

Memo

To: BOARD OF NURSING
Education Committee
Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawai'i

From: Laura Reichhardt, Director
Hawai'i State Center for Nursing

Date: September 25, 2020

Re: September 28, 2020 Education Committee Meeting Agenda Item 5

Thank you for the opportunity to provide comments related to the Education Committee Meeting Agenda Item 5, New Business, Item a. HAR §16-89-47 and §16-89-48 - Simulation/Lab/Clinical, and Item b. "Board of Nursing Approval of Registered Nurse Education Programs." The Hawai'i State Center for Nursing has undertaken considerable efforts to mitigate the loss of clinical placements due to COVID-19 in collaboration with our partner schools of nursing and clinical facilities. To summarize the current environment as detailed in this memo:

- Prior to 2020, schools of nursing reported no greater than 25% simulation utilization for clinical learning.
- In 2020, loss of access to clinical learning is approximately 75% due to COVID-19.
- Clinical facilities and schools of nursing have partnered to ensure access to PPE for students and faculty.
- Clinical facilities and schools of nursing are engaged in frequent communication regarding strategies for the reopening clinical placements and multi-step plans for reinstating or retracting clinical education experiences.
- Clinical facilities and schools of nursing have prioritized clinical placements for near-graduating students to optimize the current challenging environment.
- Continuing barriers to clinical access include:
 - Facilities considering students as "visitors";
 - National health system closures to clinical learning; and
 - Variance in clinical environments, that challenge availability or opening of clinical learning include the utilization of units for COVID-19 care, high COVID-19 cases, and low hospital census.
- Opportunities to positively impact clinical access include:
 - Formally recognizing students and faculty as "healthcare workers"; and
 - Enabling national recommendations to give part- or full-credit for nursing students employed in clinical settings.

The current environment may achieve considerable improvements by the following:

1. Recognition of student nurses and nurse faculty as “healthcare workers” thus enabling facilities to re-classify students and faculty from “visitors” to “healthcare workers” (See Attachment 1);
2. Enabling all or part of employed work to be counted towards clinical education, dependent on the student’s enrolled courses’ learning outcomes to facilitate clinical learning during a healthcare crisis (Attachments 2 and 3); and
3. Recognition of high-fidelity simulation as a short-term response to offsetting the losses of clinical placements, but recognizing this short-term response is not a movement to full simulation learning models for all courses, programs, or schools.

Response to COVID-19:

In 2020, upon the closures of in-person higher education and in-person clinical education due to the COVID-19 emergency response, the Hawai’i State Center for Nursing (HSCN) Centralized Clinical Placement System (CCPS) Collaborative initiated weekly calls with all schools of nursing and hospital partners statewide to discuss mitigating the challenges of clinical placement losses. Resources to supplement these meetings include weekly information digests compiled by the HSCN to include gubernatorial or mayoral proclamations, board of nursing communications, accrediting body guidance, and pertinent position statements, webinars, reports, or briefs on clinical education, simulation, and the evolving clinical education environment.

Current HSCN CCPS Collaborative efforts to assess policy, considerations, and barriers for the return of students to clinical education include:

- Current availability of placements and associated policies: Determining the school and facility requirements for students;
- PPE: Determining the need for PPE and/or PPE support and establishing a consensus PPE policy, if possible;
- Student COVID-19 training & preparation: Determining the current COVID-19 training provided by schools to prepare students for their return to clinicals and establishing a baseline for training, if possible;
- Establish baseline recommendations for student clinical placements: Establishing recommendations for student clinical placements by setting type aligned with state policy and CDC guidelines;
- Work with clinical partners and partner associations (i.e. HAH): Working with local partners to identify barriers to the resumption of clinical rotations, provide support, and address concerns where possible; and
- Working to identify new opportunities for clinical education experiences.

