# **COMPLIANCE!**

# Student Guide

### LINFIELD UNIVERSITY

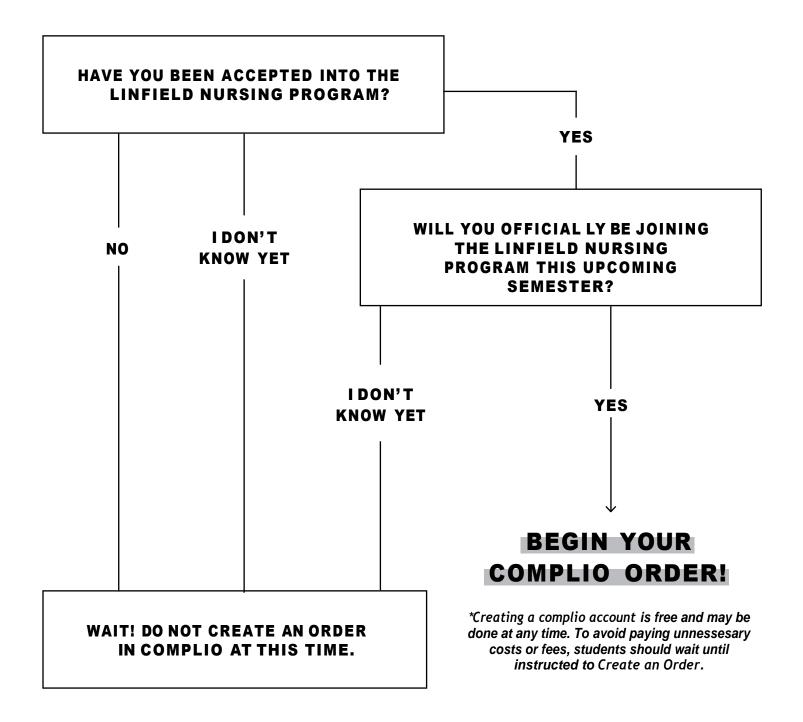
School of Nursing



# **DISCLAIMER!**

Applicants should not begin the compliance process, open a Complio account, or create any orders in Complio until they are officially admitted into the nursing program. Disregarding such instructions may result in unnecessary costs or fees for said applicants.

# SHOULD I BEGIN MY COMPLIO ORDER?



## COMPLIANCE

#### WHY IS COMPLIANCE IMPORTANT?

Compliance standards are essential for Registered Nurses. As a Linfield nursing student, your journey to compliance begins with admission. You will be required to provide a background check, drug screening, and immunization/certification records.

Failure to become compliant by the date outlined in the admission offer may result in the cancellation of your admission. Failure to maintain compliant status will impact your ability to attend clinicals, which are your hands-on learning experiences conducted in settings such as simulations, community settings, or hospitals.

#### **COMPLIO** BY AMERICAN DATABANK

Complio is a third-party program which tracks and securely stores student immunization & compliance records. Complio automatically notifies students when immunization or compliance records are expiring so that requirements are renewed as needed. You will utilize Complio to maintain compliance through graduation.

#### PRICING BREAKDOWN

TRACKING SUBSCRIPTION = \$35
BACKGROUND CHECK & DRUG SCREENING = \$85

#### OTHER FEES

Falling out of progression or delaying admission after initiating a subscription makes you responsible for extending your subscription.

If initial drug screening results come pack flagged (for any reason, including diluted results), you are responsible for the cost of any required secondary drug screenings.

#### **COMPLIO TUTORIALS & RESOURCES**

- Complio Student Guide
- Complio Student Help Videos
- Complio FAQs

## **LET'S GET STARTED!**

- **1. CREATE ACCOUNT** Go to <a href="Infieldcompliance.com">Infieldcompliance.com</a> and select the "New Users" button. Enter required info, then select "Create Account & Proceed."
- **2. ACTIVATE ACCOUNT** You will receive an email with username & activation link. Your account will not be activated until you click this link.

This email may take up to one full business day. Double check spam/junk folders if not received.

**3. CREATE ORDER** Log into active account. Click "Get Started." Select your program from the dropdown menu, then click on "Load Packages." Under "Tracking," check the box beside "Linfield University BSN" for \$35. Click Next.

You will not be able to purchase the Background Check and Drug Screening Package (\$85) until you're within 3 months of your program start date. See Step 8 for more information.

- **4. CONFIRM** personal info & order details before proceeding.
- 5. UPLOADING DOCUMENTS

Select "Upload Documents," then drop/browse files from device. For organizational purposes, add detailed descriptions for each document.

