

## **DEMSN Program - Mesa Clinical Requirements: CastleBranch Check List**

Each semester, student clinical placements in the JoAnn McGrath School of Nursing and Health Professions are dependent upon the opportunities opened to us by our health care system partners. Students and faculty must always keep in mind that we are guests in the clinical setting, and it is incumbent upon us to abide by the policies, procedures, and traditions therein. The requirements for student clinical placement set forth by our healthcare system partners include, but are not limited to, pre-clinical requirements such as our submission of individual student placement information on a deadline, many weeks in advance of any given semester start; our attestation of student compliance with all CastleBranch requirements; and our confirmation that students have completed site-specific orientation requirements.

**CastleBranch** is an external company contracted by the JoAnn McGrath School of Nursing and Health Professions to facilitate, track, and validate student compliance with numerous clinical requirements. During your DEMSN Success Residency, your faculty will guide you in establishing a CastleBranch Account. Subsequently, you will upload evidence of your compliance with the requirements. Below is a check list of the DEMSN program requirements and related documentation that must be successfully submitted to CastleBranch, as a **requirement of MSN-600B**, your DEMSN Orientation course.

Pages 2-8 of this document present a list of the CastleBranch Requirements that you must satisfy throughout the duration of your program. You are advised to review the detailed descriptions provided to ensure your understanding of the clinical requirements and the related required documentation that you will be required to submit to your CastleBranch account successfully. You are advised to take the requirements seriously and carefully attend to the descriptions, because you must meet all requirements by the due date to participate in a clinical practicum course. Incomplete documentation will not be accepted as evidence that you have satisfied the requirements. To successfully complete all requirements by the deadline, you will need to plan carefully.

**Without exception**, ALL MSN-600B Orientation Course Requirements must be successfully completed no later than the last day of your DEMSN Success Residency. Therefore, you must **come to the first scheduled day of you DEMSN Success Residency with complete documentation** of your compliance with those clinical requirements posted **RED** below, in hand and ready to be uploaded to your CastleBranch account. Failure to do so will result in your administrative removal from your clinical course. It is not possible to overstate the **CRITICAL IMPORTANCE** of your attention to **ALL** the details provided in the descriptions of these requirements presented in pages 2-8 of this document.

### **CHECKLIST FOR MESA ORIENTATION (continued on page 2)**

- Background Check
- Arizona DPS Level 1 fingerprint clearance card
- Drug Screen
- AHA BLS-Provider CPR Certification
- Health History and Physical Exam with provider signature
- Proof of Health Insurance **IS REQUIRED FOR THE MESA LOCATION**
- Immunizations
  - TDAP/TD
  - MMR (Measles, Mumps, Rubella) or positive antibody titer
  - Varicella or positive antibody titer
  - Hep B Series or positive antibody titer
- Annual Flu Vaccination (for the current flu season)
- COVID Vaccination

- COVID Booster (if obtained)
- Tuberculosis (TB) test results (and follow-up chest x-ray as required) **This must be a Two-Step TB Test**
- eLearning: OSHA and HIPAA (On-line Training completed through CastleBranch.com)

