

Clinical Passport Tutorial

What is a Clinical Passport?

The Clinical Passport is a set of standard health and safety standards required of all students and faculty caring for patients in the healthcare



setting. It serves as a record of immunity status for vaccine-preventable diseases. The record should show all pertinent information about that vaccine and when it was administered.

Clinical Placements Northwest Student/Faculty Clinical Passport Requirements	
Student/Faculty Name: Last, First, M.I. College: _____ Program: _____ <small>These requirements are in place for the health and safety of students, faculty and their patients.</small>	
<small>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.</small>	
SUBMITTED ONCE	SUBMITTED EVERY YEAR
TUBERCULIN STATUS <ul style="list-style-type: none"> Documentation of an initial 2 step TST is required AND documentation of annual TSTs since 2 step was completed If no records of previous positive TB tests or more than 12 months since last TST → 2 step TST OR Negative TB IGRA test within 12 months OR If negative TST within 12 months → one step TST If newly positive TST at TB IGRA → XJU by healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active TB disease) and need to complete health questionnaire. History of positive TST → provide documentation of TST reading, provide proof of chest X-ray documenting absence of TB, medical treatment and negative symptom check History of BCG vaccine → TST skin testing as above or TB IGRA, if negative → OK, if positive → follow up as above HEPATITIS B <ul style="list-style-type: none"> 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, #5 and repeat titer 6-8 weeks after #6 dose. OR obtain challenge #4 and retest after 6-8 weeks. Provide documentation of positive titer (anti-HBs or HepB SAb) OR Signed declaration for students/faculty who decline vaccination. Specific healthcare institutions may require vaccination without exception (i.e., no declination) http://publib.healthcare.wa.gov/ MMR (Measles, Mumps, Rubella) <ul style="list-style-type: none"> Proof of vaccination (2 doses at appropriate intervals) OR Proof of immunity by titer VARIKELLA (Chicken Pox) <ul style="list-style-type: none"> Proof of vaccination (2 doses at appropriate intervals) OR Proof of immunity by titer TETANUS, DIPHTHERIA, PERTUSSIS (Tdap) <ul style="list-style-type: none"> Tdap required once Td required every 10 years after Tdap CPR <ul style="list-style-type: none"> American Heart Association BLS Healthcare Provider Certificate AUTHORIZATION FOR RELEASE OF RECORD <ul style="list-style-type: none"> Kept on file by education institution REQUIRED EDUCATION <p>EACH HEALTHCARE INSTITUTION WILL COMMUNICATE TO FACULTY AND STUDENTS ANY REQUIRED EDUCATIONAL CONTENT TO BE COMPLETED PRIOR TO PARTICIPATING IN PATIENT CARE.</p> <p>STUDENTS AND FACULTY IN CPKAs AND INPCFC CONSORTIUMS MUST COMPLETE ALL STUDENT LEARNING MODULES ON THE WEBSITE. IF ANY QUESTIONS, PLEASE CONSULT YOUR PROGRAM</p>	TUBERCULIN STATUS <ul style="list-style-type: none"> Annual TST OR Annual TB IGRA test If newly positive TST/IGRA results → XJU with healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active TB disease) and may need to complete health questionnaire. Previously documented positive TST results and prior negative chest X-ray result: submit annual symptom check completed within one year from healthcare provider INFLUENZA <ul style="list-style-type: none"> Proof of seasonal vaccination(s) OR Signed declaration for students/faculty who decline vaccination Specific healthcare institutions may require vaccination without exception (i.e., no declination) http://publib.healthcare.wa.gov/ BACKGROUND CHECKS <ul style="list-style-type: none"> National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/readmission and reentry/leave to program to include all counties of residence & all Washington State counties per RCW 43.43.030 and OIG and OSA screens. Excluded provider search on: <ul style="list-style-type: none"> OIG http://eclusions.org/hhs.gov/ (sanctioned names) OSA http://www.wa.gov (sanctioned names) Washington State Patrol Background Check (WATCH) annually thereafter Disclosure Statement (annual) kept on file by education institution LICENSE (if faculty licensed or certified as any healthcare provider (RN, LPN, NAC, etc. in what specific State) <ul style="list-style-type: none"> Current Unencumbered INSURANCE <ul style="list-style-type: none"> Professional Liability \$1,000,000/\$3,000,000 policy (This may be coverage via the school or individual) ADDITIONAL REQUIRE <p>Some healthcare settings may require the following:</p> <ul style="list-style-type: none"> Vehicle Insurance (for personal health insurance) Personal Health Insurance Drug Screen Hepatitis A Vaccine Current First Aid Card Proof of U.S. Citizenship Color Vision Test Food Handlers License <p>Students and faculty will be informed of additional requirements need to be met by education institution</p>

Why are vaccinations important?

