="list-style-type: none"> <li>a. Individual will provide documentation of a negative (-) chest X-Ray (two views—PA and lateral)</li> <li>b. Provide a MO Department of Health &amp; Senior Services TB Risk Assessment Form (see Appendix E) signed by a provider.</li> <li>c. Then annually, the individual will submit a new Missouri Department of Health &amp; Senior Services TB Risk Assessment Form (see Appendix E). <b>Annual chest X-Ray or TB screening is not indicated.</b></li> <li>d. If the individual can provide documentation of completed treatment from a physician or health department for LTBI, no further annual testing requirement is needed. If there is no documentation of completed treatment, then an annual TB Risk Assessment form is required.</li> </ol> <p>4. If an individual has documentation of having been vaccinated for TB (BCG) or has had TB (LTBI or disease) and can provide documentation of treatment, please see program administrator at the school of nursing for guidance prior to any TB screening.</p> <p>5. The TB Risk Assessment Form is only required for those who test positive for TB.</p>
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<sup>2</sup> Some clinical facilities in the KC metropolitan area do not require annual TB screening. Check with your school's administrator for further instruction.

	<p>5. Annual TB screening may be required depending on the facility where clinical activities are taking place<sup>2</sup>. Check with your school administrator for requirements.</p> <p>6. If traveling outside of the US into an endemic region (defined as any country with 25 cases per 100,000 or &gt;), note the following:</p> <p>If traveling to endemic region to provide <u>mission work including health care for ANY length of time</u> – recommend TB screening 8-10 weeks after return.</p> <p>If traveling to endemic region to <u>visit friends or relatives for 1 MONTH or GREATER</u> – recommend TB testing 8-10 weeks after return.</p>	
<b>Measles (Rubeola), Mumps, Rubella-MMR</b>	Provide documentation of 2 (two) MMR vaccinations at least 28 days apart, <b>OR</b> serological proof of immunity (+) positive IgG titers for measles (rubeola), mumps and rubella. <i>A post vaccination titer is not recommended per the CDC.</i>	
<b>Varicella (Chicken Pox)</b>	Provide documentation of 2 (two) varicella (chicken pox) immunizations at least 28 days apart, <b>OR</b> serological proof of immunity (+) positive IgG titer for varicella. <i>A post vaccination titer is not recommended per the CDC.</i>	

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<b>Hepatitis B</b>	<p>Receive a series of two (Heplisav-B) or three (Engerix or Recombivax) vaccines followed by a post-series surface antibody titer at least 4-8 weeks after the last vaccine is given. If documentation of an initial Hepatitis B immunization series is not available, documentation of a (+) titer is acceptable.</p> <p>Though not recommended, this vaccine can be waived (See Hepatitis B Fact Sheet &amp; Waiver Form—Appendix E).</p>	<p>If Hepatitis B titer is <b>negative</b> after initial vaccines:</p> <ol style="list-style-type: none"> <li>1. Receive <u>one</u> additional vaccine (first of a possible second series)</li> <li>2. Do a HepB surface antibody titer at least 4- 8 weeks later. <ol style="list-style-type: none"> <li>a. If titer is positive, no further action needed.</li> <li>b. If titer is still negative, receive vaccines to complete the second series and receive a Hepatitis B surface antigen test to determine if infection is present.</li> </ol> </li> <li>3. After the last dose of a second series, re- titer after 4-8 weeks, and if still negative, <b>individual is considered a “non- responder” and will require additional treatment if exposed to Hepatitis B.</b></li> </ol>
<b>Tetanus-Diphtheria-Acellular Pertussis (Tdap)</b>	<p>Show evidence of one dose of Tdap vaccine (usually given around age 11-12 years). A Td (tetanus-diphtheria) or Tdap is required every 10 years thereafter or, if wound injury occurs after 5 years.</p>	
<b>Influenza</b>	<p>Show documentation of seasonal flu vaccine per annual CDC announced date (usually available sometime in September).</p> <p>Some clinical sites may require flu vaccination earlier than others. Check with your program administrator for seasonal flu vaccination deadlines.</p>	<ul style="list-style-type: none"> <li>• In the rare occurrence a student has a medical contraindication or requests a religious exemption, an appropriate accommodation form must be completed, approved by a designated hospital representative, and on file. <b><i>[Clinical Partners may not honor an accommodation—please allow 4-6 weeks for this process to take place.]</i></b></li> <li>• There is an alternative flu vaccine for those with severe egg allergies.</li> <li>• Wearing a mask at the clinical site may or may not be an option for non- immunized; Check at specific facilities for policy on non-immunized persons.</li> </ul>