Considerations for the resumption of clinical education clinicals:

- Availability of PPE for faculty and students (supply and purchasing);
- Availability of fit test kits & fit test training;
- Adequate student COVID-19 preparation and training;
- Current TB clearance policies;

- Availability of CPR re-certification;
 - Flexibility to rotate students through shorter clinical rotations*;
 - Additional barriers which may prevent students from returning to clinical rotation.
- *Additional Faculty, if needed due to reduced cohort sizes; and

Restrictions to accessing clinical placements remain despite these efforts to enhance the safety of the environment within the clinical placement setting as it relates to introducing nursing students and faculty into the clinical environment. The rationale for restricting students from clinical environments includes:

- Categorizing student nurses and faculty as “visitors” and not “healthcare workforce” thus restricting them from the category of “essential worker”. Current policies at most health care organizations do not permit “visitors” from entering the clinical campus. Access to Long Term Care/Post-Acute Care settings, in particular, has been impacted by this position.
- National healthcare system restrictions to clinical placements for nursing (i.e., Department of Defense, Adventist Health, and Kaiser have national restrictions with which local facilities must comply).
- Restricting clinical learning access dependent on re-purposing clinical units for COVID-19 patients, overall COVID-19 census, or low hospital census.
- Limited access to personal protective equipment and/or fit testing for certain clinical areas (i.e. students observing or participating in aerosolizing procedures like surgery need to be fit tested and provided N95 masks, both of which are in short supply).

As a result, statewide estimates of clinical losses include:

Type of Course	Traditional setting	Loss of Clinical, %
Health promotion	Long Term Care	Near total loss
Beginning Med/Surg	Long Term Care	Near total loss
Women, Newborn	Acute Care Hospital, select units	50%*
Child and Family Health	Acute Care Hospital, select units	50%*
Intermediate Med/Surg	Acute Care Hospital, Med/Surg units	50%*
Community, public health	Health Centers,	90%
Psychiatric-mental health	Acute and Inpatient Psychiatric Hospitals,	50%
Advanced Med/Surg	Acute Care Hospital, Med/Surg units	75%*

* variable by unit closures and COVID cases

To mitigate the challenging environment of clinical placement access, schools of nursing and healthcare facilities have collaborated to prioritize access to clinical placements for near-graduating students to ensure those students who are near entry-to-practice are assured access to clinical placements first.

HSCN has also collaborated with the Healthcare Association of Hawai'i on the following activities:

- Draft recommendations for healthcare facilities to support safe clinical re-opening with a focus on long-term care facilities.
- Proposed clinical learning bubbles between individual schools and healthcare facilities to hire nursing students with nurse aide competencies into nurse aide roles. The intent is to establish these students as employees and use these relationships to negotiate with clinical facilities to open clinical education opportunities for student-nurse employees and their classmates.
- Expand clinical learning opportunities for students, respective to their current education and training, to act as “clinical nurse extenders” under the supervision of nurse preceptors and/or nurse faculty to support surge staffing needs.

In addition, the HSCN has communicated with HealthImpact, California’s nursing workforce center and who worked in collaboration with the California Board of Registered Nurses, regarding resources developed to guide safe re-entry of nursing students in both clinical learning and employed student-nurse roles. HealthImpact resources are included in Attachments 4 and 5 and are accessible at <https://healthimpact.org/covid-19-resource-center/> and California BRN communication is provided in Attachments 1-3, as described earlier.

Clinical placement access in Hawai’i and use of simulation:

HSCN established the Hawai’i Centralized Clinical Placement System (CCPS) Collaborative in 2011ⁱ in response to the need to address the complexity of coordination of nursing clinical placements as well as the concern for diminishing availability of clinical placements for student nurses, particularly on O’ahu and Kaua’i. In 2019, HSCN reported that though the CCPS Collaborative members are at or near full-capacity for clinical placements, 100% of clinical placement requests for pre-license programs were met despite environmental changes including smaller student/cohort ratios (9% loss, unpublished) and unit closures (15% loss)ⁱⁱ.

