

DEPN AND GRADUATE NURSING MANDATORIES INFORMATION

INITIAL MANDATORIES DUE AUGUST 15, 2018

- Pre-Clinical Mandatories Form
- If you have a **first time** positive PPD, include a radiology report
- If you have a **history** of a positive PPD, include the TB Symptom Checklist
- HIPAA/OSHA Training – You will complete your training through the Evolve e-Learning Solutions website. You will receive an email with your username and password to log in. Once you receive your username and password, you can log in [here](#).
- CPR Certification - CNHS only accepts certification through the American Heart Association Basic Life Support for Health Care Providers OR American Red Cross Professional Rescuer. CPR training will be held on Wednesday, August 22, 2018 and Thursday, August 23, 2018 from 1:00pm – 4:00pm. You will need to submit a copy of the front and back of your CPR card to CastleBranch.
- DEPN students are required by their site placements to get a criminal background check. Information about how to obtain the criminal background check will be emailed to you. Graduate Nursing students are required to get a criminal background check on an as needed basis.
- Proof of R.N. (Graduate Nursing Only)

Submit the required documentation to CastleBranch.

For questions about DEPN and Graduate Nursing mandates, please contact Bea Cobeo at: (802) 656-3452 or Beatriz.Cobeo.1@med.uvm.edu

DEPN and Grad Nursing Requirements: Initial Mandatories Due

REQUIREMENT:	GUIDELINES:	DUE DATE	EXP. DATE	DOCUMENT REQUIRED:	ADDITIONAL INFORMATION:
MEASLES MUMPS RUBELLA	Provide proof of one of the following completed on school form: A) 2 doses of Measles, Mumps and Rubella (MMR) OR B) Dates of separate shots (2) Measles, (2) Mumps and (1) Rubella shot OR C) positive antibody titers for all 3 components.	Before 08/15/2018	No expiration	Completed on school form	.
TETANUS, DIPHTHERIA and PERTUSSIS	Tdap within the last ten years.	Before 08/15/2018	10 years after date that Tdap was given	Completed on school form	If you have not had a Tdap and your last Td is more than two years old, you are required to have a Tdap.
POLIO	Provide proof of one of the following completed on school form: A) 4 doses of childhood series with 1 dose being after age 4 OR B) 3 adult doses OR C) titer	Before 08/15/2018	None	Completed on school form	For adults who had 1 or 2 IPV doses, and no documentation of childhood series, complete a total of 3 injections. If you only have 3 doses of childhood series, you will need to get a 4 th dose.
HEPATITIS B	Both of the following are required on school form: 3 vaccinations (either alone or combined with Hepatitis A vaccination) AND a positive antibody titer. Timeline for doses: Receive 1 st dose, Receive 2 nd dose 1 month later, Receive 3 rd dose 4 months from 1 st dose; Receive titer 1 to 2 months after 3 rd dose.	Before 08/15/2018	If positive, no expiration	Completed on school form	If titer is negative or indeterminate, you must repeat 3-dose series and titer. A booster is not acceptable, you must repeat series. When done with 2 nd series, submit the Hepatitis B Second Series Form.
VARICELLA	One of the following is required: A) date of disease AND positive antibody titer OR B) 2 vaccinations for varicella AND positive antibody titer.	Before 08/15/2018	If positive, no expiration	Completed on school form	If the titer is negative or indeterminate and you have already had 2 varicella vaccinations, no further action is needed. If the titer is negative or indeterminate and there is a history of the disease, 2 vaccinations are required.
TB SKIN TEST	TB Skin Test or QuantiFERON Gold test is required.	Before 08/15/2018	Annual requirement	Completed on school form	If positive results, one of the following is required: Student with a first time positive PPD must submit the school form AND a copy of the radiology report. Student with a history of positive PPD, must submit the school form AND the TB Symptom Checklist form.
INFLUENZA VACCINATION	Influenza vaccination for current flu season	Before 10/31/2018	Valid for current flu season	Completed on school form or health care provider's form	
CPR	One of the following is required: A) American Heart Association Basic Life Support for Health Care Providers OR B) American Red Cross Professional Rescuer ONLY	Class scheduled for 8/23/2018	Certification must remain valid for entire clinical experience	Copy of front and back of CPR certification card	Certification must remain valid for entire clinical experience.
PROOF OF HEALTH INSURANCE	Provide a copy of your current health insurance card AND Proof of Health Insurance form.	Before 08/15/2018	If your insurance changes, you are responsible for providing updated information	Copy of insurance card or equivalent AND Proof of Health Insurance form	
PROOF OF R.N.	Graduate Nursing only	Before 08/15/2018		Copy of license from state website	