## Mesa, AZ Clinical Requirements Completed via CastleBranch

Clinical Requirement	Description of Requirement	Frequency of Completion
<b>Background Check (Baseline)</b>	Submit your completed CastleBranch Background Check Form. Be sure to address all elements of the form; failure to do so will result in your form being rejected by CastleBranch. <i>You may not be enrolled in a clinical course if you have not completed this requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i>	Once, upon entry to your program in the JMSNHP.
<b>Arizona DPS Fingerprint clearance card</b>	Submit your level 1 fingerprint clearance card issued by the Arizona Department of Public Safety. Please refer to the process instructions sent in the Welcome Packet. This process <b><u>must be completed or at minimum submitted before your first day of Success Residency.</u></b> <i>You will not be allowed to continue in any clinical course if you have not completed this requirement by the due date identified during Success Residency.</i>	Once, upon entry to your program in the JMSNHP.
<b>Health History and Physical Examination Form (Pages 1-4; Baseline)</b>	Submit your completed Health History and Physical Examination Form (4 pages), signed and dated by your healthcare provider. Be sure to address all elements of the form; failure to do so will result in your form being rejected by CastleBranch. <i>You may not be enrolled in a clinical course if you have not completed this requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i>	Once, upon entry to your program in the JMSNHP.
<b>Proof of Insurance</b>	Submit proof of current health insurance coverage. <b><u>You must maintain health insurance coverage for the duration of the program.</u></b>	You may be asked to submit this proof of current health insurance coverage to compliance for clinical agencies throughout the program
<b>AQ88 eLearning Tracker (multiple online modules for OSHA, HIPAA etc.)</b>	Complete all elements of the OSHA and HIPAA training online through your CastleBranch account as directed. <i>You may not be enrolled in a clinical course if you have not completed this requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i>	Once, upon entry to your program in the JMSNHP.

<p><b>Health History and Physical Examination Form Annual Renewal</b> (Pages 1-3; Annual)</p>	<p>Submit your completed Health History Form (3 pages) by August 1st, January 1st, or May 1st, depending upon whether you entered your program in the fall, spring, or summer semester. Be sure to address all elements of the form; failure to do so will result in your form being rejected by CastleBranch. <i>You may not be enrolled in a clinical course if you have not completed this requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i></p>	<p>Annually by January 1, May 1, or August 1, depending upon semester of your entry to your program (i.e., spring, summer, or fall semester, respectively)</p>
<p><b>CPR Certification</b></p>	<p>Submit evidence of current American Heart Association (AHA) Provider Certification. ONLY AHA CPR certification meets your program requirement. CPR certification granted by the American Red Cross or any agency other than the AHA will not be accepted. You may submit either a copy of electronic certificate of completion of the course (must include "hands-on" skills testing) OR copy of your AHA CPR-provider card. Student's CPR may not expire at any time during their Spring, Summer, or Fall semester. The renewal date will be set in CastleBranch as January 1st, May 1st, or August 1st of the spring, summer, or fall semester in which expiration date on the student's CPR card falls. For example, if expiration date CPR card is 3/20/23, the student must renew prior to 1/1/2023. <i>You may not be enrolled in a clinical course if you have not completed this requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i></p>	<p>Bi-annually by January 1, May 1, or August 1, depending upon semester of your entry to your program (i.e., spring, summer, or fall semester, respectively).</p>
<p><b>Influenza Vaccination (Annual)</b></p>	<p>Submit documentation of your influenza vaccination <b>administered between September 1 and October 15</b> of the current flu season, annually. Documentation of vaccination must include student name, date of administration, and vaccine manufacturer and lot number. No exemptions are permitted. <i>You may not be enrolled in a clinical course if you have not completed this requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i></p>	<p>Annually by October 15 of the current flu season.</p>
<p><b>Tuberculosis (TB) (Baseline at admission)</b></p>	<p>Submit documentation of either of the following completed within the last 12 months: <b>a 2-step TB skin test means two different skin tests administered 1-3 weeks apart OR a negative QuantiFERon Gold Blood Test or T-spot test.</b> IF your TB test is positive, you must submit a clear Chest X-Ray with lab report completed within the last 12 months. Documentation of the TB skin test results must include student name, administration date, measurement of induration in mm, determination of status (positive or negative), and clinic/healthcare system contact information. <i>You may not be enrolled in a clinical course if you have not completed the TB requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i></p>	<p>Once, upon entry to your program in the JMSNHP.</p>

