



## **GVSU Health Compliance Policy**

### **I. PURPOSE**

Students, faculty, staff and volunteers (associates) at Grand Valley State University (GVSU) may participate in clinical or non-clinical experiential education or research at health-related affiliated organizations. In order to be protective of everyone involved, associates and the community served, certain participation guidelines have been established.

Infectious communicable diseases may be present in affiliated organizations. During experiential education or research activities, associates may interact with or be exposed to clients who are immunocompromised, or with diseases such as, but not limited to, tuberculosis (TB), hepatitis B, influenza, and other infectious conditions.

University policy, state and federal statutory regulations, and accreditation standards for academic programs and affiliated organizations require that our associates comply with certain health, safety, and legal requirements. As such, GVSU is contractually mandated to ensure all associates attain and maintain full compliance as defined in its affiliation agreements.

### **II. AFFILIATION AGREEMENTS**

Affiliation Agreements, established for the purpose of experiential education or research, are a contractual relationship between GVSU and affiliated organizations to specify responsibilities and liabilities of each party.

The Health Compliance Office is responsible for executing, obtaining authorized signatures, and maintaining Affiliation Agreements for GVSU's health-related academic programs and for its other academic programs that utilize health-related affiliated organizations for experiential education or research.

GVSU authorized signatories include program deans, their signatory designees, the Vice Provost for Health and those individuals possessing signature authority at affiliated organizations.

An Affiliation Agreement must be established prior to all clinical or non-clinical experiential educational or research in health-related affiliated organizations. Requests for new Affiliation Agreements for approved student placements must be sent via email to the Health Compliance Coordinator as soon as possible, but no less than twelve (12) weeks prior to planned experiential education or research. The Health Compliance Coordinator cannot guarantee the length of time it will require to fully execute an Affiliation Agreement with a particular site. Associates may not begin their planned experiential education or research until after the Affiliation Agreement is fully executed. Program Coordinators are responsible for educating students regarding this Affiliation Agreement policy and the associated timeframes regarding Affiliation Agreement requests.

Program Clinical Coordinators must submit a request for an Affiliation Agreement by email by providing the following information:

- Affiliated facility's full name and address

- Affiliated facility's representative name, title, phone number, and email address
- Student's planned experiential education or research start date
- Affiliated facility's authorized signatory name and title, if known

If students are considering an international location for experiential learning, they should review the *International Clinical Site Placement for Health Profession Students Protocol* and also contact Padnos International Center.

### **III. ACCOUNTABILITY**

#### **A. Associates**

Faculty coordinating student placements in affiliated organizations are responsible for approving student placements based on Health Compliance requirements being met prior to any participation in experiential education or research at an affiliated organization.

Health Compliance requirements for each program shall be established based upon requirements contained within the affiliation agreements. All associates are responsible for protecting their own health and the clients or research participants with whom they interact by attaining and maintaining compliance with identified health compliance requirements.

Students and volunteers maintain full financial responsibility for obtaining all compliance requirements. Faculty and staff compliance requirements shall be paid for by the GVSU Health Compliance Program when authorized health care providers and vendors are used. Faculty and staff members are financially responsible for obtaining and maintaining professional licensing and specialty certification. A list of health compliance requirements and authorized providers and vendors shall be specified in the faculty and staff's Health Compliance account.

By the required due date, students must achieve compliance with all health, safety, and legal requirements applicable to the program to which they have been admitted. Students must maintain full compliance with all requirements until the student has graduated, or until the program has submitted written communication to Health Compliance that all experiential education or research activities required for graduation have been completed.

Faculty, staff, and volunteers are to attain and maintain full compliance with all requirements throughout their tenure with the University.

**Consequences for Non-Compliance:** Health compliance audits will be conducted on a regular basis. Reports will be forwarded to the appropriate program representative with the recommendation that associates who fail to attain or maintain compliance by their program's due date or as otherwise required be restricted from any experiential educational or research activities at affiliated organizations until compliance is achieved.

GVSU associates participating in Health Compliance regulated programs should retain their original documents. Direct uploading of electronic document files into an individual's Health Compliance account is recommended to assure, eliminate paper copies, minimize risk in a breach of confidentiality, and to decrease errors.

Additional requirements may be contractually mandated by affiliated organizations to which students are placed. These additional requirements are non-negotiable and must be met. Additional requirements are documented in Contract Logix. Program coordinators are responsible to review contractual requirements

for each placement site either on Contract Logix, or via the Excel spreadsheet distributed monthly by the Health Compliance Coordinator. The Program Coordinator will notify the Health Compliance Officer of any associate with additional health compliance requirements. The Health Compliance Officer will have the additional requirements reflected in the associate's health compliance account and tracked for completion.