You are likely to come into contact with infective material from patients, potentially placing you at risk for exposure and possible transmission of vaccine-preventable diseases.

Why is the Clinical Passport so important?

Employers and healthcare providers 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. Vaccines help maintain immunity and safeguards you and other healthcare professionals from infection and the potential or patients becoming infected.

Keeping Current

You have the professional responsibility to know and keep current with your immunizations and health requirements.

Clinical Placements Northwest Student/Faculty Clinical Passport Requirements	
Student/Faculty Name: Last, First, M.I. DOB _____ Last Name, First, M.I. _____ College: _____ Program: _____ Form verified by: _____ Name: _____ Date: _____ Name: _____ Date: _____ Name: _____ Date: _____	
<small>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.</small>	
SUBMITTED ONCE	SUBMITTED EVERY YEAR
TUBERCULIN STATUS <ul style="list-style-type: none"> Two-step TST#1 Place Date _____ Read Date _____ Result: mm _____ Neg _____ Pos _____ Two-step TST#2 Place Date _____ Read Date _____ Result: mm _____ Neg _____ Pos _____ TB IGRA Date _____ Result _____ If New Positive/Exam/X-ray Date _____ OR Positive TST/Negative X-ray Date _____ HEPATITIS B (3 primary series shots: [at 0, 1, 6 mos.] plus titer confirmation [6-8 weeks later]) <ul style="list-style-type: none"> Vaccination Dates: <ul style="list-style-type: none"> 1) _____ Date _____ 2) _____ Immunity confirmed by titer: Date _____ OR 3) _____ 4) _____ Immunity confirmed by titer Date _____ 5) _____ OR 6) _____ Immunity confirmed by titer (anti-HBs or HepB SAb) Date _____ History of disease Date _____ Known non responder _____ MMR (Measles, Mumps, Rubella) <ul style="list-style-type: none"> Vaccination Dates: <ul style="list-style-type: none"> 1) _____ 2) _____ OR Immunity by titer: Measles Date _____ Mumps Date _____ Rubella Date _____ VARIKELLA (Chicken Pox) <ul style="list-style-type: none"> Vaccination Dates: <ul style="list-style-type: none"> 1) _____ 2) _____ OR Immunity by titer: Date _____ TETANUS/DIPHTHERIA/PERTUSSIS <ul style="list-style-type: none"> Tdap Date _____ Td Date _____ AHA BLS Healthcare Provider Certificate <ul style="list-style-type: none"> Expiration Date _____ Authorization for Release of Record School keeps this on file	TUBERCULIN STATUS <ul style="list-style-type: none"> Annual TST (given less than one year from previous TST) <ul style="list-style-type: none"> Date _____ Result: Neg _____ Pos _____ mm _____ Date _____ Result: Neg _____ Pos _____ mm _____ Date _____ Result: Neg _____ Pos _____ mm _____ Annual TB IGRA (drawn less than one year from previous IGRA) <ul style="list-style-type: none"> Date _____ Result _____ Date _____ Result _____ If New Positive/Exam/Chest X-ray <ul style="list-style-type: none"> Exam Date _____ X-ray Date _____ Known Positive/Possible Treatment/Annual Symptom Check from Health Care Provider Date _____ INFLUENZA Effective dates: 09/31/2016 - 4/30/2017 <ul style="list-style-type: none"> Which healthcare provider administered vaccine? <ul style="list-style-type: none"> Proof of seasonal vaccination <ul style="list-style-type: none"> Date 1 _____ Date 2 _____ Date 3 _____ OR Signed declaration <ul style="list-style-type: none"> Date 1 _____ Date 2 _____ Date 3 _____ BACKGROUND CHECK <ul style="list-style-type: none"> National Criminal Background Check including Excluded Provider Search on OIG and OSA upon admission and then monthly OIG and OSA <ul style="list-style-type: none"> Date _____ Washington State Patrol Check (WATCH) upon admission and then annually <ul style="list-style-type: none"> Date _____ Disclosure Statement annually (School keeps this on file) <ul style="list-style-type: none"> Date _____ LICENSE (any healthcare license, certification, registration) <ul style="list-style-type: none"> State # _____ Exp. Date _____ OR Not Applicable INSURANCE <ul style="list-style-type: none"> Professional Liability Policy <ul style="list-style-type: none"> Expiration Date _____ ADDITIONAL REQUIREMENTS (if applicable) <ul style="list-style-type: none"> Vehicle Insurance Date _____ Personal Health Insurance Date _____ Drug Screen Date _____ Hepatitis A Vaccine Two doses <ul style="list-style-type: none"> Dose 1: _____ Date _____ Dose 2: _____ Date _____ Current First Aid Card Date _____ Proof of U.S. Citizenship Date _____ Confidentiality Statement Date _____ Color Vision Test Date _____ Food Handlers License Date _____ <p>This is not a comprehensive list; there may be more items.</p>
REQUIRED EDUCATION <p>EACH HEALTHCARE INSTITUTION WILL COMMUNICATE TO FACULTY AND STUDENTS ANY REQUIRED EDUCATIONAL CONTENT TO BE COMPLETED PRIOR TO PARTICIPATING IN PATIENT CARE.</p> <p>STUDENTS AND FACULTY IN CPKAs AND INPCFC CONSORTIUMS MUST COMPLETE ALL STUDENT LEARNING MODULES ON THE WEBSITE. IF ANY QUESTIONS, PLEASE CONSULT YOUR PROGRAM</p>	