<b>Tuberculosis (TB) (Annual Renewal)</b>	<p>AFTER the BASELINE TWO-STEP TB TEST AT ADMISSION. Each year after, you will submit documentation of <b>1-step TB skin test</b> or <b>QuantiFERON Gold Blood Test or T-spot</b>. IF your TB test is positive, you must submit a clear Chest X-Ray with lab report completed within the last 12 months. Documentation of the TB skin test must include student name, administration date, measurement of induration in mm, determination of status (positive or negative), and clinic/healthcare system contact information. <i>You may not be enrolled in a clinical course if you have not completed the TB requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i></p>	<p>Annually by January 1, May 1, or August 1, depending upon semester of your entry to your program (i.e., spring, summer, or fall semester, respectively)</p>
<b>COVID-19 Vaccination</b>	<p>Submit documentation of your COVID-19 vaccination #1 and #2, evidencing that you are fully vaccinated against COVID-19. Documentation must include student name, date of administration, and vaccine manufacturer and lot number. No exemptions will be permitted. <i>You may not be enrolled in a clinical course if you have not completed this requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i></p>	<p>Full vaccination require upon entry to your program</p>
<b>COVID Booster #1</b>	<p>Submit documentation of your first COVID booster, which is highly recommended but not currently required, but may be in the future. Documentation of vaccination must include student name, date of administration, and vaccine manufacturer and lot number. <i>You may not be enrolled in a clinical course if you have not completed this requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i></p>	<p>TBD</p>
<b>COVID Booster #2</b>	<p>Submit documentation of your second COVID booster, which is highly recommended but not currently required, but may be in the future. Documentation of vaccination must include student name, date of administration, and vaccine manufacturer and lot number.</p>	<p>TBD</p>
<b>COVID Booster #3</b>	<p>Submit documentation of your third COVID booster, which is highly recommended but not currently required, but may be in the future. Documentation of vaccination must include student name, date of administration, and vaccine manufacturer and lot number.</p>	<p>TBD</p>

<p><b>Hepatitis B Vaccination</b></p>	<p>Submit documentation of Hepatitis-B vaccinations <b>OR</b> a positive antibody titer (lab report required and must include student name, administration date, lab result, normal range, and determination of immunity). If your titer is negative or equivocal, you must repeat the Hep B vaccine series. The 3-dose vaccine is given at 0 (baseline), 1, and 6 months. If you repeat a 3-dose series, you must submit documentation of compliance at 0, 1, and 6 months. If you are required to repeat the Hep B vaccine series, you will be required to submit evidence of the first dose by January 1st, May 1st, or August 1st, depending upon whether you enter your program in the spring, summer, or fall semester. The second dose and documentation will be due 4 weeks after the first dose; the third dose and documentation will be due at least 8 weeks after the second dose and at least 16 weeks after the first dose. In some areas of the country a 2-dose series (HEPLISAV-B) is available. If your provider orders this version of the vaccine, which involves administration at 0 and 1 month, you must submit evidence of the first dose by January 1st, May 1st, or August 1st, depending upon whether you enter your program in the spring, summer, or fall semester. The second dose and documentation will be due 4 weeks after the first dose. Documentation of Hep B vaccination must include the student's name and the date each vaccine was administered along with the vaccine manufacturer and lot number. <i>You <b>MAY</b> begin clinicals as long as your Hep B series is underway, but you must meet the deadlines for subsequent doses or you will be administratively removed from your clinical course and costs associated with the course will remain your responsibility.</i></p>	<p>See description.</p>
<p><b>Tetanus, Diphtheria &amp; Pertussis (Tdap)</b></p>	<p>Submit documentation of <b>EITHER</b> a Tdap vaccine administered within the last 10 years <b>OR</b> a Tdap vaccine administered within your lifetime <b>AND</b> a Tdap or Td booster administered within the last 10 years. Documentation of vaccination must include student name, date of administration, and vaccine manufacturer and lot number. <i>You may not be enrolled in a clinical course if you have not completed this requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i></p>	<p>Once, upon entry to your program in the JMSNHP</p>

