

## **RADIATION THERAPY MANDATORIES INFORMATION**

### **FIRST YEAR MANDATORIES DUE**

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HIPAA/OSHA Training – This training is provided by Evolve e-Learning Solutions, a web-based training provider for HIPAA training and OSHA courses in Bloodborne Pathogens, and Personal Protective Equipment.

**You will receive an email from [lmsadmin@evolvelms.com](mailto:lmsadmin@evolvelms.com) with a link to login and a username and password to access the training. Keep an eye out for this email. The deadline to complete this training is **AUGUST 15, 2018**. If you do not receive this email, check your SPAM folder to make sure it is not there.**

NOTE: when you begin your training you will need to “Allow Pop-Ups” by going to your tool bar under Tools and Options and allow the popups.

This is an annual requirement. Remember your password and user id. You will need it to access the courses for next year.

### **SECOND YEAR MANDATORIES DUE BY AUGUST 15, 2018**

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- HIPAA/OSHA Training – Required annually. Log in to the Evolve e-Learning Solutions website to complete your training: <https://www.evolvelms.com/lms/uvms/default.aspx>

### **THIRD YEAR MANDATORIES DUE BY AUGUST 15, 2018 (INFLUENZA VACCINATION DUE BY OCTOBER 31, 2018)**

- Pre-Clinical Mandatories Form - If you have a history of a positive PPD, include the TB Symptom Checklist which can be obtained from Linda Esposito (Linda.Esposito@med.uvm.edu)
- Proof of influenza vaccination from your health care provider with vaccination manufacturer, date of vaccination, and lot number.
- HIPAA/OSHA Training – Required annually. Log in to the Evolve e-Learning Solutions website to complete your training.
- CPR Certification - CNHS only accepts certification through the American Heart Association Basic Life Support for Health Care Providers OR American Red Cross Professional Rescuer. You will receive email notification about upcoming CPR training offered by CNHS. You will need to submit a copy of the front and back of your CPR card. Submit the required documentation to CastleBranch.

**FOURTH YEAR MANDATORIES DUE BY AUGUST 15, 2018 (INFLUENZA VACCINATION DUE BY OCTOBER 31, 2018)**

- Annual PPD - If you have a history of a positive PPD, use the TB Symptom Checklist which can be obtained from Linda Esposito (Linda.Esposito@med.uvm.edu)
- Proof of influenza vaccination from your health care provider with vaccination description, date of vaccination, and name
- HIPAA/OSHA Training – Required annually. Log in to the Evolve e-Learning Solutions website to complete your training.
- CPR Certification – Ensure that your CPR certification will remain valid throughout your clinical experience this year. CPR Certifications are valid for two years. Submit the required documentation to CastleBranch.