A 2015 NCSBN studyⁱⁱⁱ found that high-quality simulation experiences could be substituted for up to 50% of traditional clinical hours across the pre-licensure nursing curriculum. The 50% threshold is now included in NCSBN Model Rules^{iv}. However, the NCSBN Model Nursing Practice Act and Model Nursing Administrative Rules have only been applied to the Hawai’i Administrative Rules (HAR) Chapter 16-89 Subchapter 17, §16-89-126 Scope of nursing practice and §16-89-128 Standards of care.^v The HAR Chapter 16-98 Subchapter 8^{vi} guidance for LPN, ADN, and RN education establishes that at least 40% of credits for pre-licensure education must be laboratory or clinical but does not define simulation capitation or use. Informal reports from schools of nursing in our state indicated that no school had established greater than 25% simulation utilization in 2019, far below the recommendation of NSCBN.

The 2020 NCSBN Delphi Study to Determine Quality Indicators and Warning Signs of Nursing Education Program Performance identifies that warning signs of unsatisfactory nursing education program performance include “limited clinical experiences that do not prepare the students for practice” and “over-reliance on simulation to replace clinical experiences for the nursing program’s students”. Quality indicators include “clinical experiences with actual patients that prepare students for the reality of clinical practice”, “systematic process is in place to address and remediate student practice errors”, “collaboration between education and practice to enhance readiness for practice”, and “quality simulation is used to augment clinical experiences” (page S18).^{vii} Recent simulation studies indicate use of online simulation improves patient safety without the risk of patient harm. In an unpublished study of new graduate nurse residents, use of simulation led to a reduction of patient safety sentinel errors from 100% to 21%, reduction in medication errors by 80%, and reduction of failures to rescue in new graduates from 81% to 23%.^{viii} The study also indicated that online simulation enables “actual clinical performance”, not only “knowledge about clinical performance” thus indicating that simulation facilitates development of more complex competencies than knowledge alone.

With respect to the utilization of simulation in the current environment, it is notable that schools of nursing and healthcare facilities have prioritized clinical learning opportunities for near graduates, thus demonstrating a common commitment to “collaboration between education and practice to enhance readiness for practice”. Considerable efforts including the weekly CCPS Collaborative calls and efforts detailed in the previous section, demonstrate an effort not to rely on simulation indefinitely, but to use it as a stop-gap until clinical experiences can be resumed safely.

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- ^{iv} NCSBN Model Rules (p13) https://www.ncsbn.org/17_Model_Rules_0917.pdf
- ^v Hawai’i Administrative Rules Chapter 16-89, Subchapter 17. <https://cca.hawaii.gov/pvl/files/2013/08/HAR-89-C.pdf>
- ^{vi} Hawai’i Administrative Rules Chapter 16-89, Subchapter 8. <https://cca.hawaii.gov/pvl/files/2013/08/HAR-89-C.pdf>

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NEWS RELEASE

FOR IMMEDIATE
 RELEASE
 March 31, 2020

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Board of Registered Nursing Urges Nursing Students to Help During the COVID-19 Pandemic *Students will not violate the Nursing Practice Act*

SACRAMENTO – As the COVID-19 pandemic continues to grow and California prepares for a medical surge, the Board of Registered Nursing (BRN) wants nursing students to know they can help. During this public health crisis [Business and Professions Code section 2727\(d\)](#) provides that nursing services may be provided by unlicensed persons during an epidemic, which would include nursing students, without violating the Nursing Practice Act.

“The Board of Registered Nursing advises healthcare providers and the public that nursing students can be deployed to assist in healthcare facilities today” said BRN Acting Executive Officer Loretta Melby, RN, MSN. “These students will not be violating the Nursing Practice Act by providing services without a license.”

