

Dear Student and Clinical Faculty:

This cover letter is intended to provide additional information and promote greater understanding of immunization and safety requirements. It may be shared with your healthcare provider in order to increase awareness and understanding of healthcare's requirements within the clinical setting. The Clinical Passport represents the minimum standards for health and safety requirements for all faculty and students prior to their learning experience within our region's healthcare organizations. It is in use throughout Washington State and Northern Idaho. The completed Clinical Passport serves as a record of your immunity status for indicated vaccine-preventable diseases (i.e., documented disease, vaccination history, or serology results). For each vaccine, the record should include date(s) of vaccine administration (day/month/year). It is recommended that you retain a copy of your Clinical Passport for your personal records. Also contained in the Passport are requirements such as background checks, American Heart Association Basic Life Support (CPR) and insurance. This letter will also address these requirements. Upon entry to your program, you signed an Authorization for Release of Record and this permits your program to furnish the information contained on the Passport to all Healthcare Organizations accommodating your learning experience. The requirements for students and faculty are the same as for the employee within the healthcare organization, i.e., the Clinical Passport requirements mirror the requirements in place for the healthcare employee.

Because of contact with patients or infective material from patients, many healthcare personnel (HCP) are at risk for exposure to (and possible transmission of) vaccine-preventable diseases. Employers and HCP have a shared responsibility to prevent occupationally acquired infections and avoid causing harm to patients by taking reasonable precautions to prevent transmission of vaccine-preventable diseases. Vaccination programs are therefore an essential part of infection prevention and control for HCP. Optimal use of recommended vaccines helps maintain immunity and safeguard HCP from infection, thereby helping protect patients from becoming infected.

It is important to recognize that *most infectious diseases are contagious before a person is symptomatic*. It is your **professional responsibility to know and keep current with your immunizations and health requirements.**

Please note that all live vaccines (MMR, Varicella, LAIV (nasal flu) have to be administered on the same day or separated by 28 days.

1. TUBERCULIN STATUS: There are two types of tests that are done to measure for TB exposure- the Tuberculin Skin Test (TST) and TB blood tests (IGRA).
  - a. TST: When you first have a TST you are required to get a 2-step. The first skin test reaction should be read between 48-72 hours after administration. A person who does not return within this accepted interval will need to be rescheduled for another skin test. If the first TST is negative then you will need to obtain a 2<sup>nd</sup> TST within 1-3 weeks, then yearly after that. If your yearly TST lapses, you will then need to complete the 2-step process.

Rationale: A 2-step is performed at baseline because people who were infected with TB many years ago may have a negative reaction to an initial TST. The first “step” may stimulate (or boost) the immune system’s ability to react to the test. If the second “step” is not performed as part of baseline screening, a subsequent positive TST reaction could be misinterpreted as a new infection.

Additionally, the TST (Tuberculin Skin Test) and a live vaccine must be done on the same day or separated by 30 days. If done sooner, there is potential for a false positive, resulting in increased cost and unnecessary screening (chest-x-rays).

- b. There is also a TB blood test called QuantiFERON (TB Gold Test). Unlike the TB skin test, QuantiFERON is not affected by prior BCG vaccination. Results can be available within 24 hours. QuantiFERON should be drawn on the same day as live-virus vaccines or 4-6 weeks after administration of live-virus vaccines.

## 2. Hepatitis B

- a. The series of three vaccines at 0, 1, and 6 months plus immunity confirmed by (anti-HBs) titer is recommended.
- b. The titer should be drawn 4-8 weeks after completion of the series.
- c. If you have a negative (anti-HBs) titer, you will need to repeat the series and titer. If negative, you are considered a non-responder.
- d. If you have received the primary series of three vaccines every effort should be made to provide documentation. A titer can be drawn to attempt to show immunity, but if the series was completed years ago, the titer may be negative and you may still have immunity. Without proof, you will need to be revaccinated with the 3 dose series.
- e. Nonresponder: Persons who do not have a protective concentration of anti-HBs ( $\geq 10\text{mIU/mL}$ ) after revaccination (i.e., after receiving a total of 6 doses) should be referred to their healthcare provider for possible testing for HBsAg and anti-HBc to determine infection status. Those determined not to be infected but who have anti-HBs  $<10\text{mIU/mL}$  (nonresponders) should be considered susceptible to HBV infection and should be counseled about precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) prophylaxis for any known or likely exposure to HBsAg-positive blood.

