

## 1. Student clearances (criminal background checks)

- a. Discussions with Dr. Kay Lopez in Nursing
  - i. She is getting clearances through Board of Nursing (they get it through the State Police) for undergraduates
  - ii. Graduate students are done through the Office of Compliance
  - iii. She writes a letter for each student to each hospital
- b. Discussions with Drs. Fred Lopez and Malloy in Medicine and Dentistry, respectively
  - i. No current outside background check
  - ii. AAMC looking at implementation across the board
  - iii. Medical students in other states need checks
  - iv. Our students going out of state need checks
- c. Discussions with Ron Gardner
  - i. Multiple resources available
  - ii. LSU not going to do it internally at this time
- d. The Joint Commission (TJC) requirement for background checks for students
  - i. APPLICABLE TO AMBULATORY CARE, CRITICAL ACCESS HOSPITAL, HOSPITAL, LONG TERM CARE, MEDICARE/MEDICAID CERTIFICATION-BASED LONG TERM CARE, AND OFFICE-BASED SURGERY (Effective 1/1/07)
    1. Staff: As appropriate to their roles and responsibilities, all people who provide care, treatment, and services in the organization, including those receiving pay (for example, permanent, temporary, and part-time personnel, as well as contract employees), volunteers, and **health profession students**. The definition of staff does not include licensed independent practitioners who are not paid staff or who are not contract employees.)
  - ii. Standard HR.1.20
    1. The organization has a process to ensure that a person's qualifications are consistent with his or her job responsibilities.
      - a. Rationale for HR.1.20
        - i. This requirement pertains to staff and **students** as well as volunteers who work in the same capacity as staff when they provide care, treatment, and services.
      - b. Elements of Performance for HR.1.20
        - i. The leaders define the required competence and qualifications of staff in all program(s) or service(s).
        - ii. The leaders define the required competence and qualifications of staff who make

decisions about and implement and monitor restraint and seclusion use.

- c. The organization verifies the following:
  - i. Current licensure, certification, or registration
  - ii. Education, experience, and competency appropriate for assigned responsibilities
  - iii. The hospital verifies the following:  
Information on criminal background if required by law and regulation or hospital policy.
  - iv. Compliance with applicable health screening requirements established by the organization
  - v. **Staff supervises students** when they provide patient care, treatment, and services as part of their training
  - vi. **Individuals who do not possess a license, registration, or certification** do not provide or have not provided care, treatment, and services in the hospital that would, under applicable law or regulation, require such a license, registration, or certification.
  - vii. **Individuals who do not possess a license, registration, or certification** do not provide or have not provided care, treatment, and services in the hospital that would, under applicable law or regulation, require such a license, registration, or certification and which would have placed the hospital's patients at risk for a serious adverse outcome.
  - viii. For all practitioners for whom a license, certification, or registration is required by the organization and/or law and regulation, the following information is verified from the primary source at the time of hire: current licensure, certification, or registration.
- e. CMS rule §482.13(c)(3) The patient has the right to be free from all forms of abuse or harassment.
  - i. Interpretive Guidelines §482.13(c)(3)
    1. The intent of this requirement is to prohibit all forms of abuse, neglect (as a form of abuse) and harassment whether from staff, other patients or visitors. The hospital must ensure that patients are free from all forms of abuse, neglect, or harassment. The hospital must have

mechanisms/methods in place that ensure patients are free of all forms of abuse, neglect, or harassment.

2. Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain, or mental anguish. This includes staff neglect or indifference to infliction of injury or intimidation of one patient by another. Neglect, for the purpose of this requirement, is considered a form of abuse and is defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
- ii. The following components are suggested as necessary for effective abuse protection:
    1. Prevent. A critical part of this system is that there are adequate staff on duty, especially during the evening, nighttime, weekends and holiday shifts, to take care of the individual needs of all patients. (See information regarding meaning of adequate at those requirements that require the hospital to have adequate staff. Adequate staff would include that the hospital ensures that there are the number and types of qualified, trained, and experienced staff at the hospital and available to meet the care needs of every patient.)
    2. Screen. Persons with a record of abuse or neglect should not be hired or retained as employees.
    3. Identify. The hospital creates and maintains a proactive approach to identify events and occurrences that may constitute or contribute to abuse and neglect.
    4. Train. The hospital, during its orientation program, and through an ongoing training program, provides all employees with information regarding abuse and neglect, and related reporting requirements, including prevention, intervention, and detection.
    5. Protect. The hospital must protect patients from abuse during investigation of any allegations of abuse or neglect or harassment.
    6. Investigate. The hospital ensures, in a timely and thorough manner, objective investigation of all allegations of abuse, neglect or mistreatment.
    7. Report/Respond. The hospital must assure that any incidents of abuse, neglect or harassment are reported and analyzed, and the appropriate corrective, remedial or disciplinary action occurs, in accordance with applicable local, State, or Federal law.
  - iii. As a result of the implementation of this system, changes to the hospital's policies and procedures should be made accordingly.