Each semester, upon request from the Office of the Vice Provost for Health, faculty coordinating student placements are responsible for submitting their program's experiential education data for entry into the GVSU health-related clinical internship database. The data required per student includes; student's first and last names, last four digits of student's G#, student's email address, name of facility of placement, facility agency (if applicable), facility address, timeframe of internship, total number of hours, each assigned preceptor's first and last names, each assigned preceptor's email address, and phone number. Submission must conform to requested format.

## **B. Health Compliance Office**

All compliance records will be maintained for current students and made accessible to the student after graduation.

- Student's whose health compliance tracking is maintain on Blackboard will have access to their information for up to one year after graduation through the Blackboard site. One year after graduation, all documents will be archived for seven years.
- Student's whose health compliance tracking is maintained on CastleBranch will have lifetime access to the information they submitted to their CastleBranch account.

Compliance records for faculty, staff, and volunteers will be maintained while the individual is affiliated with the University. Records will be archived after one semester of inactivity, and retained for seven years.

Duties of the Health Compliance Office within the Office of the Vice Provost for Health include, but are not limited to:

- Administration and maintenance responsibilities for the health compliance information on Blackboard and with CastleBranch.
- Annual update of health compliance training modules including, but not limited to:
  - Bloodborne Pathogens
  - Tuberculosis (TB) and Infection Control
  - Family Educational Rights & Privacy Act (FERPA)
  - Elder Justice Act of 2009
  - Health Insurance Portability and Accountability Act (HIPAA)
  - Intellectual Property.
- Review and maintain documents submitted to Health Compliance organizations on Blackboard.
- Submission of associate health compliance requirements to CastleBranch.
- Audit of CastleBranch grading to ensure compliance with GVSU policy.
- Provide, upon request, Clinical Passport letters or other forms of compliance attestation, for associates.
- Generate, process and maintain record of preceptor *Affiliated Clinical and Research Faculty* appointment letters and certificates.
- Provide assistance with obtaining clinical placement sites as needed.

- Ensure that required items submitted meet standards set forth by the University, state and federal regulations, affiliation agreements, and the Centers for Disease Control and Prevention.
- Establish processes for notification and recommendation for participation restrictions for non-compliance.
- Notify associates via email of non-compliance status and/or pending expiration of compliance items.
- Notification process for Health Compliance includes, but not limited to:
  - The first notification sent will be for the initial set-up of the organization with instructions regarding health compliance system use, expectations and the process for meeting requirements.
  - A second notification will be sent approximately two weeks prior to the Health Compliance due date to assist in timely completion of compliance requirements. This email will be directed to all associates who have not yet met the Health Compliance requirements. It will contain instructions for the associate to visit their health compliance account to identify requirements that remain outstanding; notification that their program has been informed, that they will enter non-compliant status if not met by the due date; and an alert that, if non-compliant, they will not meet the requirements to enter affiliated organizations for experiential education or research activities.
  - After the indicated due date, additional notices will be sent to associates who are non-compliant, and the program with a list of those associates that are non-compliant.
  - Monitoring of each health compliance account will continue for those compliance requirements that expire annually or periodically. Notification emails will be sent to associates as needed.

#### IV. COMPLIANCE REQUIREMENTS

The following are detailed compliance items that may be required for all clinical and non-clinical experiential education or research at health-related organizations as outlined in each affiliation agreement. Each program's Health Compliance site will list each program's specific health compliance requirements.

##### A. Physical Exam

If required by the program, students must submit a completed *GVSU Health and Immunization Form* available in the associate's health compliance account in Blackboard or CastleBranch. The form must be completed by one of the following licensed professionals: physician, certified nurse practitioner or physician assistant within 12 months prior to submission.