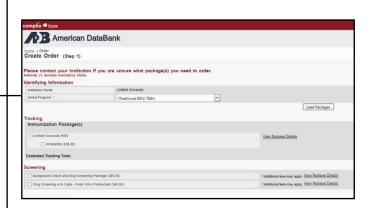
# 6. SUBMIT DOCUMENTS TO EACH COMPLIO CATEGORY

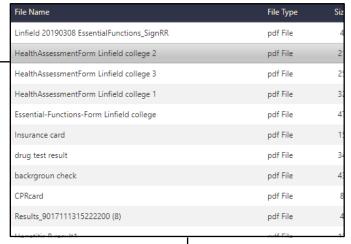
Ensure that you submit your documents to the appropriate Complio category. If you simply upload your document(s) but do not assign them to any category, they will not be reviewed by Complio.

#### 7. SIGN ELECTRONIC FORMS

Review the document, then check the box confirming you've read & agree to the document terms. Use mouse or track pad to sign name and click "Next." The form will refresh to show your signature in the form. To proceed, click "Next."







le Type	Size (KB)	Description	
df File	40.00		
df File	215.00	Health Assessment Form 2	
df File	253.00	Health Assesment Form3	
df File	325.00	Health Assesment Form1	
df File	471.00	Essesntial - Functions Form	
df File	155.00	INSURANCE CARD	
df File	344.00	DRUG TEST RESULT	
df File	433.00	backgroun check	
df File	89.00	CPR CARD 2019	
df File	47.00	RESULTS HEALTH	
df File	120.00	HEDATITIC R RESULT1	

# 8. BACKGROUND CHECK & DRUG SCREENING ORDER

must be completed within 3 months of program, per OHA policy. Once you receive the appropriate password & instructions, you may begin your "Background Check & Drug Screening Bundle" order. Refer back to Steps 3 & 4.

will register for a drug screening to be completed at a pre-authorized collection site provided by Complio. You may select your preferred site at time of order, but you must call site(s) directly to schedule appointments. Walk-ins are accepted by most sites but may include a wait-time.

Each drug screening location operates within a certain lab network (Quest or LapCorp). If you select a location but later decide that a different location would be preferable, your registration will be transferable, as long as the alternate location is within the same lab network as the location you selected.

Drug screening results automatically upload to your Complio account 72 business hours after collection. **Drug screenings must be completed within 30 business days from time of order or will be flagged as incomplete.** 

TIPS: Avoid drinking excessive amounts of liquids (more than 12oz) 3-4 hours before collection.

**9. FULL COMPLIANCE** in all 14 categories is required admission — deadline through graduation date. All categories will display a status. Beside each category, you need a green check.

**Red** = Not compliant **Green** = Compliant

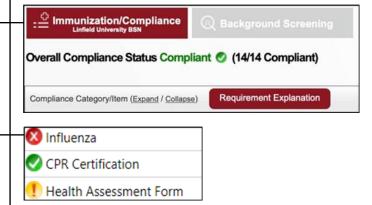
Yellow = Pending Review

10. PRINT HEALTH PASSPORT

Log into your account, and click on the Report tab on the left side of your profile. Keep this behind your Linfield badge.

+ 2351 NW WESTOVER RD SUITE R250
PORTLAND, OR 97210
QUEST
2.10 miles

+ 9555 SW BARNES RD SUITE 220
PORTLAND, OR 97225
LABCORP
3.20 miles



## IMMUNIZATION & CERTIFICATION REQS

#### Allow Complio 3-5 business days to review submitted items.

Plan accordingly to meet necessary deadlines.

See your doctor to receive appropriate immunization updates and documentation for each category. Provide all supporting documentation to Complio. Documentation must include:

- Full legal name
- Date of birth
- Test name
- Test results
- Test date
- Test facility
- Provider signature/initials/stamp

Lab reports, clinical records, employee records, school records, state alert system reports, immunization cards or provider letters are examples of acceptable documentation.

#### ITEM GUIDE

Category 1: MMR (Measles, Mumps, and Rubella)				
Submit proof of A or B:	MMR DOSE 1			
Cubinit proof of A of B.	MMR DOSE 2			
a) (2) Doses of the MMR vaccine	MEASLES TITER			
b) Positive Titers for Measles, Mumps, and Rubella	MUMPS TITER			
NOTE: If you submit a non-immune titer for Measles, Mumps, or Rubella, you	RUBELLA TITER			
must also submit:  c) Post-Titer MMR Boosters dated AFTER non-immune titer	POST-TITER MMR BOOSTER			
Category 2: VARICELLA (Chickenpox)				
Cubmit areas of A or D.	VARICELLA DOSE 1			
Submit proof of A or B:	VARICELLA DOSE 2			
a) (2) Doses of the Varicella vaccine b) Positive Titers for Varicella				
NOTE: If you submit a non-immune Varicella titer, you must also submit:	VARICELLA TITER			
c) (2) Doses of the Varicella vaccine dated from anytime				