# RADT 3rd Year Requirements

REQUIREMENT:	GUIDELINES:	DUE DATE	EXP. DATE	DOCUMENT REQUIRED:	ADDITIONAL INFORMATION:
<b>MEASLES MUMPS RUBELLA</b>	Provide proof of one of the following completed on school form: A) 2 doses of Measles, Mumps and Rubella (MMR) <b>OR</b> C) positive antibody titers for all 3 components.	Before 08/15/18	No expiration	Completed on school form	Upload form to CastleBranch
<b>TETANUS, DIPHTHERIA and PERTUSSIS</b>	Tdap within the last ten years.	Before 08/15/18	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.  If your Tdap is more than 10 years old, <b>a booster is not acceptable, another Tdap is required.</b>
<b>HEPATITIS B</b>	Both of the following are required on school form: 3 vaccinations (either alone or combined with Hepatitis A vaccination) <b>AND</b> a positive antibody titer.  Timeline for doses: Receive 1 <sup>st</sup> dose, Receive 2 <sup>nd</sup> dose 1 month later, Receive 3 <sup>rd</sup> dose 4 months from 1 <sup>st</sup> dose; Receive titer 1 to 2 months after 3 <sup>rd</sup> dose.	Before 08/15/18	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.  Submit each dose and final titer after it is completed to CastleBranch on the Hepatitis B Second Series Form. Use the same form each time you submit each dose and titer.
<b>VARICELLA</b>	One of the following is required: A) date of disease <b>AND</b> positive antibody titer <b>OR</b> B) 2 vaccinations for varicella.	Before 08/15/18	If positive, no expiration	Completed on school form	Titer required with history of disease. No titer is required with documentation of two doses of vaccine.
<b>TB SKIN TEST</b>	TB Skin Test <b>OR</b> QuantiFERON Gold test is required annually.	Before 08/15/18	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 <b>AND</b> a copy of the radiology report.  Student with a history of positive PPD, must submit the school form <b>AND</b> the TB Symptom Checklist form.
<b>INFLUENZA VACCINATION</b>	Influenza vaccination for current flu season	After 10/01/18 And before 10/31/18	Valid for current flu season	Completed on school form or health care provider's form	Upload to CastleBranch
<b>CPR</b>	One of the following is required: A) American Heart Association Basic Life Support for Health Care Providers <b>OR</b> B) American Red Cross Professional Rescuer	Before 08/15/18	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.  Certification is valid for two years after date on card
<b>PROOF OF HEALTH INSURANCE</b>	Provide a copy of your current health insurance card <b>AND</b> Proof of Health Insurance form.	Before 08/15/18	If your insurance changes, you are responsible for providing updated information	Copy of insurance card or equivalent <b>AND</b> Proof of Health Insurance form	This is an annual requirement.
<b>HIPAA/OSHA TRAINING</b>	Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: <a href="https://www.evolve.com/lms/uvn/default.aspx">https://www.evolve.com/lms/uvn/default.aspx</a> OSHA training includes courses on Bloodborne Pathogens, and Personal Protective Equipment.	Before 08/15/18	Annual requirement	No need to submit a document as long as you've completed your online training.	Training will not be considered complete unless all sections of the training have been completed.

## **RADT 3rd Year Requirements**

### **Notes from CNHS – Linda Esposito**

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

If you visit UVM's Center for Health and Wellbeing 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 and to pay attention to deadlines for renewals.

If you know you will be unable to meet the above deadlines for extenuating circumstances, you should schedule a meeting with Linda Esposito at [Linda.Esposito@med.uvm.edu](mailto:Linda.Esposito@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 Linda Esposito at: (802) 656-0958 or [Linda.Esposito@med.uvm.edu](mailto:Linda.Esposito@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
<b>TDAP</b> 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. <b>(Do not receive a Td booster.)</b>	Tdap Date: ____/____/____ mm dd yr	<i>Not applicable</i>
<b>HEPATITIS B</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 <b>(titer required with 3 doses)</b>	Surface Antibody Titer (Circle One): Positive or Negative Date: ____/____/____ mm dd yr
<b>REPEAT HEPATITIS B</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 <b>(titer required with 3 doses)</b>	Surface Antibody Titer (Circle One): Positive or Negative Date: ____/____/____ mm dd yr
<b>MMR (Measles, Mumps, Rubella)</b> *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 <b>(No titer required if two doses were given)</b>	Pos. Measles Titer: ____/____/____ mm dd yr Pos. Mumps Titer: ____/____/____ mm dd yr Pos. Rubella Titer: ____/____/____ mm dd yr
<b>VARICELLA (CHICKEN POX)</b> *2 doses of Varicella vaccine *Minimum 4 wks between doses **Titer required with history of disease.	#1 ____/____/____ mm dd yr #2 ____/____/____ mm dd yr <b>(No titer required if two doses were given)</b>	Disease History: ____/____/____ mm dd yr <b>AND</b> Pos. Varicella Titer: ____/____/____ mm dd yr
<b>PPD TUBERCULIN SKIN TEST - REQUIRED ANNUALLY</b> *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 <b>unable to progress in his/her major</b> at the University of Vermont.		
_____ Signature of <b>Licensed Health Care Provider</b>	_____ <b>Credentials</b>	_____ 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 1<sup>st</sup> dose, Receive 2<sup>nd</sup> dose one month later, Receive 3<sup>rd</sup> dose four months from 1<sup>st</sup> dose; Receive titer 1 to 2 months after 3<sup>rd</sup> 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 mandatories 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 mandatories 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:** Linda Esposito  
College of Nursing and Health Sciences  
106 Rowell  
Burlington, VT 05405

(802) 656-0958

[Linda.Esposito@med.uvm.edu](mailto:Linda.Esposito@med.uvm.edu)