##### B. Immunizations & Serologic Titers:

For programs that require documentation of immunizations, but do not require a physical exam, documentation must be submitted via one of the following mechanisms:

- GVSU Immunization Form completed/signed by a licensed healthcare provider
- Copy of a state immunization registry
- Copy or screen print from a patient portal

The following immunizations may be required based on CDC Recommendations for Healthcare Personnel (unless medically contraindicated):

- Tetanus, Diphtheria, and Pertussis (Tdap) – Must Meet Criteria 1 and 2:
  - Criteria 1: One dose of Tetanus, Diphtheria, and Pertussis (Tdap) after age 11, regardless of when previous dose of Tetanus Diphtheria (Td) was received **AND**
  - Criteria 2: A Td or Tdap vaccination within the last ten years;

- Measles (Rubeola), Mumps and Rubella (MMR)
  - Documented two vaccinations **OR** titer results indicating immunity;
  - If vaccination documents are not available and titer is negative, vaccination/revaccination is required;
- Hepatitis B
  - Documented immunization series of three vaccinations, **AND** a Hepatitis B surface antibody titer result indicating immunity;
  - If the associate's titer result is negative after initial vaccination series a booster dose and/or an entire second series of three vaccinations is required followed by titer retesting four to six weeks after last vaccination;
  - If subsequent titer is negative following an entire second vaccination series the associate is considered a non-responder and a signed *Hepatitis B Waiver-Non-responder form* will be required. A note will be made in the associate's health compliance account of non-responder status and receipt of the form;
  - If record of the initial series of Hepatitis B vaccination is unobtainable, and the titer indicates immunity, the associate will be encouraged to receive a complete vaccination series. If the associate chooses not to obtain additional vaccines, a signed *Hepatitis B Waiver-Lack of Vaccine Documentation with Positive Titer form* will be required. A note shall be made in the associate's health compliance account of the effort to obtain the record, the result of titer indicating immunity, and receipt of the form;
- Varicella (Chicken Pox)
  - Documented two vaccinations **OR** confirmed disease by medical provider **OR** titer results indicating immunity;
  - If vaccination documents are not available and titer is negative, vaccination/revaccination is required;
- Influenza (Flu)
  - Annual influenza vaccination;
  - Additional strain influenza, if applicable, and available;
- Meningococcal
  - One adult Meningococcal vaccination and a booster dose every five years for associates who are routinely exposed to isolates of *Neisseria meningitidis*;

### C. Refusal to Consent to Vaccination

It is the right of associates to refuse vaccinations. In such cases, a *Refusal to Consent to Vaccination Form* will be provided to the associate by the Health Compliance Officer, and must be signed by the associate. The associate will be informed that declination of vaccines may result in an inability to participate in experiential education or research activities which may affect an associate's eligibility for program completion.

Refusal to consent to vaccination is subject to the usual notification process regarding non-compliance status.

### D. TB Screening

Initial tuberculosis screening will be validated by the two-step TB testing process using the Mantoux Skin Test, with an annual screening thereafter. The two-step testing is used to reduce the likelihood that a reaction may be misinterpreted as a recent infection.

A two-step baseline TB skin test will be required for the following associates:

- Those who will be entering the annual TB testing program,

- Those who have not been skin tested in the previous year.

If there is a documented history of a positive TB skin test, submission of the *Tuberculosis Screening Questionnaire* and a result of a baseline chest x-ray is required.

For individuals who have received the Bacillus Calmette-Guerin (BCG) vaccine TB blood tests called Interferon-Gamma Release Assays (IGRAs) are the preferred testing method as they are less likely to give a false-positive results.

A two-step process is not required when baseline testing is completed via TB blood test, and subsequent annual testing should be completed by TB blood test.

### TB Testing Requirement

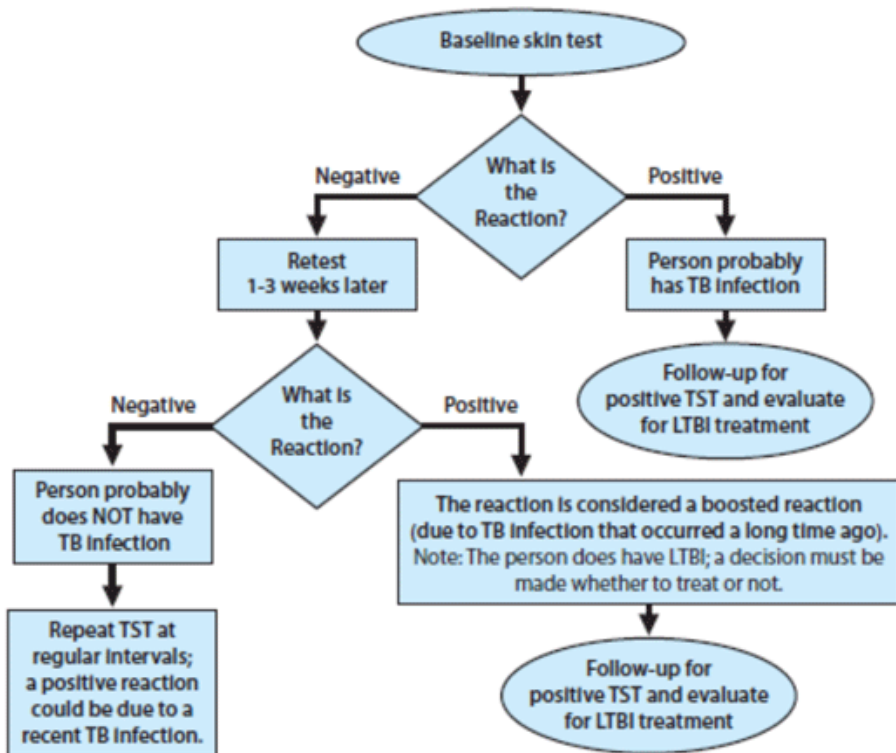
Associates must submit documentation showing the results of two TB skin tests.