To assist hospitals, clinics, and other providers, as well as students, BRN has developed a schematic that correlates a currently enrolled prelicensure nursing student’s academic progression with a similar role that is known throughout the healthcare community. For example, students who have taken the Fundamentals of Nursing course can provide nursing assistant functions, including assisting with direct patient care under the supervision of an RN or other medical professionals and can prepare exam rooms and treatment rooms for patients amongst other duties. The BRN encourages students to become familiar with the schematic and to bring their skills competency checklist from their board approved nursing school with them when providing care.

The full schematic can be found on the BRN website. BRN encourages students to review the schematic and sign up to be part of the fight at healthcorps.ca.gov.

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NEWS RELEASE

FOR IMMEDIATE RELEASE
August 11, 2020

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Nursing Students May Supplement Healthcare Staff During Recent Spike in COVID-19 Cases

Students must meet CDC guidelines for long-term and acute care facilities

SACRAMENTO – Due to a recent spike in COVID-19 cases in the state, the Board of Registered Nursing (BRN) in conjunction with the California Department of Public Health, is notifying nursing students, nursing schools, [long term care facilities](#), and [general acute care hospitals](#); that students who meet [CDC guidelines for healthcare workers](#) can work as supplemental staff, during this public health crisis.

Students working towards obtaining their direct patient care clinical experience as part of an approved nursing program through the BRN and recent graduates can be utilized in much-needed areas of the healthcare workforce, to help with patient ratios and to reduce burnout from current healthcare staff.

The Board provided direction on [Business and Professions Code section 2727\(d\)](#), and nursing students' ability to assist in a March 31, 2020 [news release](#) without violating the Nurses Practice Act.

- more -

Nursing Students May Supplement Healthcare Staff

2-2-2

“Health care facilities can use the [Emergency Care Matrix](#) as a tool to ensure students and recent graduates are assigned to provide care safely and within their competency level. We hope that healthcare facilities will open their doors to our future nurses; so they can help ease the demand on our licensed personnel and support the entire healthcare team. This action will also help to provide students with the needed experience, knowledge, and academic credit,” said BRN Executive Officer Loretta Melby, RN, MSN.

The Board of Registered Nursing protects and advocates for the health and safety of the public by ensuring the highest quality registered nurses in the state of California. With our mission as a guiding principle, the Board remains committed to working within the legislative and regulatory framework to partner with all stakeholders to navigate through these unprecedented times and find a path for the progression of qualified and competent nursing students.

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Nursing Services during Epidemic/Public Disaster AT-A-GLANCE

BPC 2727

Nursing Course	Similar Role Report any changes in condition to supervising licensed professional
Fundamentals of Nursing	Nursing Assistants <ul style="list-style-type: none"> Assists with direct patient care under the supervision of the RN or other medical professionals. Provide patients with help walking, exercising, and moving in and out of bed. Position, feed, bathe, dress and assist patients with grooming and other tasks. Observe patients' conditions, measure and record food and liquid intake and output and vital signs, and report changes to professional staff Prepares exam rooms and treatment rooms for patient use
Medical Surgical I	Medical Assistants <ul style="list-style-type: none"> Under close to general supervision, works alongside providers, nurses, and other healthcare professionals to provide support services directly related to patient care Takes patient histories and vital signs, collects and performs routine tests on blood and other specimens, and assists with simple procedures Prepares patients for appropriate exams/procedures Call in patient prescriptions per provider orders and administers vaccinations
Medical Surgical II	Vocational Nurses <ul style="list-style-type: none"> Records updated health histories. Performs routine lab testing to include blood sugars, urinalysis, Hgb-A1C, cholesterol and pregnancy tests. Dressing changes, wound and incisions care Performs venipuncture routinely as needed. Administers medication and other therapeutic injections as necessary. Assist in minor surgical procedures and suture removal Provides education and care instructions to patients and families
Medical Surgical III Advanced Med/Surg	Nurses <ul style="list-style-type: none"> Collects relevant data pertinent to the patient's health or situation. Analyzes the assessment data and develops a plan to attain outcomes. Demonstrates competency in a wide range of medical interventions based on education, training, or experience such as: Respiratory therapy treatments, Chest tube, Care of patient with PCA, Management of epidural, Skin wound management, Airway management, Central venous pressure monitoring, etc. Coordinates care delivery and delegates duties appropriately to the healthcare team member