HIPAA/OSHA TRAINING	Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: https://www.evolveims.com/lms/uvms/default.aspx	Before 08/15/2018	Annual requirement	No need to submit a document as long as you've completed your training online	Training won't be considered complete unless all sections of the training have been completed.
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DEPN and Grad Nursing Requirements: Initial Mandatories Due

Notes from CNHS – Bea Cobeo

Please note, some site placements may require additional mandatories such as a physical, criminal background check or drug screen.

If you visit Student Health for your immunization/serology work, you can request a receipt and file it along with the claim to your insurance company.

Please be sure to fill out the top of each form with your identifying information before submitting it to CastleBranch.

It is your responsibility to keep track of whether you have submitted your requirements

If you know you will be unable to meet the above deadlines for extenuating circumstances, you should schedule a meeting with Bea Cobeo at beatriz.cobeo.1@med.uvm.edu



The University of Vermont

Memorandum

TO: Health Care Provider

FROM: Clinical Education Staff

DATE: April, 2018

SUBJECT: College of Nursing and Health Sciences Health Clearance Requirements

You are receiving the attached University of Vermont immunization record form because your patient is participating in clinical education as part of the curriculum within one of the College of Nursing and Health Sciences (CNHS) academic programs. CNHS follows CDC recommendations for health care professionals. **Although from a professional standpoint, you may feel that your patient doesn't need some of these requirements, from a health profession standpoint, it is required.**

Please take the following action:

- **Complete the attached form in its entirety.** As the licensed health care provider, please make sure to sign and date the bottom of the immunization form. Students must submit their requirements on the school form. Lists of immunizations or lab reports are not accepted, except for a radiology report if it is the student's first time with a positive PPD.
- **If there is no record of 2 doses of the Varicella vaccine, please test for immunity to Varicella with a titer.** Due to the history of Varicella sometimes not being accurate, our approach is to check with a titer if there is no documentation of two doses of the vaccine. Those whose titer is negative should receive 2 doses of the Varicella vaccine and need not have further immunity testing.
- **CNHS students are required to complete a series of 3 Hepatitis B vaccinations, followed by a positive titer.** If the titer is negative or indeterminate, please repeat the full series of 3 doses, followed by another titer. A booster is not acceptable and the series must be repeated. UVM follows the CDC guidelines of doses at 0, 1 and 4 months from the first dose and a titer 1 to 2 months following the third dose. Should the second titer not demonstrate immunity, the student is considered a "non-responder" and should be informed accordingly of their risks for working in the health care field.
- For Hepatitis B titers and PPD results, please **circle the result.**

If you have any questions/concerns, please contact Bea Cobeo at: (802) 656-3452 or Beatriz.Cobeo.1@med.uvm.edu Thank you for your assistance in this process.

COLLEGE OF NURSING AND HEALTH SCIENCES

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Equal Opportunity/Affirmative Action Employer



The
UNIVERSITY
of VERMONT

COLLEGE OF NURSING & HEALTH SCIENCES

Name: _____

Date of Birth: _____

Program / Graduation Year: _____

Date: _____

CNHS INSURANCE REQUIREMENTS

Proof of Health Insurance Form- Submit this form AND copy of insurance card

**The University does not pay medical costs resulting from injury during clinical/practicum rotations or other curricular activity unless this injury is due to negligence of the University. All CNHS students are required to carry their own health insurance. It is your responsibility to resubmit your insurance if there are any changes.*

Subscriber/Member ID _____

Primary Subscriber's Name _____

Insurance Carrier _____

Subscriber's Relationship to You _____

It is MANDATORY that you scan and upload this form AND a copy of your insurance card to CastleBranch.