The first test must be documented as “negative” and that it was completed within the past 12 months, the second test must be completed no earlier than 7 days after the first.

If the second test is “negative,” the associate should be classified as having a “negative baseline Tuberculin Skin Test” result. An associate can then follow up with an annual screening of a Tuberculin Skin Test.

If the first test is positive further medical evaluation including chest x-ray is required prior to the start of any GVSU Health Program experiential and research activities.

GVSU prohibits associates from interpreting their own TB test results or from asking faculty to make this determination.



CDC, Reviewed 3/28/2017

Optional Tests for Initial and Annual TB Screening:

1. QuantiFERON – TB Gold In-Tube test (GFT-GIT)
2. T-SPOT Tb Test (T-Spot)

These TB blood tests (also called Interferon-Gamma Release Assays or IGRAs) may be used instead of (but not in addition to) the TB skin test. The TB blood tests measure how the immune system reacts to the bacteria that causes TB. A positive IGRA means that the associate has been infected and an additional medical evaluation is required to determine if the disease is latent or active.

#### **E. Cardiopulmonary Resuscitation (CPR) Certification**

CPR certification is specific to program accreditation requirements. Certification must remain valid. ACLS does not fulfill the requirement for CPR Certification. Courses that are entirely online are not acceptable for initial or renewal CPR certification. Hybrid CPR courses (where the cognitive portion of the course is completed online and the skills evaluation is completed with a certified instructor) are acceptable for associates required to obtain Basic Life Support for Health Care Providers certification.

#### **F. Advanced Cardiovascular Life Support (ACLS) Certification**

ACLS certification is specific to program accreditation requirements. Certification must remain valid. Online initial or renewal ACLS certification courses are not acceptable sources for certification.

#### **G. Criminal Background Check**

Upon matriculation, hire, as identified by program or Affiliation Agreement, a criminal background check, which minimally includes the following elements, is performed: Residency History (seven (7) years), Michigan Statewide Criminal Records (ICHAT), National Sexual Offender Index, and National Healthcare Fraud and Abuse (OIG) Scan. GVSU will only accept criminal background checks completed through the designated University vendor. Directions to obtain criminal background checks are available to the associate through their Health Compliance account.

Criminal background results are reviewed by the Health Compliance Officer. If deemed necessary, the Health Compliance Officer will inform the designated program representative for students and volunteers and the Dean of the College for faculty and staff. The discovery of a criminal record will not necessarily result in the revocation of an acceptance offer or expulsion from a program of study. Convicted offenses that are subject to the rules of the State Mandatory Exclusion Regulations may result in the loss of experiential education and research opportunities at affiliated organizations. As experiential educational and research may be a required component of the curriculum, the loss of training opportunities may affect a student's ability to meet requirements for graduation. Convicted offenses may also result in a student's inability to sit for professional licensure exams.

Associates have the right to review the criminal background check reports for accuracy by contacting the judicial institution or background check vendor.

The program representative or Dean of the College may call together the *Committee for Establishing Practice Guidelines* to assist in determining the course of action if needed.

All associates are required to notify the Health Compliance Officer of any convictions, arrests, charges, or investigations by any law enforcement authorities that occur after the initial background inquiry is completed. The Dean of the program and/or their designee will be notified by the Health Compliance Officer if known additional criminal investigations occur.

Subsequent background checks may be required.