Rationale: HCP are considered to be at substantial risk for acquiring or transmitting hepatitis B virus (HBV). This infection is transmitted through percutaneous or mucosal exposure to infectious blood or body fluids. The virus is highly infectious for nonimmune persons; disease transmission is up to 100 times more likely for exposure to hepatitis B e antigen positive blood than to HIV-positive blood. The virus is also environmentally stable, remaining infectious on environmental surfaces for at least 7 days.

- 3. MMR - You are required to have 2 MMR's or proof of titer (3 titers, one each of Measles (Rubeola), Mumps and Rubella).

4. Varicella - You are required to have 2 Varicella vaccines\_or proof of immunity by titer. If you have had only one Varicella vaccine you have two options: 1) Obtain the 2<sup>nd</sup> Varicella vaccine or 2) Have a titer drawn to prove immunity. Post vaccination titer is not recommended.

5. Tetanus, Diphtheria, Pertussis - You are required to show proof of one dose of Tdap. After your Tdap, you will be required to receive a Td booster every 10 years.

Rationale: Pertussis is a highly contagious bacterial infection. Transmission occurs by direct contact with respiratory secretions or large aerosolized droplets from the respiratory tract of infected persons. Infants too young to be vaccinated are at greatest risk for severe pertussis, including hospitalization and death. Vaccinating HCP with Tdap will protect them against pertussis and is expected to reduce transmission to patients, other HCP, household members, and persons in the community. The healthcare setting has OB/Pediatric, Hematology/Oncology patients who are very susceptible to pertussis; all community settings have vulnerable populations.

6. Influenza- A seasonal influenza vaccine is strongly recommended. A student may decide to sign a waiver but, in so doing, must realize that there are hospitals which will not accommodate students without documentation of their seasonal influenza vaccine. Any student without a flu vaccine must also wear a mask for their entire clinical experience during the “official” flu season.

Rationale: Generally speaking, it is our Public Health Departments, regional hospitals, and State Hospital Associations who will determine the beginning and end of influenza activity in our communities. Yearly flu vaccination typically begins in September, or as soon as the vaccine is available, and continues throughout the flu season which can last as late as May. The timing and duration of flu seasons vary. The Advisory Committee on Immunization Practices, National Foundation for Infectious Diseases, Association of Practitioners in Infection Control, and the Centers for Disease Control all affirm that healthcare workers should receive influenza vaccination. Vaccinations for healthcare workers are not only for the health of the professional, but for the safety of our patients.

- People with influenza are contagious from one day before symptoms surface to five to seven days following
- Fifty percent of people who become infected have only mild symptoms, but can still infect others
- A 2000 Lancet study found patient mortality rates in hospitals with high vaccination rates were half those with low vaccination rates

7. CPR- A current American Heart Association BCLS Healthcare Provider Certificate is required. The

Basic Life Support (BCLS) for Healthcare Providers Classroom Course is designed to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner.

8. Background Checks- Upon admission or hire or readmission/rehire to the program you will be required to have a National Background Check to include Washington State Patrol Background Check (WATCH). WATCH stands for Washington Access to Criminal History. The Washington State Patrol Background Check is to include all counties. As part of the national background check, your name will be screened through the Office of Inspector General and General Services Administration. The background check must have no limit as to how many years back the search is conducted. Juvenile records are to be reported. Pending results as well as convictions are to be reported. A disclosure statement will be required prior to the background check being run. For the individual who has a positive background check, the hospital will determine eligibility for clinical learning opportunity based upon their hiring standard. Please consult with your Program if you have any question or concern. Your Program may also ask you to complete a disclosure statement upon admission to the program.
9. License- for those individuals with a Washington State NAC, LPN, RN license, you will be asked to provide your license number and expiration date.