The information included on this form maybe released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.



PRE-CLINICAL MANDATORIES

College of Nursing and Health Sciences

Program: _____

To be completed by a licensed health care provider. Copies of medical records/labs will not be accepted.

Student Name: _____ Date of Birth: ____/____/____ Cell phone#: (____)____-____
Last Name First Name Middle Initial mm dd yr

Part 1: Everything must be filled out by your licensed health care provider on this UVM form ONLY. Copies of Medical Records/Labs will NOT be accepted.

VACCINE NAME	DATES OF VACCINATION	OR DATES OF POSITIVE TITERS (BLOOD TEST) OR DISEASE HISTORY
TDAP Tdap in last 10 yrs. If you have not had a Tdap and your last Td is more than two yrs. a Tdap is required. (Do not receive a Td booster.)	Tdap Date: ____/____/____ mm dd yr	<i>Not applicable</i>
HEPATITIS B Dose at 0, 1 and 4 mos from 1st dose Titer 1 - 2 months after 3rd dose	#1: ____/____/____ #2: ____/____/____ #3: ____/____/____ mm dd yr mm dd yr mm dd yr (titer required with 3 doses)	Surface Antibody Titer (Circle One): Positive or Negative Date: ____/____/____ mm dd yr
REPEAT HEPATITIS B *Dose at 0, 1 and 4 mos from 1st dose *Titer 1 - 2 months after 3rd dose *Healthcare provider intital each dose	#1: ____/____/____ #2: ____/____/____ #3: ____/____/____ mm dd yr mm dd yr mm dd yr (titer required with 3 doses)	Surface Antibody Titer (Circle One): Positive or Negative Date: ____/____/____ mm dd yr
MMR (Measles, Mumps, Rubella) *2 doses of MMR vaccine *Dose-1 must be after 1st birthday *Minimum 4 wks between doses	#1 ____/____/____ mm dd yr #2 ____/____/____ mm dd yr (No titer required if two doses were given)	Pos. Measles Titer: ____/____/____ mm dd yr Pos. Mumps Titer: ____/____/____ mm dd yr Pos. Rubella Titer: ____/____/____ mm dd yr
VARICELLA (CHICKEN POX) *2 doses of Varicella vaccine *Minimum 4 wks between doses **Titer required with history of disease.	#1 ____/____/____ mm dd yr #2 ____/____/____ mm dd yr (No titer required if two doses were given)	Disease History: ____/____/____ mm dd yr AND Pos. Varicella Titer: ____/____/____ mm dd yr
PPD TUBERCULIN SKIN TEST - REQUIRED ANNUALLY *Please note, depending on your site placement, a chest x-ray and/or annual TB symptom check may also be required if you have a history of a positive PPD. Site may require more than one PPD within a year. Date given: _____ Date read: _____ Results (mm): _____ Circle Result: Positive Negative		

HEALTH CARE PROVIDER'S SIGNATURE (Required): I certify that this student has received the immunizations or has laboratory evidence of immunity as indicated on this page.

Signature and Credentials

Printed Name

Date

Office phone number

Office Fax Number



The
UNIVERSITY
of VERMONT

COLLEGE OF NURSING & HEALTH SCIENCES

Name: _____
Date of Birth: _____
Program / Graduation Year: _____
Date: _____

INFLUENZA VACCINE PRE-CLINICAL REQUIREMENT

Influenza Vaccination

Date Administered _____ Manufacturer _____
Lot Number _____ Expiration Date _____

Licensed Health Care Provider Attestation

By signing below, I affirm that I am a licensed health care provider. I am aware that leaving any required fields blank will result in the student being **unable to progress in his/her major** at the University of Vermont.