Nursing services delivered are competency based - please bring skills competency checklist from currently enrolled prelicensure nursing school

Crisis: Disaster disrupts usual processes and the demand outweighs capacity

CA COVID-19 Academic Credit for Clinical Experiences Tool Kit

S ituation	<ul style="list-style-type: none"> Many existing clinical sites have severely reduced their patient census and are furloughing their own staff. In addition, there is limited PPE which may also contribute to the closure of clinical sites to students. Students need direct patient care clinical experiences in alternative settings to obtain clinical academic credit to progress to graduation. California is in a healthcare pandemic related to COVID-19 but not yet in a surge crisis like New York City. In preparation for a surge crisis, this document provides recommendations to provide students the opportunity for meaningful learning experiences.
B ackground	<ul style="list-style-type: none"> NCSBN/NLN/AACN/CCNE/ACEN have provided guidance and recommendations by encouraging academic programs to be creative and flexible in creating new academic-practice partnerships during the COVID-19 crisis.¹ The Nurse Practice Act (BPC § 2786.6 and 16 CCR § 1430) is explicit in that evaluation of the previously acquired knowledge is to be through challenge examination or other methods of evaluation. <ul style="list-style-type: none"> There is no requirement for program faculty evaluation <i>during</i> the acquisition of other knowledge. No concurrent faculty evaluation is required; this would be contrary to the purposes of the statute and regulation, which require that students be afforded an opportunity to gain credit for experiences <i>external</i> to the current program in which they are enrolled. Academic programs already have existing policies related to BPC§2786.6 and 16 CCR § 1430 that should be followed in awarding credit. Existing direct patient care experiences such as cohorts, preceptorships, and externships/ work-study programs should continue as usual based on availability and are excluded from this SBAR.
A ssessment	<ul style="list-style-type: none"> Direct patient care experiences must allow for a nursing student to function as a student and meeting the course objectives and student learning outcomes is paramount. There is a wide range of clinical experience possibilities for students to meet course objectives and achieve student learning outcomes. Creativity and flexibility of the faculty and academic administrators is essential to help the nursing students move towards graduation and enter the workforce. Faculty and administrators could benefit from a framework to explore new possibilities that are still in alignment with accrediting and regulatory agencies
R ecommendation	<ul style="list-style-type: none"> CACN and COADN have created a framework/worksheet for administrators and faculty to explore opportunities for the purposes of granting academic credit to students in a surge crisis situation.

¹ https://www.ncsbn.org/Policy_Brief_US_Nursing_Leadership_COVID19.pdf

Crisis: Disaster disrupts usual processes and the demand outweighs capacity

This framework/worksheet is designed to inspire academic administrators and faculty to think creatively in granting academic credit to students for direct patient care experiences during a COVID-19 surge crisis. This worksheet may be used, ideally, to guide an individual student in thinking through their experience before accepting an assignment or may be used as an evaluation tool when they return from the assignment. This worksheet is not intended for faculty-arranged cohorts, preceptorships, externships/work study, or other faculty-supervised programs. It is intended for direct patient care experiences outside of existing experiences in line with BPC § 2786.6 and 16 CCR §1430. Core tenets of this framework/worksheet are:

- An essential component of granting any academic direct patient care experience credit to students is that the student must be working as a nursing student and meeting course objectives and student learning outcomes.
- Any work that meets course objectives and student learning outcomes is considered an educational experience.