#### **H. Drug Screen**

A drug screen shall be performed upon matriculation, hire, as identified by a program or as identified in Affiliation Agreements. The GVSU standard is a 10-panel drug screen, however some affiliated organizations may require additional tests. GVSU will only accept testing completed through the University's designated vendors. Directions to complete a drug screen are available to the associate through their Health Compliance account.

Questionable drug screen results are reviewed by the designated vendor's Medical Review Officer (MRO). For non-negative results declared by the MRO, associates will be given the opportunity to repeat the drug screen within one week (at the associate's expense) for confirmation of results. For non-negative results, the Health Compliance Officer will notify the designated program representative for students and the Dean of the College for faculty, staff, and volunteers.

The program representative or Dean of the College may call together the *Committee for Establishing Practice Guidelines* to assist in determining the course of action if needed.

Subsequent drug screens may be required.

#### **I. Fingerprinting**

Fingerprints shall be obtained upon matriculation, hire or as requested by an affiliated facility. Fingerprint reports must be obtained through a designated Live Scan provider. Directions to fulfill this requirement are available to associates through their Health Compliance account.

Fingerprint reports will be reviewed by the Health Compliance Officer. The Health Compliance Officer will notify the designated program representative for students and volunteers and the Dean of the College for faculty and staff if convictions found by either the Michigan State Police or FBI deem the associate unsuitable for experiential education or research at organizations affiliated with the University as outlined by the State Mandatory Exclusion Regulations, in addition to, all Tier I, Tier II and Tier III sexual offenses. University may not disseminate fingerprinting results to anyone per federal and State of Michigan law.

The program representative or Dean of the College may call together the *Committee for Establishing Practice Guidelines* to assist in determining the course of action if needed.

Subsequent fingerprinting may be required.

#### **J. Color Blind Testing**

Directions available on Health Compliance site.

#### **K. Bloodborne Pathogens Training**

To be completed online annually through the Blackboard Health Compliance site with a score of 80% or greater to pass.

#### **L. Health Insurance Portability and Accountability Act (HIPAA) Training**

To be completed online annually through the Blackboard Health Compliance site with a score of 80% or greater to pass.

#### **M. Tuberculosis (TB) and Infection Control Training**

To be completed online annually through the Blackboard Health Compliance site with a score of 80%



or greater to pass.

**N. Family Educational Rights & Privacy Act (FERPA) Training**

To be completed online annually through the Blackboard Health Compliance site, with a score of 80% or greater to pass.

**O. Elder Justice Act of 2009 Training**

To be completed online annually through the Blackboard Health Compliance site, with a score of 80% or greater to pass.

**P. Intellectual Property Training**

To be completed online annually through the Blackboard Health Compliance site, with a score of 80% or greater to pass.

**Q. Respiratory FIT testing**

Directions available through the associate's Health Compliance account.

**R. Current and Unrestricted Professional License (if applicable)**

Licensed associates are financially responsible to maintain a current unrestricted license to practice throughout their tenure with the university. A copy of the current license must be submitted to the associate's Health Compliance account.

**S. Authorization to Receive & Release Information**

All associates must review and submit the *Authorization Release Information* available on the Health Compliance site.

**T. Family Educational Rights and Privacy Act (FERPA) Authorization**

All students must review and submit the *FERPA Authorization* available on the Health Compliance site. This statement pertains to the students' authorization for clinical organizations to receive detailed information in regard to students' experiential education and research activities at the affiliated organization.

**U. Renewable Compliance Requirements**

The following are to be renewed prior to due date indicated within the associate's Health Compliance account.

**a. Annually:**

- Tuberculosis screening
- Influenza vaccination
  - Additional strain influenza vaccination if applicable and available
- Training modules

**b. Variable Timeframe:**

- Tetanus/Tdap
- CPR certification
- ACLS certification
- Respiratory FIT testing
- Professional licensure (if applicable)

## **V. Resources**

Unless otherwise stated in the policy, associates may obtain Health Compliance requirements with a healthcare provider of choice. References for additional healthcare and service providers are located through the associate's Health Compliance account.

### **References:**

Centers for Disease Control and Prevention. Recommended Vaccines for Healthcare Workers.

<http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>. Reviewed April 20, 2018

Centers for Disease Control and Prevention. Diagnosis of Latent TB Infection.

<http://www.cdc.gov/tb/publications/ltbi/diagnosis.htm>. Reviewed April 20, 2018

Centers for Disease Control and Prevention, Tuberculosis, Testing and Diagnosis,

<https://www.cdc.gov/tb/topic/testing>, Reviewed April 20, 2018