

MS in Nursing (MSN) Compliance Packet Policies, Procedures, and Forms

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, both prior to and especially after practicum courses begin. Students must also be prepared to meet any additional compliance requirements of clinical agencies in which they are placed for practicums.

Summary of MSN Program Compliance Requirements:

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

- Verification of identity, including current state driver’s license or state-issued identification card and valid Green Card (if applicable)
- Current verification of California RN licensure
- Criminal background check, done once at the beginning of the MSN program, and 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)
- Health requirements, including:
 - physical exam with verification of fitness for “Essential Duties to Meet Clinical Requirements”
 - Titters/boosters to verify immunity status to selected pathogens
 - Influenza vaccination
 - TB skin test
- Proof of health insurance
- Proof of transportation, either a current automobile insurance policy or a notarized letter stating who will be responsible for your transportation
- Competencies: CPR certification, HIPAA Compliance, Universal Precautions/Blood-borne Pathogens, Mandatory Reporting Procedures

Please note: Compliance requirements are subject to change, typically when clinical partners change their requirements.

Compliance Documentation Process and Deadlines:

The Department of Nursing uses the services of CastleBranch (CB) Tracker®, a proprietary online product, to house students’ compliance documentation, maintain privacy of documents, and track ongoing adherence to compliance 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; it will include the CSUSB Package Code which must be entered when you create your account (“place your order”). The [link to the Castlebranch Help webpage is here](#). Documents verifying compliance are uploaded to one’s personal CastleBranch® account.

MSN students’ criminal background check and drug screen are completed through CastleBranch® for both their criminal background check and their drug screen.

A detailed list of compliance requirements begins on page 3. Deadlines for submission of documentation is in Table 1 on page 4. Needed forms begin on page 6, and specific instructions for the

Background Checks and Drug Screens begin on page 9.

It is the student's responsibility to keep all compliance documentations updated, by submitting documentation of renewed documents such as CPR certification, TB test results, health insurance, and auto insurance to CastleBranch prior to any/all pertinent expiration dates. Please note that most hospitals require that health documents not expire in the middle of a clinical term, rather that compliance with health requirements be current for the entire duration of the clinical time.

Any student who is found to have submitted false compliance information will be immediately dismissed from the CSUSB MSN 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 in their personal files. 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.

Please be aware: Compliance requirements are all subject to change at any time.

Additional Information on Selected Compliance Requirements:

A student whose enrollment in the MSN program is interrupted for a period of one (1) term or greater will be required to have a new background check and drug screen conducted upon re-entry to the program.

If a student is employed at a health care agency such as a hospital, reports of titers done for the employer will be acceptable. 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 the American Heart Association (AHA) Basic Life Support (BLS) course for healthcare professionals (2-year certification).

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

For any questions, please contact the MSN Program Coordinator, Dr. Pinthusorn Pattayakorn. Thank you for your cooperation.

Pinthusorn Pattayakorn, PhD.,RN, SCRNP
MSN Program Coordinator
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Required Compliance Items & Needed Documentation

- **Current state driver’s license or state-issued identification card** - upload copy of the driver’s license or state-issued identification card.
- **Valid Green Card/Permanent Resident Card (if applicable)** - upload copy
- **Current California RN licensure** - upload copy of current RN license obtained from the California Department of Consumer Affairs (DCA) [License Search website](#).
- **Background Check and Drug Screen – Read information carefully on the forms reproduced on the following pages.**
 - Students will use CastleBranch® for the Background Check and Drug Screen.
 - Additional Background Checks and Drug Screens may be required by practicum agencies throughout program.
- **HIPAA Certification** – View the HIPAA video posted in the Active MSN Students Canvas® and Blackboard® courses, fill out form and upload to CastleBranch Tracker®. *Repeat every fall semester.*
- **Universal Precautions and Blood Borne Pathogens** - View the BBP video posted in the Active MSN Students Canvas® and Blackboard® courses, fill out form and upload to CastleBranch Tracker®. *Repeat every fall semester.*
- **Mandatory Reporter** - Read California BRN Abuse Reporting Requirements material posted in the Active MSN Students Canvas® and Blackboard® courses, fill out form and upload to Castlebranch Tracker®. *Repeat every fall semester.*
- **MSN Student Handbook Acknowledgement Form** - Read the MS in Nursing Student Handbook posted in the Active MSN Students Canvas® and Blackboard® courses, fill out form and upload to Castlebranch Tracker®. *Repeat every fall semester.*
- **Proof of Transportation** - Upload a copy of document demonstrating current auto insurance policy OR a notarized letter stating who will be responsible for your transportation (form available from the MSN Program Coordinator). *Update whenever insurance is renewed.* NOTE: A valid driver’s license and auto insurance policy for the person responsible for your transportation must also be submitted and updated upon renewal.
- **Proof of Current Health Insurance Coverage** - Upload a copy of current/valid health insurance card (an actively covered statement). *Update whenever insurance is renewed.*
- **Proof of Immunity: Measles, Mumps & Rubella (MMR)*** - Upload official documentation of positive antibody titers for all 3 components ([lab results 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)
- **Proof of Immunity: Varicella (Chicken Pox)*** - Upload official documentation of positive antibody titer (lab results 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)
- **Proof of Immunity: Hepatitis B*** - Upload official documentation of positive antibody titers for all 3 components (lab results report required). If you report an equivocal or negative titer, you MUST receive three doses of the Hep B booster at 0, 1, and 6 months. Post-vaccination you must have a titer dawn 1-2 months after the series; if the report still shows an equivocal or

negative titer, the student may ask for a declination waiver and submit the signed waiver form.
* (see NOTE below)