Category 3: HEPATITIS B (HbsAB)			
Submit proof of <b>A and B (Must provide both!):</b>	HEPATITIS	S B DOSE 1	
a) Proof of your initial Hepatitis B doses b) Positive Hepatitis B (HbsAB) Titer		S B DOSE 2	
		S B DOSE 3	
		IS B TITER	
NOTE: If you submit a non-immune titer, you must go through the following Post-Titer Hepatitis B Booster series + Repeat Hepatitis B Titer to prove immunity. You must receive at least (1) Post-Titer Hepatitis B Boosters but may do up to (3) as recommended by provider.		POST-TITER HEP B	
		BOOSTER 1	
		POST-TITER HEP B BOOSTER 2	
All Boosters must be dated after your initial non-immune titer.	POST-TITI BOOSTE		
<ul> <li>c) Post-Titer Hepatitis B Booster 1</li> <li>d) Post-Titer Hepatitis B Booster 2</li> <li>e) Post-Titer Hepatitis B Booster 3</li> <li>d) Repeat Titer - dated at least 30 days after Booster shot 1, 2, or 3</li> </ul>			
You will be given temporary compliance as you go through the initial and booster series. Timeframe for temporary compliance noted here:		IEP B TITER	
Hepatitis B Dose 1 or Booster 1 = 45 days Hepatitis B Dose 2 or Booster 2 = 6 months Hepatitis B Dose 3 or Booster 3 = 2 months			
Category 4: TUBERCULOSIS			
Outroit and of A on D.	PPD STEP		
Submit proof of A or B:	PPD STEF	2 OF 2	
a) Negative 2-Step PPD, where PPD Step 2's Implant Date is within 7-21 days of PPD Step 1's Implant Date		JANTIFER- ST/T-SPOT	
b) Negative Initial QuantiFERON TB Test / T-Spot	ANNUAL 1	-STEP PPD	
Annually thereafter, you must submit either C or D:		ERON TB	
c) Negative 1-Step Annual PPD d) Negative Annual QuantiFERON TB Test / T-Spot			
AND		-RAY UAL TB	
		NG REVIEW	

Category 5: TETANUS, DIPHTHERIA, PERTUSSIS (TDAP)	
	INITIAL TDAP
Submit a TDaP dated on or after your 11th birthday.	TB BOOSTER
After 10 years, you must submit a TD Booster, which will expire after 10 years.	Required after 10
Tritter to years, you must submit a 12 200ster, which will expire after to years.	years.
Category 6: INFLUENZA	
Submit proof of A or B, no earlier than August 1st to apply to the upcoming	FLU VACCINATION
Flu season:	ELLI DEGLINIATION
\	FLU DECLINATION
a) Flu Vaccination     b) Flu Declination Form (must be accompanied by a provider's signature)	Medical exemptions
s) <u>ina Boomation Form</u> (made so accompanied by a provider o dignature)	only; must be
NOTE: This requirement will not impact your compliance status from 4/1 to	accompanied by a provider's signature
10/31 when this requirement is optional.	provider o eignature
Category 7: BLS CERTIFICATION	
Submit American Heart Association (AHA) Basic Life Support Certification.	BLS CERTIFICATION
Category 8: HEALTH ASSESSMENT FORM	1
Submit the <u>Health Assessment Form.</u>	HEALTH ASSESSMENT FORM
Category 9: ESSENTIAL FUNCTIONS FORM	
Floring is all prime 0 and writtle Franchish Franchish Franchism Franchism Committee	ESSENTIAL
Electronically sign & submit the Essential Functions Form directly in Complio.	FUNCTIONS FORM
Category 10: HEALTH INSURANCE	
Submit proof of your Health Insurance coverage.	HEALTH INSURANCE
Submit proof of your riealth insurance coverage.	TILALITI INSURANCE
Category 11: COVID-19	
Submit proof of A,B or C:	
a) (1) Bivalent Dose of the Pfizer or Moderna Vaccine	
b) (2) Monovalent Doses of the Pfizer or Moderna vaccine c) (1) Monovalent Dose of the Johnson & Johnson vaccine	COVID
, , , , , , , , , , , , , , , , , , , ,	VACCINATIONS

	<u> </u>				
Category 12: CONFIDENTIALITY AND RELEASE FOR SIMULATION					
Electronically sign & submit the Confidentiality and Release for Simulation Form directly in Complio.	CONFIDENTIALITY & RELEASE FOR SIMULATION FORM				
Category 13: BACKGROUND CHECK					
You must order a Background Check through the American DataBank, which is included in the BSN bundle. Once your background check has been completed, it will upload to your account automatically.	BACKGROUND CHECK				
Category 14: DRUG SCREENING					
You must order a Drug Screening through the American DataBank, which is included in the BSN bundle. You will have 30 business days to complete your drug screen from the time the order is placed. Results will be uploaded to your account 72 business hours after you complete the collection.  TIPS: Avoid drinking excessive amounts of liquids (more than 12oz) 3-4 hours before specimen collection. Make an appointment to avoid waiting lines.	DRUG SCREENING				
	· I				

# **NEED MORE HELP?**

Review this student guide and the **compliance webpage** thoroughly. If questions still arise, you may contact the following individuals:

## **Complio Technical Support**

complio@americandatabank.com or 800-200-0853

## **School of Nursing**

schoolofnursing@linfield.edu