Clinical Passport Tutorial

TUBERCULIN STATUS

There are two types of tests that are done to measure for TB exposure:

- Tuberculin Skin Test (TST)
- TB blood tests (IGRA)

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 and 72 hours after administration. You will have to retest if not read within this time period.

If the first TST is negative, you will need to obtain a second TST within 1-3 weeks, then yearly after that. If your yearly TST lapses, you will then need to again complete the 2-step process.

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<p>These requirements are in place for the health and safety of students, faculty and their patients. Records will be kept at the institution. Specific health care institutions may require vaccination without exception (i.e., no declination) http://flushot.healthmap.org/</p>	
<p>SUBMITTED ONCE</p> <p>TUBERCULIN STATUS</p> <ul style="list-style-type: none"> • Documentation of an initial 2 step TST is required AND documentation of annual TSTs since 2 step was completed • If no records of previous positive TB tests > or more than 12 months since last TST → 2 step TST OR • Negative TB IGRA test within 12 months OR • If negative TST within 12 months → one step TST • If newly positive TST or TB IGRA → 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 • If history of BCG vaccine → TST Skin Testing as above or TB IGRA. If negative → OK; if positive → follow up as above <p>HEPATITIS B</p> <ul style="list-style-type: none"> • Documentation of Series of 3 vaccine completed at appropriate time 	<p>EVERY YEAR</p> <p>TUBERCULIN STATUS</p> <ul style="list-style-type: none"> • 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: submit annual symptom check completed within one year from healthcare provider <p>INFLUENZA</p> <ul style="list-style-type: none"> • Proof of seasonal vaccination(s) OR • Signed declination for student/faculty who decline vaccination <p><i>Specific healthcare institutions may require vaccination without exception (i.e., no declination) http://flushot.healthmap.org/</i></p> <p>BACKGROUND CHECKS</p> <ul style="list-style-type: none"> • National Criminal Background Check and Washington State Patrol Background Check

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If first TST is negative, retest within 1-3 weeks, then yearly.

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 treatment (chest x-rays).

TB Blood Tests - Interferon Gamma Release Assays (IGRAs) are blood tests for detection of infection to M. tuberculosis. The IGRA measures the person’s immune reactivity to M. tuberculosis, the bacterium that causes TB. The IGRA tests most commonly available are the QuantiFERON Gold In-Tube (QFT-IT) and TSPOT tests.

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IGRA for M. tuberculosis

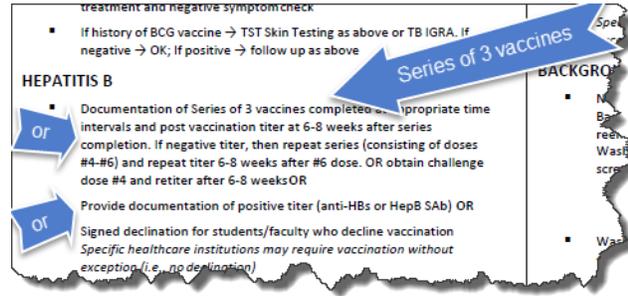
Note: If you have a newly positive TST or TB Blood Test you will require a follow-up by your healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease). You will also need to complete a health questionnaire.