<b>Measles (Rubeola)</b>	Submit documentation of two measles vaccinations <b>OR</b> a positive measles antibody titer (lab report required and must include student name, administration date, lab result, normal range, and determination of immunity). Documentation of vaccination must include student name, date of administration, and vaccine manufacturer and lot number. If you have never received the measles vaccine or if your titer is negative or equivocal, you must receive and submit documentation of the 2-dose measles vaccine series. <b>The two doses are given at least 28 days apart.</b> You may not be enrolled in a clinical course if you have not completed the 2-dose series. If your vaccination documentation is incomplete and/or not available, you must submit evidence of a positive measles antibody titer as described above. <i>You may not be enrolled in a clinical course if you have not completed this requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i>	Once, upon entry to your program in the JMSNHP
<b>Mumps</b>	Were you born prior to 1/1/1957? If NO, submit documentation of two mumps vaccinations <b>OR</b> a positive Mumps antibody titer (lab report required and must include student name, administration date, lab result, normal range, and determination of immunity). If you have never received the mumps vaccine or if your titer is negative, you must receive and submit documentation of the 2-dose mumps vaccine series. <b>The two doses are given at least 28 days apart.</b> You may not be enrolled in a clinical course if you have not completed the 2-dose series. If your vaccination documentation is incomplete and/or not available, you must submit evidence of a positive measles antibody titer as described above. <i>You may not be enrolled in a clinical course if you have not completed this requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i>	Once, upon entry to your program in the JMSNHP
<b>Rubella</b>	Submit documentation of two Rubella vaccinations <b>OR</b> a positive Rubella antibody titer (lab report required and must include student name, administration date, lab result, normal range, and determination of immunity). Documentation of vaccination must include student name, date of administration, and vaccine manufacturer and lot number. If you have never received the Rubella vaccine or if your titer is negative or equivocal, you must receive and submit documentation of the 2-dose Rubella vaccine series. <b>The two doses are given at least 28 days apart.</b> You may not be enrolled in a clinical course if you have not completed the 2-dose series. If your vaccination documentation is incomplete and/or not available, you must submit evidence of a positive rubella antibody titer as described above. <i>You may not be enrolled in a clinical course if you have not completed this requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i>	Once, upon entry to your program in the JMSNHP

<p><b>Varicella (Chickenpox)</b></p>	<p>Submit documentation of completed 2-dose series of chickenpox vaccine OR evidence of a positive chickenpox antibody titer (lab report required and must include student name, administration date, lab result, normal range, and determination of immunity). If you have never received the chickenpox vaccine or if your titer is negative or equivocal, you must receive and submit documentation of the 2-dose chickenpox vaccine series. <b>The two doses are given at least 28 days apart.</b> Documentation of chicken pox vaccination MUST include student name, the date each vaccine was administered, and manufacturer name and lot number. If that information is not available, the student must submit evidence of a positive chickenpox antibody titer as described above. <i>You may not be enrolled in a clinical course if you have not completed this requirement by the due date identified in the CastleBranch policy published in the most current version of the JMSNHP handbook for your program.</i></p>	<p>Once, upon entry to your program in the JMSNHP</p>
<p><b>RN Licensure</b></p>	<p>Are you a student in an advanced practice graduate nursing program (i.e., nurse practitioner [NP] or clinical nurse specialist [CNS]) or a doctor of nursing practice (DNP) program? If YES, submit documentation of your WI RN license (must include your name, license # and expiration date). BSN and DEMSN students select "NO."</p>	
<p><b>Drug Screen</b></p>	<p>Urine drug screens must be completed within 48 hours of the time the order is placed in CastleBranch. When ordered, students will receive an email from CastleBranch with directions that include a link to numerous testing centers located throughout the United States. Failure to submit to a drug screen, or attempting to tamper with, contaminate, or switch a urine sample violates professional standards, precluding the student from continuing in a course and achieving practicum course outcomes; consequently, the student is dismissed from their program and the JMSNHP.</p>	<p>Upon entry to your program in the JMSNHP as directed; random as directed.</p>