Signature of **Licensed Health Care Provider** **Credentials** Date

Clinic Stamp or Printed Name of Provider Provider Telephone Number

It is MANDATORY that you scan and upload this form to CastleBranch

UVM Student Health will not submit your paperwork for you. You will need to pick up your documents and submit them to CastleBranch.

The information included on this form maybe released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.

Frequently Asked Questions

General Questions

Q: What are CNHS Mandatories?

A: CNHS Mandatories are college requirements that include proof of immunizations, health insurance, HIPAA/OSHA training, program memberships, etc. that all students need to fulfill to take part in clinical education. Depending on the requirements of your clinical placement site, there may be additional requirements to fulfill such as a physical exam, drug screen, background check or additional PPD test.

Q: How do I submit my documentation?

A: The College of Nursing and Health Sciences uses an online immunization tracker called CastleBranch for health clearance and mandatory requirements for all programs. Once you register and set up your account you will use the same account for the length of time you are in the College of Nursing and Health Sciences. Instructions regarding the use of CastleBranch for submitting your program mandatories will be emailed to you. Please note, UVM's Center for Health and Wellbeing will not submit your documents for you. You will need to receive your documents from them and submit them to CastleBranch.

Q: What happens if I can't submit my mandatories by the deadline?

A: It is imperative that you plan ahead to ensure that your mandatories are completed by the deadline. If you fail to submit your mandatories by the deadline, you will not be able to participate in your clinical experience and your instructor will be notified.

It is important to give yourself plenty of time to complete these requirements and to pay attention to email reminders and take action on requests.

Q: What is a titer?

A: A titer is a blood test to determine whether a vaccination has provided immunity against the disease. Titer results should be positive to indicate immunity.

CPR Certification

Q: What CPR certifications will you accept?

A: American Heart Association Basic Life Support for Health Care Providers OR American Red Cross Professional Rescuer

Q: What if my CPR certification will expire during my clinical education experience?

A: It is your responsibility to be aware of your CPR certification expiration date. Your CPR certification is required to be valid for your entire clinical education experience. If your CPR certification will expire during your clinical, please renew it BEFORE expiration and submit an updated copy of the front and back of your CPR card with signature(s) to CastleBranch.

Q: Will you accept the American Red Cross Challenge Exam for my CPR Certification course?

A: No. This is a refresher course and not a certification course.

Q: How do I find out about upcoming CPR classes?

A: CNHS offers CPR courses at least twice per semester. You will receive email notices regarding how to sign up through <http://vtsafetynet.com/> for upcoming CPR course dates.

Q: How do I register for a CPR class?

A: To register for a course through the American Heart Association, go to <http://vtsafetynet.com/>. Click on the "Take a Course" tab at the top. Click on the "BLS for the HealthCare Provider" course and fill out the registration. Payment will be due in cash at the class. (It will say FREE on the website but that is only for registration purposes.) The course we offer is \$40 and is offered at a substantially discounted cost for UVM students.

Hepatitis B

Hepatitis B - Receive 1st dose, Receive 2nd dose one month later, Receive 3rd dose four months from 1st dose; Receive titer 1 to 2 months after 3rd dose.

Q: What if my Hepatitis B titer is negative?

A: If you received a negative Hepatitis B titer, ask your health care provider to revaccinate you with the **three dose series as noted above**. After the series, you will need another titer. You must receive all three doses. **If you only receive two doses and a titer you will be asked to return to your health care provider to get the third dose and another titer.** It is required that you submit each dose after it is given on the same updated Pre-Clinical Mandatories form in the Repeat Hepatitis B section and the titer when it is complete. If you are participating in your clinical experience with a negative titer, please ensure that you have talked with your health care provider about universal precautions to prevent Hepatitis B infection.

Q: How long after my three doses of Hepatitis B vaccinations can I have a titer drawn?