Clinical Passport Tutorial

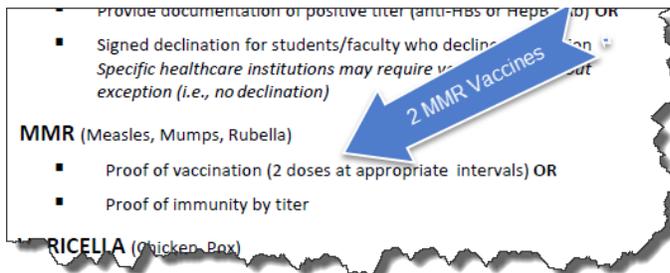
HEPATITIS B

Complete a series of three vaccines at 0, 1, and 6 months and a post vaccination titer at 6 and 8 weeks after the series... or

- Provide documentation of positive titer (anti-HBs or HepB Sab)... or
- Provide documentation of history of Hepatitis B... or
- Furnish a signed declination. Note: Many healthcare organizations do not accept a declination.



MMR



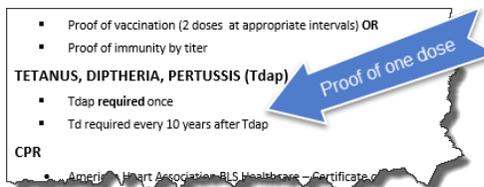
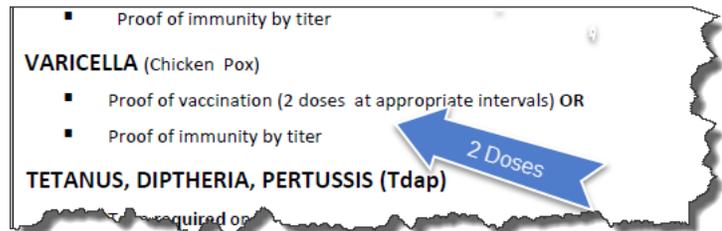
You are required to have 2 MMR vaccines or proof of titer (3 titers, one each of Measles [Rubeola], Mumps and Rubella).

NOTE: In most cases getting the MMR is far less expensive than having blood titers drawn. Revaccination with MMR is safe.

Varicella

You are required to have 2 Varicella vaccines or proof of titer.

NOTE: The titer is only recommended if you have had chicken pox disease. Titer after Varicella vaccine is not recommended by the CDC as most Varicella tests are not sensitive enough to detect antibody level for immunity post vaccination.



Tetanus

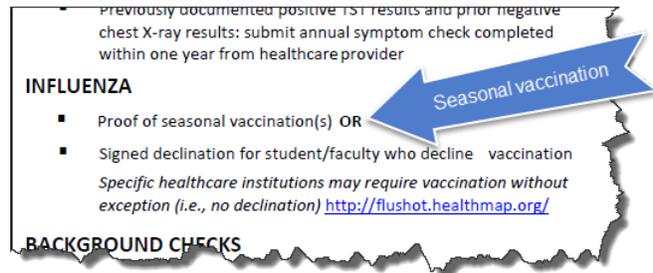
Students and faculty are required to show proof of one dose of Tdap and a routine Td booster every 10 years.

Clinical Passport Tutorial

Influenza

Students and faculty are required to show:

- Proof of seasonal vaccine (either the flu shot or nasal spray flu vaccine and where administered [pharmacy, personal medical provider, etc.]... **or**
- Signed declination of vaccination.



NOTE: Some healthcare institutions require vaccination without exception. Others may allow you to decline on a basis of medical condition, religious belief or creed, or on the basis of a strongly held personal belief. That requires your signature on a declination form stating the reason for declining and committing to wear a mask at all times during flu season when in the institution.

Keep in mind that all **live** vaccines, such as MMR, Varicella, LAIV (nasal flu) have to be administered on the same day or separated by 28 days.

Expiration - If any of your immunizations expire in the middle of the quarter or semester, up-to-date immunizations are required before beginning the term.

Authorization for Release of Record



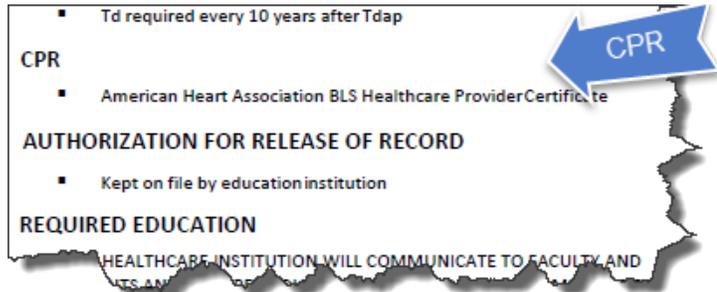
Healthcare organizations conduct **random compliance audits** of student and faculty health and safety requirements. At any time, healthcare has the authority to request proof of a student's and faculty's Clinical Passport information.