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<b>COVID-19 Vaccination</b> <i>Highly recommended—Some education partners and clinical partners are requiring this vaccination. Check with your school's administrator for the most updated information.</i>	Clinical agencies in the KC metro may require COVID-19 vaccination to participate in clinical activities. Some will consider religious or medical exemptions, and some will not. Schools of nursing may accommodate an exemption request, but individuals must understand that a request may not be granted by either the EP or CP. Choosing to not vaccinate for COVID-19 puts students at risk of not being able to participate in clinical activities which could lead to non-promotion/progression in the program.	
<b>Health Insurance</b>	Students may be required to provide documentation of personal health insurance. Some schools may allow a waiver for personal health insurance. Check with your school administrator for more information. Students should be aware that they are responsible for expenses incurred from an injury at a clinical site.	
<b>CPR</b>	Basic Life Support (BLS)—must be through <b>American Heart Association</b> and be the Basic Life Support <b>(BLS) course</b> . This must be kept current throughout the program. Go to <a href="https://cpr.heart.org/en/courses/basic-life-support-course-options">https://cpr.heart.org/en/courses/basic-life-support-course-options</a> , and scroll down to the section where you can locate and register for a class. Courses for lay rescuers such as “heartsaver” are not acceptable. The course must include a physical hands-on validation of skills. While most schools and clinical partners require BLS to have been taken through the American Heart Association some may allow a BLS course through another agency. Check with your program administrator for the most current information. <b><u>Note: Prior to purchasing a CPR class, check with your school first!! Your school may have a list of CPR providers.</u></b>	
<b>Color Blindness</b>	Color blindness screen must be performed once at the beginning of the program and results documented. If a student or faculty is identified as being color blind, the educational partner must notify the clinical site so appropriate accommodations can be made. <b>Screening must be done using Ishihara's Test.</b>	
<b>Criminal Background Check</b>	Students must complete a criminal background check per requirements of Appendix G on admission to their nursing program as a requirement of admission prior to the start of clinical activities. Schools will provide documentation of a criminal background checks for their students. If a student exits a nursing program and readmits, they will be required to submit a new criminal background check upon readmission. <b><i>For faculty: If teaching in the same facility where they are employed, the requirement <u>might</u> be considered met, but faculty should check with their program administrator to determine if an additional background check and drug screen need to be performed. If a faculty member leaves the employ of an educational institution and then returns at a later date to resume teaching, a new criminal background check will be required upon re-hire.</i></b>	
<b>Drug Screen</b> The student will not use alcohol or drugs that impair their ability to perform the work of the profession or results in compromised patient care. It is the responsibility of every student to strive to protect the public from an impaired colleague whose capability is impaired because of alcohol or drug use. If there is suspicion that a student is impaired, the facility will contact the Clinical Faculty and Program Director, the student will be dismissed from the clinical site and may be required to submit a urine drug screen at the student's expense. Clinical partner policy will supersede education partner's policy for suspected drug or alcohol impairment in a clinical setting. A positive drug screen without appropriate documentation could jeopardize the student's ability to complete the clinical rotation. <i>[A positive drug screen for marijuana will be considered a failed drug screen, even if the marijuana is being used for medical purposes. The rationale of marijuana being used for medical purposes will not be accepted as a valid reason to waive a negative drug screen]</i>	Drug screens will also be obtained on admission to the nursing program as requirement of admission prior to the start of clinical activities. Refer to individual facilities used for requirements. The following list meets requirements at most facilities in the KC metropolitan area (as of March 2015). Some labs will refer to this as a 5 panel, a 9 panel or an 11 or 12 panel. Ensure with lab that these drugs are covered:	
	<ul style="list-style-type: none"> <li>• AMPHETAMINES</li> <li>• BARBITURATES</li> <li>• BENZODIAZEPINES</li> <li>• COCAINEMETABOLITES</li> <li>• MARIJUANA METABOLITES</li> <li>• METHADONE</li> <li>• MDA (SASS)</li> </ul>	<ul style="list-style-type: none"> <li>• MDMA(ECSTASY)</li> <li>• OPIATES</li> <li>• PHENCYCLIDINE</li> <li>• PROPOXYPHENE</li> <li>• METHAQUALONE</li> <li>• OXYCODONE</li> <li>• OXYMORPHONE</li> </ul>
	<b>**NOTES:</b> <ol style="list-style-type: none"> <li>1. A dilute test result will require further testing. Check with individual schools for policies regarding dilute specimens.</li> <li>2. If a student exits a nursing program and readmits, they will be required to submit a new drug screen upon readmission.</li> <li>3. If a faculty member leaves the employ of an educational institution and then returns at a later date to resume teaching, a new drug screen will be required upon re-hire.</li> </ol>	

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<b>Annual signed CNE/KCANE Confidentiality Statement (See Appendix G).</b>
<b>Annual CNE/KCANE Clinical Orientation Manual Exam pass of 90% or better.</b>
<p><b>All faculty need to participate in institutional faculty orientation as directed by the clinical partner.</b></p> <p><b><u>New Faculty Orientation:</u></b> Approximately 12 hours of orientation may be required by the agency for faculty orientation, including orientation to the agency, unit, and computer system. Orientation time <b>in addition to</b> these approximately 12 hours is at the professional discretion of the instructor/school. Faculty competency expectations are dependent on the level of care expected of the students during that clinical learning experience. <i>Employees of the facility may still be required to participate in faculty orientation.</i></p> <p><b>Faculty will provide the clinical partner with the following:</b></p> <ul style="list-style-type: none"> <li>• Student roster.</li> <li>• Proof of student and faculty (within the limits of the law) professional liability insurance, upon request.</li> <li>• Rotation requests—outlining clinical experience needs or course objectives.</li> <li>• CNE/KCANE standard evaluations for clinical and schools.</li> <li>• Certification of completion of criminal background checks of students and faculty, upon request.</li> <li>• Changes of assigned students.</li> </ul> <p><b>Faculty will prepare students for the clinical environment by orienting them to:</b></p> <ul style="list-style-type: none"> <li>• Agency specific documentation procedures.</li> <li>• Skills including medication administration as appropriate for the level of the student.</li> <li>• Agency specific emergency procedures.</li> <li>• Agency specific dress codes, which includes wearing educational program’s student ID at all times.</li> <li>• Agency specific safety procedures.</li> </ul>

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