



Dear Sir / Madame,

The Ochsner Academic Division of Ochsner Health (OH), in keeping with regulatory and legal requirements, have coordinated and standardized requirements for all clinical student activities. The following highlights the approval and clearance process for clinical educational activity at Ochsner facilities.

The Ochsner Student Attestation Sheet must be completed in its entirety for each student rotating at any OH facility and signed by the appropriate school official or instructor.

- The attestation form acknowledges that all mandatory requirements are met. These requirements include the following: clearances for TB, titers for Rubella, Mumps, Measles, and Chicken Pox, Hepatitis B, completed negative drug screens, negative national background check, Basic Life Support Training, eligibility verification on the OIG and GSA lists, flu vaccination, and appropriate insurance coverage required for clinical educational activity.
- Your institution will retain all original documentation of these required activities. On request, as triggered by regulatory, legal demands, or audit processes, these records must be provided to the appropriate Ochsner official within 48 hours.
- The completed attestation form and other required documents as listed below will be submitted to the UGME Office through VSLO.
- Required forms: Ochsner attestation form, student demographic information, signed confidentiality document, and student handbook agreement. The forms must be received at least six (6) weeks prior to the student's proposed start date. Failure to receive this required documentation prior to the beginning of the clinical educational encounter will jeopardize the approval for the requested rotation and subsequent start of the rotation.
- To ensure that all students are being officially registered for the Ochsner clinical education rotation, students must be approved by the Education Department. Students are not to contact unit or departmental faculty directly for rotation approval.

All students are required to receive an Ochsner orientation prior to the beginning of their clinical rotation and complete appropriate forms in the registration packet. If your institution does not facilitate a drug screen test, students need to complete the mandatory 9- Panel Urine drug screen test. U.S. Bio-Chem Medical Services is the approved Ochsner testing facility. (www.usbio-chem.com, 4449 North I-10 Service Road, Metairie, LA 70006, 504-455-6000). Students can report to US Bio-Chem Medical Services any time Monday-Friday between 8:00am-4:30pm. No appointment is needed. Please note this screening will be at the student's expense of \$42.50/screening. Upon arrival, please be sure to identify yourself as an Ochsner Student and present a valid picture ID. Students will receive the results directly to the email address provided upon registration. The results can take from 24 hours to a week to receive. All students will be required to submit the final results through VSLO.

Please remember that it is the responsibility of the school to provide outlined documentation and confirm that all students scheduled for a rotation at an Ochsner facility are in compliance with our requirements.

We are pleased that you have chosen Ochsner Health for your educational activities and accept your role in this educational affiliation. Adherence to these policies and practices will assist us in protecting the health and safety of our patients, students, and faculty.

Respectfully,

Carl J. Tholen
Assistant Vice President, Education Operations
Ochsner Health

Ochsner Center for Academic Excellence



Student/Instructor Attestation Sheet for Clinical Rotations

Name of School: _____

Inclusive Dates of Clinical Rotation: _____

Please complete the following grid. A check mark indicates compliance. This form must be submitted to the UGME department PRIOR TO beginning the clinical rotation. School will maintain documentation for ALL items listed, which are included in the current Affiliation Agreement between Ochsner and School. Per Agreement, this information must be available upon request.

Name of Student /Instructor	OIG/GSA Verification	Current BLS (AHA) For all clinical rotations	Does student have Current Health Insurance Coverage ¹	Proof of Negative TB test or Health Screen Form (within 12 months)	MMR x2 or Positive Titer: Rubella	MMR x2 or Positive Titer: Mumps	MMR x2 or Positive Titer: Measles	Varicella X2 or Positive Titer: Chicken Pox	Hepatitis B Vaccine Complete or Titer showing immunity or declination form signed	Drug Screen completed (cleared and appropriate to work in Hospital Setting)	Negative Background Check (cleared and appropriate to work in Hospital Setting) Student	Checked Sexual Offender Registry for the Student's state of clinical rotation & state residency. (cleared and appropriate to work in Hospital Setting)	Current Influenza Vaccination Must have received prior to Spring rotation	Current Nursing License for State of Clinical Site
	(√)	(√)	(Y/N)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√) or N/A

I acknowledge and attest that we own, and have in our possession, the above documentation and reports. I also acknowledge and agree to regular compliance audits by Ochsner Health System to ensure documentation is available upon request. By the execution hereof, School hereby warrants and confirms to Ochsner the accuracy of the information provided above as of Date: . By: Title:

¹ Ochsner requires health insurance.