Type of experience	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Paid Responder
Assignment	<input type="checkbox"/> Agency name and address: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Peds <input type="checkbox"/> OB <input type="checkbox"/> Psych/MH <input type="checkbox"/> Geriatric	
Checklist	Factors to Consider in Granting Academic Credit	
Student Requirements		
	1. Student is enrolled in a BRN approved course in a California approved prelicensure nursing program.	
	2. Student is performing nursing functions beyond the level of a nursing assistant.	
	3. Experiences are in alignment with course description, course objectives, and student learning outcomes.	
	4. A list of skills competencies is provided to the clinical agency.	
	5. The student has appropriate documentation (from either the school or another acceptable form) that validates the clinical learning experience.	
Clinical Agency & Supervising Clinicians		
	1. Clinical agency agrees to the objectives of the course and provides mentors or preceptors for direct supervision of students.	
	2. The clinical agency and supervising clinicians validate the hours worked and the course objectives/ student learning outcomes were met through appropriate documentation.	
Academic Institutions		
	1. The course instructor has the final responsibility to evaluate the educational experience, determine the student's mastery of the course objectives, and grant clinical credit.	
	2. How will competency be validated? <input type="checkbox"/> use of challenge examination <input type="checkbox"/> other methods of evaluation, Specify:	
	3. Hours of instruction for the course follow the formula per CCR 1426(g)(2).	
	The regulatory requirement for a nursing program to have an agreement with the clinical agency where the student is practicing has been waived pursuant to the Dept of Consumer Affairs waiver on Nursing Student Clinical Hours. The waived sections are 16 CCR §1427(a) and §1427(c). ²	

² https://www.dca.ca.gov/licensees/clinical_hours.pdf



COVID-19

Conventional: Usual resources, processes, or care

Crisis: Disaster disrupts usual processes and the demand outweighs capacity

Understanding Clinical Experience During Crisis

Aspects to Consider	Part of the Academic Program (enrolled in a course, work study, or independent study)		Clinical Experience Not Arranged by the Academic Program: New COVID-19 Model	
Common names	Clinical Rotation	Externship, Work Study	Volunteer	HealthCorps
How to Sign up	Dependent on each academic institution's processes	Enroll in a nursing externship program	Various mechanisms and agencies (e.g., Red Cross, California Volunteers)	HealthCorps.ca.gov
Mechanisms for academic credit	Part of the usual clinical rotation	Academic credit given by nursing program if performing above the level of a nursing assistant	Credit for prior learning, prior work or volunteer experiences, or by exam	Credit for prior learning, prior work or volunteer experiences, or by exam
Who will supervise	Academic faculty & supervising clinicians in the setting	Supervising clinician or unit	Supervising clinician in agency or organization	Supervising clinician in agency or organization
Liability	Covered by academic institution	Covered by academic institution	Covered by the state via emergency laws	Covered by the state via emergency laws
Health Insurance	Covered by academic institution (including out-of-network providers) or own health insurance	Covered by academic institution (including out-of-network providers) or own health insurance	May be eligible for Worker's Compensation https://www.labor.ca.gov/coronavirus2019/#chart	Own health insurance or May be eligible for Worker's Compensation https://www.labor.ca.gov/coronavirus2019/#chart
Number of hours min/max	Dependent on each academic institution's policy	TBD by Practice & Academic Partner	Depending on the academic institution's policy	Depending on the academic institution's policy
Regulation/Statute	16 CCR §1426 & §1426.1	Business & Professions Code §2729(a)	Business & Professions Code §2786.6 and 16 and CCR §1430	Business & Professions Code §2786.6 and 16 and CCR §1430

Department of Consumer Affairs Waiver

https://www.dca.ca.gov/licensees/clinical_hours.pdf; https://www.dca.ca.gov/licensees/clinical_hours_guidance.pdf

Additional Information

<https://www.rn.ca.gov/pdfs/regulations/npr-b-15.pdf>

A2.1 Understanding Clinical Experience During Crisis