A: The titer should be done one to two months after your third dose of the Hepatitis B vaccine.

Q: Can I see two health care providers to complete my Hepatitis B series?

A: Yes. If you plan to see two health care providers to complete your Hepatitis B series, please ensure that you provide your second health care provider with a completed form showing your most recent doses. Use one CNHS Pre-Clinical Mandatories form when seeing multiple healthcare providers.

Q: What if my Hepatitis B titers keep showing as negative?

A: If you have completed (2) three dose series of the Hepatitis B vaccinations and your titers are still negative, you are considered to be a non-responder. Talk with your health care provider about precautions to prevent Hepatitis B infection. Please have your health care provider complete the Hepatitis B section of the Pre-Clinical Mandatories form.

Varicella

Q: How do I know if I need a titer?

If you have had two doses of the Varicella vaccine you do not need a titer. If you have a history of the disease and have not had two doses of the vaccine, you will need a positive titer to show immunity.

Q: My Varicella titer is indeterminate or negative. What should I do?

A: If your Varicella titer is indeterminate or negative, you are required to have two Varicella vaccinations. After receiving the vaccinations, no further action is needed.

HIPAA/OSHA Training

Q: How often do I need to complete HIPAA/OSHA training?

A: You are required to take *annual* on-line training through Evolve e-learning for HIPAA/OSHA training. OSHA training includes courses such as Bloodborne Pathogens, and Personal Protective Equipment. Information regarding these trainings will be emailed to you.

Q: What happens if I can't access my coursework once I sign in to Evolve?

A: In order to see your courses you should make sure you allow Pop-Up Windows. You can do this by going to your toolbar under Tools, Options, and Privacy and Security and making sure that the Block pop-up windows is not checked off.

Influenza Vaccination

Q: Am I required to get a flu shot?

A: Yes, as a CNHS student you are required to receive an annual influenza vaccination both to protect yourself, and also to protect the patients with whom you come into contact.

PPD

Q: If I have a PPD Skin Test and it is positive, what should I do?

A: *First time positive only:* You will need to be assessed to determine why the skin test is positive. Reasons may include previous BCG vaccine, latent TB (exposed, but not active), or active TB. This will require a symptom review done by your healthcare provider and chest x-ray. You will need to submit a copy of the radiology report, the Symptom Checklist form, and the PPD form signed by your healthcare provider to CastleBranch.

Q: If I have a *history* of a positive PPD, what should I do?

A: Do not get another PPD skin test because this will continue to result as a positive. Instead, ask your health care provider to perform a TB symptom review. Bring your TB Symptom Checklist form to your

appointment for the healthcare provider to fill out and sign. You will need to submit your Checklist in CastleBranch.

Q: What if I have difficulty getting an appointment with my doctor for my PPD?

A: You often do not need a full office visit appointment for the placement and reading of your PPD. Ask if a nurse can place/read your PPD instead. Walk-in clinics and pharmacies will also provide these services.

Additional Questions

Q: How will I know when my mandates have been completed?

A: Is it your responsibility to keep track of the documents that you submit to ensure you have met all requirements. **You will know your mandates are complete when all document trackers on your CastleBranch account display a green check mark. Take action to complete any requirement they reject.**

It is your responsibility to coordinate and maintain compliance and record keeping. The program will facilitate coordination to clinical sites, but this does not eliminate the need for you to maintain quickly available, complete and updated requirements at any time.

Proof of Health Insurance (copy of your card), the Health Insurance form, PPD test, and the Influenza vaccine are all annual requirements.

Q: Does CNHS cover the cost of my immunization and serology work?

A: No, it is your responsibility to cover the cost. If you visit the UVM's Center for Health and Wellbeing for your immunization and serology work, you can request a receipt and file it along with the claim to your insurance company.

Q: Who do I contact if I have additional questions?

A: Bea Cobeo
College of Nursing and Health Sciences
231F Rowell
Burlington, VT 05405

(802) 656-3452

beatriz.cobeo.1@med.uvm.edu