- iv. Survey Procedures §482.13(c)(3)
  - 1. Examine the extent to which the hospital has a system in place to protect patients from abuse, neglect and harassment of all forms, whether from staff, other patients, visitors or other persons. In particular, determine the extent to which the hospital addresses the following issues.
  - 2. Are staffing levels across all shifts sufficient to care for individual patient's needs?
  - 3. Does the hospital have a written procedure for investigating allegations of abuse and neglect including methods to protect patients from abuse during investigations of allegations?
  - 4. How does the hospital substantiate allegations of abuse and neglect?
  - 5. Do incidents of substantiated abuse and neglect result in appropriate action?
  - 6. Has the hospital implemented an abuse protection program? Does it comply with Federal, State and local laws and regulations? Is it effective?
  - 7. Are appropriate agencies notified in accordance with State and Federal laws regarding incidents of substantiated abuse and neglect?
  - 8. Can staff identify various forms of abuse or neglect?
  - 9. Do staff members know what to do if they witness abuse and neglect?
  - 10. What evidence is there that allegations of abuse and neglect are thoroughly investigated?
  - 11. Is there evidence the hospital employs people with a history of abuse, neglect or harassment?
  - 12. Does the hospital conduct criminal background checks as allowed by State law for all potential new hires?

**f. Survey of other schools nationally**

- i. A number of nursing / allied health / pharmacy / medical schools require background checks +/- drug screening PRIOR to entry into the school. The cost is generally the student's responsibility.
- ii. Louisiana schools
  - 1. OLOLake
  - 2. OLOLourdes nursing
  - 3. Delgado phlebotomy / PN / RN program (others say "meet technical standards" of the discipline)
  - 4. ULM Pharmacy / OT/ Nursing (may need)
  - 5. ULL Dietetics / Nursing
  - 6. BRGMC Nursing
  - 7. McNeese Nursing
  - 8. Nicholls State Nursing
  - 9. Northwestern State Rad tech

10. William Carey Univ Nursing
  11. OLHCC nursing
  12. Louisiana Technical College Nursing
- iii. LSUHSC-S hospital policy Policy #: 2.21.1 (effective 3/1/06)
1. All schools/universities having student affiliations with LSUHSC will comply with the following:
    - a. Must have current contract on file in Legal Affairs. Contract shall be e-mailed to Legal Affairs by the school if there is not one on file.
  2. Will ensure competence of each faculty/instructor on the premises.
  3. Will submit a request for a clinical site to the Department Student Coordinator, the Department Head, or the Manager of the department at least six weeks prior to clinical rotation for the semester. The request must include the following information:
    - a. o Units/Departments to be used during the rotation
    - b. o Date rotation begins and ends
    - c. o Days of the week and shift/time of rotation
    - d. o Approximate number of students
    - e. o Faculty/Instructor's name
  4. Ensures completion and appropriate documentation for students and instructors of the following requirements as per contract:
    - a. Current immunizations as required in the contract.
    - b. Criminal background check (required starting Jan 2006 for all new instructors and students). If a background check is conditional, the university will provide a copy of the conditions to the student coordinator.
    - c. HIPPA training, confidentiality statement, and hospital orientation information.
  5. Completes and submits all student documentation at least two weeks prior to students starting their clinical rotation.
  6. When clinical assignments are finalized, will submit a list for each clinical area including clinical location, date of rotation, instructor's name, and each student's name, understanding that all requests are subject to availability.
- g. Background check levels
- i. Levels 1-5
    1. Level 1: Criminal record search, sexual offenses search, education verification, consumer credit report, social security search and verification and motor vehicle license record (if applicable).
    2. Level 2: Criminal record search, sexual offenses search, education verification (if applicable), social security search

and verification and motor vehicle license record (if applicable).

3. Level 3: Criminal record search, sexual offenses search, education verification (if applicable), social security search and verification.
4. Level 4: Criminal record search, sexual offenses search, education verification, social security search and verification.

h. Resources

- i. Louisiana State Police
- ii. American Databank <http://www.americandatabank.com/>
- iii. CertifiedBackground.com <http://www.certifiedbackground.com/>
- iv. Others

i. Issues

- i. Not all hospitals might require
- ii. Not all hospitals that do require checks require the same level
- iii. Hospitals have the right to do whatever they feel is necessary
  1. No state mandate across the board
  2. Federal, state laws allow this to be done
  3. Legal liability
  4. Movement to make mandatory
  5. LSU does not want risk of signing off in case something happens because it could be liable for student behavior (still have risk to my reading)
    - a. Harrington v. Louisiana State Board of Elementary and Secondary Education
- iv. Many schools require these checks prior to admission or clinical rotations (both in LA and around the country)
- v. Additional student costs (ranging \$50-150 depending on service and level of check)
  1. Inequity
  2. Additional expenses

j. Recommendation

- i. Schools to survey host institutions requirements
- ii. Schools formalize what checks are necessary for their strictest institution (likely the VA)
- iii. Schools should make all students meet these requirements (equity)
- iv. Schools should make it part of the cost of admission