Your education program will ask you to sign a form which authorizes the college to release this information to any healthcare organization which provides the student's clinical training experience. This includes all necessary background check information (including, but not limited to: National criminal background check, Washington State Patrol background check, OIG and GSA Excluded Providers database search), and immunization records to any affiliated clinical education site requesting such information in order to finalize your externship placement with those facilities.

Clinical Passport Tutorial

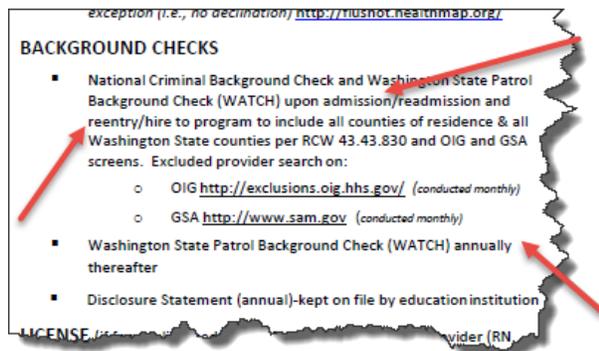
CPR

You are required to complete an American Heart Association (AHA) BLS course. The BLS Course teaches both single-rescuer and team basic life support skills for application in both in- and out-of-hospital settings. The course trains participants to promptly recognize several life-threatening emergencies, give high-quality chest compressions, deliver appropriate ventilations, and provide early use of an AED. It includes adult, child, and infant rescue techniques.



NOTE: Course can be AHA BLS Provider or Military Health Network Course. "Heartsaver CPR is not acceptable for this requirement."

Background Checks

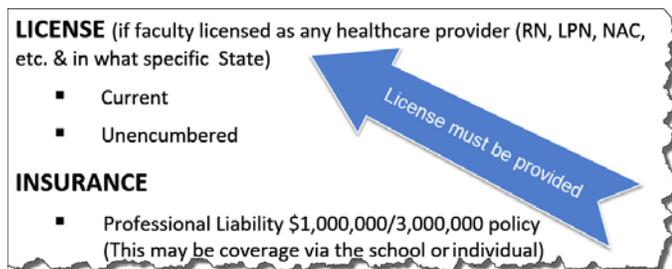


Thorough Criminal Background Checks are performed upon admission and reentry/rehire to a program. Checks are repeated annually.

Healthcare partners reserve the right to refuse or accept any student on the basis of these checks.

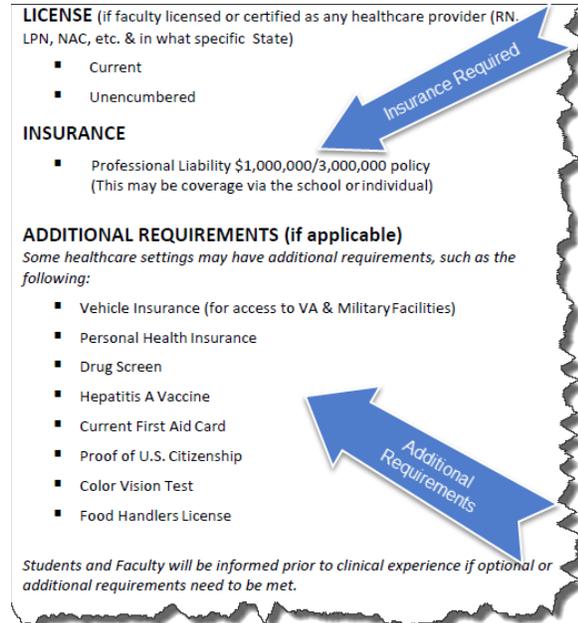
Licensure

If any individual possesses a healthcare license, certification or registration, this information must be provided including State of issue and expiration date.



Clinical Passport Tutorial

Insurance



LICENSE (if faculty licensed or certified as any healthcare provider (RN, LPN, NAC, etc. & 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.

Professional Liability insurance policy with a \$1,000,000/3,000,000 limit is required. A policy expiration date must be provided.

NOTE: Some healthcare organizations may have additional requirements that are listed at the bottom of your Passport. Your education program will inform you if any of these requirements will be necessary.