Additional Requirements:

- Professional liability insurance is required. Information will be provided by your nursing program.
- Federal Medical Centers (Veterans Administration, Madigan Army Medical Center) require proof of vehicle insurance and proof of U.S. citizenship.
- Students within the Nursing Clinical Placement District #1 and Inland Northwest Clinical Placement Consortium will be asked to view student learning modules on the clinical placement website. This information will be provided by your Program.
- There are Healthcare Organizations that may have a requirement specific to their organization. Requirements such as these can be found on their organization links on the clinical placement website. Your Program will inform you if this is the situation.

NOTE: If any of your immunizations will expire in the middle of a quarter/semester, you will be required to have up-to-date immunizations before beginning the term.

# Clinical Placement Northwest Collaborative Student/Faculty Clinical Passport Requirements

**Student/Faculty Name:**

**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 patient care experiences 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

- If no previous records or more than 12 months since last TST → 2 step TST **OR**
- QuantiFERON (QFT) TB Gold test within 12 months **OR**
- If negative TST within 12 months → one step TST **OR**
- If newly positive TST → F/U by 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 **OR**
- If history of BCG vaccine → QFT. If negative → OK; If positive → do Chest X-Ray

### HEPATITIS B

- 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**
- Provide documentation of positive titer (anti-HBs) **OR**
- Signed waiver for students/faculty who decline vaccination *Specific healthcare institutions may require vaccination without exception (i.e., no waiver)*

### MMR (Measles, Mumps, Rubella)

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

### VARICELLA (Chicken Pox)

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

### TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

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

### CPR

- American Heart Association BCLS Healthcare Provider Certificate

### AUTHORIZATION FOR RELEASE OF RECORD

### REQUIRED EDUCATION

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

*STUDENTS AND FACULTY IN NURSING CLINICAL PLACEMENT DISTRICT #1(NCPD1) AND INLAND NORTHWEST CLINICAL PLACEMENT (INCP) CONSORTIUMS WILL ACCESS STUDENT LEARNING MODULES ONLINE. PLEASE REFER TO PASSPORT COVER LETTER FOR INFORMATION. IF ANY QUESTIONS, PLEASE CONSULT YOUR NURSING PROGRAM.*

## SUBMITTED EVERY YEAR

### TUBERCULIN STATUS

- Annual TST **OR**
- Annual QuantiFERON TB Gold test **OR**
- If newly positive TST 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 +TST results and prior negative chest X-ray results: submit annual symptom check completed within one year from healthcare provider

### INFLUENZA

- Proof of annual vaccination(s) **OR**
- Signed waiver for student/faculty who decline vaccination  
*Specific healthcare institutions may require vaccination without exception (i.e., no waiver)*

### BACKGROUND CHECKS

- National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/readmission and reentry/hire to nursing program to include all counties of residence, all Washington State counties per RCW 43.43.830 and OIG and GSA screens. Excluded provider search on OIG <http://exclusions.oig.hhs.gov/search.aspx> GSA <http://www.sam.gov>
- Washington State Patrol Background Check (WATCH) per RCW 43.43.830 through RCW 43.43.842 annually thereafter

**LICENSE** (if faculty licensed or certified as RN, LPN, or NAC in Washington State)

- Current
- Unencumbered

### INSURANCE

- Professional Liability \$1,000,000/3,000,000 policy

### 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*

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

# Clinical Placement Northwest Collaborative Student/Faculty Clinical Passport Requirements

**Student/Faculty**

DOB \_\_\_\_\_

Name: \_\_\_\_\_

College: \_\_\_\_\_

Program: \_\_\_\_\_

Form verified by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

By contract with your academic institution, all students and faculty participating in patient care experiences 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

Circle the applicable letter in each box.

**TUBERCULIN STATUS**

A. Two-step TST 1) Skin Test #1 Date \_\_\_\_\_ Result: Neg \_\_\_\_\_ Pos \_\_\_\_\_ mm \_\_\_\_\_  
2) Skin Test #2 Date \_\_\_\_\_ Result: Neg \_\_\_\_\_ Pos \_\_\_\_\_ mm \_\_\_\_\_

**OR**

B. QuantiFERON (QFT) Date \_\_\_\_\_ Result: \_\_\_\_\_

**OR**

C. If New Positive/Exam/X-ray Date \_\_\_\_\_

**OR**

D. Positive TST/Negative X-ray Date \_\_\_\_\_

**HEPATITIS B** (3 primary series shots: (at 0,1,6 mo) plus titer confirmation (6-8 weeks later)

A. Vaccination Dates  
1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
Immunity confirmed by titer Date \_\_\_\_\_ **OR**