- **TB Skin Test** - Upload official documentation of 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 2 consecutive annual TB blood tests (QuantIFERON Gold Test or T-spot). Lab results reports are required. If the results are positive, a clear Chest X-Ray (with radiology report) PLUS annual documentation from your healthcare provider that you are free of TB symptoms (use the CSUSB form) must be submitted.
- **Tetanus, Diphtheria & Pertussis (Tdap)** - Upload official documentation of a Tdap booster within the past 10 years OR one Tdap at any point *and* Td or Tdap booster within the past 10 years.
- **Influenza Vaccine** - Upload official documentation of a flu shot administered during the current flu season. *Update annually.*
- **CPR Certification**
 - Must be the American Heart Association Healthcare Provider course.
 - Upload copy of front & back of signed CPR certification card received following completion of an American Heart Association Healthcare Provider course.
- **Physical Examination**
 - Official documentation of an examination 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, have it signed by your provider, and upload to CastleBranch.

***NOTE: This is a multi-step process that requires timely attention. You must allow enough time to schedule blood work and/or X-rays, obtain lab and/or X-ray results, and upload documents into CastleBranch by the required deadline.**

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

Table 1. Required Compliance Documentation & Submission Deadlines

Compliance Documentation	Submission Deadline	Comments
Copy of Valid Driver’s License or California ID card	August 13	All students; <i>update when renewed</i>
Copy of Valid Green Card (if applicable)	August 13	All students; <i>update when renewed</i>
Copy, current unrestricted California RN license	August 13	All students; <i>update when renewed</i>
Background Check results	August 13	New students
Drug Screen results	August 13	New students
Copy of Current CPR Certification	August 13	All students; <i>update when renewed every 2 years</i>
TB Skin Test (Two-Step or consecutive annual One-Step tests)	August 13	All students; <i>update by August 15th annually thereafter</i>
Measles, Mumps, & Rubella (MMR) Titer	August 13	New students
Varicella (Chicken Pox) Titer	August 13	1. New students in the Nurse Educator concentration

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		2. <u>All continuing students taking NURS 6000</u> in the Fall semester if not previously submitted
Hepatitis B (Titer)	August 13	1. New students in the Nurse Educator concentration 2. <u>All continuing students taking NURS 6000</u> in the Fall semester if not previously submitted
Tetanus, Diphtheria, & Pertussis (TDAP) Vaccine	August 13	1. New students in the Nurse Educator concentration 2. <u>All continuing students taking NURS 6000</u> in the Fall 2021 semester if not previously submitted
Physical Examination Form	August 13	1. New students in the Nurse Educator concentration 2. <u>All continuing students taking NURS 6000</u> in the Fall semester if not previously submitted
Proof of Current Health Insurance Coverage	August 13	1. New students in the Nurse Educator concentration 2. <u>All continuing students taking NURS 6000</u> in the Fall semester if not previously submitted <i>Update when renewed</i>
Proof of Transportation	August 13	1. New students in the Nurse Educator concentration 2. <u>All continuing students taking NURS 6000</u> in the Fall semester if not previously submitted <i>Update when renewed</i>
HIPAA Certification Form	August 24	All students; <i>repeat every Fall semester</i>
Universal Precautions & Blood Borne Pathogens Form	August 24	All students; <i>repeat every Fall semester</i>
Mandatory Reporter Form	August 24	All students; <i>repeat every Fall semester</i>
MSN Student Handbook Acknowledgment Form	August 24	All students; <i>repeat every Fall semester</i>
Influenza Vaccine	November 1 (i.e., during current flu season)	All students; <i>repeat annually thereafter</i>

California State University, San Bernardino
Essential Duties to Meet Practicum Requirements
(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 practicum. 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 practicum 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 practicum activities, students are required to travel to agencies and hospitals, and possibly even to homes and locations 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 practicum 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, repositioning, lifting, and other nursing duties.
3. **Fine Motor Movements:** Necessary to manipulate syringes and IVs; to assist patients with feeding and hygiene; to write and type 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; ability to be understood on the telephone.
5. **Vision:** Visualize patients in order to assess and observe their health status including 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
Physical Exam Health Clearance Form**
(Give this form to your provider prior to your physical exam)

Client (Student) Name: _____

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

Provider Printed Name & Credentials: _____

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 (____) - _____

Provider's Signature (MD, DO, NP, PA only)

Date

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 of the chest x-ray: _____

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 of Student _____ Date _____

Print Name _____ Student ID # _____

Health Care Provider Verifying Information

THIS FORM MUST BE SIGNED BY A HEALTH CARE PROVIDER

Nurse Practitioner (NP), Physician (MD or DO), Physician’s Assistant (PA), or a public health official

Name & Credentials of Health Care Provider [Print]

Telephone [area code + number]

Signature of Health Care Provider

Date

Address of Health Care Provider

CastleBranch Background Check & Drug Screen

Package Code Name: CA49bgdt

CastleBranch

California State University
How to Place Order

Welcome to **myCB**

To place your order go to:
<https://portal.castlebranch.com/CV10>

Package Name (if applicable):
select program you are 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