Explanation of Student/Instructor Requirements on Attestation Sheet:

OIG Verification: The Office of Inspector General, or OIG, which is a section within the Department of Health and Human Services, maintains a list of persons and entities that are excluded from participation in Medicare, Medicaid and other federal health care programs. Any healthcare entity that hires or contracts with an individual/entity on this exclusion list and is reimbursed directly or indirectly by any federal health care program for services provided by such excluded individual is subject to a variety of penalties. Given that our students/instructors are participating in care/services that are reimbursed by federal health care programs, it is best practice to ensure that they are not on the excluded database. The free database can be accessed through the following link: <http://exclusions.oig.hhs.gov/>

GSA Verification: Similar to the OIG, the Government Services Administration, or GSA, maintains a list of parties and individuals excluded from doing business with the federal government, including healthcare programs receiving federal funding or reimbursement. Organizations employing excluded or sanctioned individuals from the list could lose federal funding or be forced to pay back funds distributed through government programs. Given that our students/instructors are participating in care/services that are reimbursed by federal health care programs, it is best practice to ensure that they are not on the excluded database. The free database can be accessed through the following link: <https://www.sam.gov/SAM/> Search Records

Current BLS (AHA): Basic life support training from the American Heart Association is required for all clinical rotations in which students will be in direct contact with patients.

Current Health Insurance Coverage: Ochsner Health requires health insurance for all students.

Proof of Negative TB test or Health Screen Form(within 12 months):

Ochsner Health monitors the workforce and patient care providers to reduce the risk of acquiring pulmonary tuberculosis (TB) and to help prevent the spread of this disease by ensuring that all employees, students, volunteers, and contract labor have provided proof of a negative TB test or TB Health Screen form completed within 12 months upon acceptance to clinical activity at an Ochsner facility.

Positive Titers: Rubella (Measles), Mumps, Rubella, (Chicken Pox)

Ochsner Health requires documentation of positive rubella, mumps, measles, chicken pox titers to document immunity and reduce risk of acquisition and transmission of these infectious viruses to our patients and our workforce. Also acceptable is physician documented 2 doses of MMR vaccine.

Hepatitis B Vaccine completed or Declination form signed:

It is the policy of the institution to require that all employees, volunteers, students, and contract personnel follow the guidelines stated in the Ochsner Personnel Health Guidelines. The purpose of this policy is to insure protection for patients, employees, students, and contract personnel from exposure to or infection with any infectious diseases.

Negative Drug Screen Completed: It is the policy of the institution to require any individual involved in patient care to have a urine drug screen at a qualified collection clinic as several of the regulatory agencies who accredit us require us to have a negative drug screen completed before any individual is involved in patient care.

Background Check: Several of the regulatory agencies who accredit us require us to complete background checks. In addition, it is a sound business practice so to ensure the safety of our patients.

Checked Louisiana Sexual Offender Registry: Several of the regulatory agencies who accredit us require us to check the Louisiana Sexual Offender Registry. The free database can be accessed through the following link: <http://www.lsp.org/socpr/disclaimer.html>

Influenza Vaccination: The Centers for Disease Control and Prevention recommends that all healthcare workers receive the influenza vaccine. The Ochsner Health policy provides an organized strategy to ensure that Ochsner Health's workforce, students, volunteers, and contract labor have had the influenza vaccine. All employees, volunteers, students, and contract labor are required to receive the influenza vaccination each year unless an Approved Exclusion is granted.

Certain individuals may qualify for an Approved Exclusion to the vaccination. If the individual feels s/he should be excluded due to medical, religious or other special circumstance, an Exclusion Request form and the supporting documentation must be completed and submitted to Ochsner Health. The Exclusion Request will be reviewed for approval and the student notified of that decision.

Any employee, volunteer, student or other member of the workforce not vaccinated for influenza by December 15th of each year will be required to wear a surgical mask or other approved facemask at all times when in patient care areas as defined by this policy. The requirement to wear a facemask also applies to individuals with Approved Exclusions.

License (out of state nursing student): All out of state nursing students must have a current Louisiana nursing license if they have been previously licensed and if their current program of study will lead to a change in licensure.

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