B. If negative titer after initial series of 3 vaccines, then vaccines #4-#6  
4) \_\_\_\_\_  
5) \_\_\_\_\_  
6) \_\_\_\_\_  
Immunity confirmed by titer Date \_\_\_\_\_

C. Immunity confirmed by titer (anti-HBs) Date \_\_\_\_\_ **OR**

D. Signed waiver Date \_\_\_\_\_

E. Had the disease Date \_\_\_\_\_

**MMR (Measles, Mumps, Rubella)**

A. Vaccination Dates  
1) \_\_\_\_\_ 2) \_\_\_\_\_ **OR**

B. Immunity by titers: Measles Date \_\_\_\_\_  
Mumps Date \_\_\_\_\_ Rubella Date \_\_\_\_\_

**VARICELLA (Chicken Pox)**

A. Vaccination Dates  
1) \_\_\_\_\_ 2) \_\_\_\_\_ **OR**

B. Immunity by titer Date \_\_\_\_\_

**TETANUS/DIPHTHERIA/PERTUSSIS**

A. Tdap Date \_\_\_\_\_

B. Td Date \_\_\_\_\_

**AHA BCLS Healthcare Provider Certificate**  
Expiration Date \_\_\_\_\_

**Authorization for Release of Record**

**REQUIRED EDUCATION**

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

*STUDENTS AND FACULTY IN NCPD AND INCPC CONSORTIUMS WILL ACCESS STUDENT LEARNING MODULES ONLINE. PLEASE REFER TO PASSPORT COVER LETTER FOR INFORMATION. IF ANY QUESTIONS, PLEASE CONSULT YOUR NURSING PROGRAM.*

### SUBMITTED EVERY YEAR

Circle the applicable letter in each box.

**TUBERCULIN STATUS**

A. Annual TST  
Date \_\_\_\_\_ Result: Neg \_\_\_\_\_ Pos \_\_\_\_\_ mm \_\_\_\_\_  
Date \_\_\_\_\_ Result: Neg \_\_\_\_\_ Pos \_\_\_\_\_ mm \_\_\_\_\_  
Date \_\_\_\_\_ Result: Neg \_\_\_\_\_ Pos \_\_\_\_\_ mm \_\_\_\_\_

**OR**

B. Annual QuantiFERON (QFT)  
Dates \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ **OR**

C. If New Positive/Exam/Chest X-ray  
Exam Date \_\_\_\_\_ X-ray Date \_\_\_\_\_ **OR**

D. Known Positive/Possible Treatment/ Annual Symptom Check from Health Care Provider Date \_\_\_\_\_

**INFLUENZA**

A. Proof of annual vaccination  
Date 1 \_\_\_\_\_ Date 2 \_\_\_\_\_ Date 3 \_\_\_\_\_ **OR**

B. Signed waiver  
Date 1 \_\_\_\_\_ Date 2 \_\_\_\_\_ Date 3 \_\_\_\_\_

**BACKGROUND CHECK (including Disclosure Statement)**

A. National Criminal Background Check including Excluded Provider Search on OIG and GSA upon admission  
Date \_\_\_\_\_

B. Washington State Patrol Check (WATCH) upon admission and annually  
Dates \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**LICENSE (RNs, LPNs, NACs)**

A. WA State Exp. Date \_\_\_\_\_ **OR**

B. Not Applicable

**INSURANCE**

A. Professional Liability Policy Date: \_\_\_\_\_

**ADDITIONAL REQUIREMENTS (if applicable)**

A. Vehicle Insurance Date \_\_\_\_\_

B. Personal Health Insurance Date \_\_\_\_\_

C. Drug Screen Date \_\_\_\_\_

D. Hepatitis A Vaccine Two doses  
Dates: 1. \_\_\_\_\_ 2). \_\_\_\_\_

E. Current First Aid Card Date \_\_\_\_\_

F. Proof of U.S. Citizenship Date \_\_\_\_\_

G. Confidentiality Statement Date \_\_\_\_\_

H. Color Vision Test Date \_\_\_\_\_

*This is not a comprehensive list; there may be more items.*