GRADUATE NURSING MANDATORIES INFORMATION

ANNUAL MANDATORIES DUE AUGUST 01, 2020

- ANNUAL REQUIREMENT: Influenza Vaccination, due October 31, 2020
- Annual Requirement: Proof of Health Insurance Form and copy of insurance card
- Annual PPD Form
- If you have a history of a positive PPD, include the TB Symptom Checklist
- HIPAA/OSHA Training Required Annually. <u>Log in</u> to the Evolve e-Learning Solutions website to complete your training. https://www.evolvelms.com/lms/uvm/default.aspx
- CPR Certification Ensure that your CPR certification will remain valid throughout your clinical experience this year. CPR Certifications are valid for two years. If you completed the training during your first year, it should still be valid. CPR training will be held on Wednesday, August 26, 2020 from 1:00pm 4:00pm for those of you who need to take it. You will need to submit a copy of the front and back of your CPR card to CastleBranch.
- Criminal background check As needed by the site.

Please submit your mandatories to CastleBranch.

Beatriz Cobeo College of Nursing and Health Sciences 106 Carrigan Drive, 231F Rowell Burlington, VT 05405

(802) 656-3452

beatriz.cobeo.1@med.uvm.edu

GRADUATE NURSING Requirements: Annual Mandatories Due

| REQUIREMENT: | GUIDELINES: | EXP. DATE | DOCUMENT REQUIRED: | ADDITIONAL INFORMATION: |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TB SKIN TEST | TB Skin Test or QuantiFERON Gold test is required. | 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 10/31/2020 | 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 | 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. | If your insurance changes, you are responsible for providing updated information | Copy of insurance card or equivalent AND Proof of Health Insurance form | This is an annual requirement. |
| HIPAA/OSHA TRAINING | Complete your HIPAA/OSHA training via the Evolve e-Learning Solutions website at: https://www.evolvelms.com/lms/uvm/default.aspx | Annual requirement | No need to submit a document as long as you've completed your training online | Training will not be considered complete unless all sections of the training have been completed. |

GRADUATE NURSING Requirements: Annual Mandatories Due Notes from CNHS – Beatriz Cobeo

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

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 Beatriz Cobeo at Beatriz.Cobeo.1@med.uvm.edu



| Name: | |
|----------------------------|--|
| Date of Birth: | |
| Program / Graduation Year: | |
| Date: | |

CNHS ANNUAL HEALTH INSURANCE REQUIREMENTS

| Proof of Health Insurance Form - Submit this form AND a copy of insurance card ANNUALLY | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|--|--|
| *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 during the academic year. | | | | |
| 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.



| Name | |
|-------------------------|--|
| Date of Birth | |
| Program/Graduation Year | |
| | |

PPD Form

COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED

| PPD - Tuberculin Skin Test | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------|--|--|--|
| BCG vaccine does not preclude the need | for PPD testing or chest x-ray | | | | |
| Date given: | Date read: Results (mm): | | | | |
| | | Circle result: pos neg | | | |
| | | | | | |
| IF FIRST TIME WITH A POSITIVE PPD: | Please attach copy of radiology report, and list results. | | | | |
| IF HISTORY OF A POSITIVE PPD: 1) Print the TB Symptom Checklist | | | | | |
| | list to your appointment and er to complete | | | | |
| *Please note, depending on your site placement, a chest x-ray and/or annual TB symptom checks may also be required if you have a history of a positive PPD | | | | | |
| | | | | | |
| Licensed Heath Care Provider Attestation | on | | | | |
| 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 <u>unable to progress</u> in his/her major at the University of Vermont. | | | | | |
| Signature of Licensed Health Care Provi | der Credentia | Date | | | |
| Clinic Stamp or Printed Name of Provide | r | Provider Telephone Number | | | |
| | | | | | |

It is MANDATORY that you submit form AND Attachments to CastleBranch

Please note, UVM's Center for Health and Wellbeing will not submit your paperwork for you. You will need to pick up your form and submit it 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.



| Name: |
|----------------------------|
| Date of Birth: |
| Program / Graduation Year: |
| Date: |
| |

INFLUENZA VACCINE PRE-CLINICAL REQUIREMENT

| Influenza Vaccination | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------|--|--|
| Date Administered | Manufacturer | | | |
| Lot Number | Expiration Date | | | |
| Licensed Heath 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 <u>unable to progress</u> 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

The Center for Health and Wellbeing 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, CPR, 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. Please pay attention to email reminders from your program staff and CastleBranch and take action on requests.

CPR Certification

Q: What CPR certifications will you accept?

A: American Heart Association Basic Life Support for Healthcare 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.

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.

HEPATITIS B VACCINATIONS AND TESTING-READ CAREFULLY

Vaccinations and testing for immunity for Hepatitis B can be a lengthy process because of the time you have to wait between doses and titers. Please do not wait to begin testing for immunity for this requirement.

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.

Q: What if my Hepatitis B titer is negative or indeterminate?

A: If you received a negative or indeterminate Hepatitis B titer result, ask your healthcare provider to revaccinate you with the **Hepatitis B booster.** One to two months after the booster dose you will need another titer to test for immunity.

It is required that you submit the booster dose after it is given to CastleBranch and then again after you receive your titer results. Each should be initialed by your healthcare provider on the same form.

Q: How long after the completion of the Hepatitis B booster or vaccination series can I have a titer drawn?

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

Q: What if my Hepatitis B titer is still negative or indeterminate after the booster dose? A: If your titer is still negative or indeterminate you will need to be revaccinated with the full Hepatitis B vaccine series. A titer is again required 1 to 2 months after the final dose to prove immunity.

Timing of Hepatitis B doses- 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: Should I need to repeat the Hepatitis B series, can I receive Heplisav-B, an accelerated series? A: Yes, you can receive the 2 dose accelerated series as long as you continue with Heplisav-B through the series. Make sure your healthcare provider notes the Heplisav-B on your form. A titer is required 1 to 2 months after the final dose.

Timing of Heplisav-B doses – Receive 1st dose, receive 2nd dose 4 weeks later. Receive titer 1 to 2 months after 2nd dose.

Q: Can I see different healthcare providers to complete my Hepatitis B series?

A: Yes. If you plan to see two healthcare providers to complete your Hepatitis B series, please ensure that you provide your second healthcare provider with a completed form showing your most recent dose. **If Heplisav-B was given for the first dose it must be given for the 2nd dose and documented as such.** Use the same CNHS form when seeing multiple healthcare providers, but make sure each dose is initialed by the healthcare provider giving you that dose and titer. When the series is complete have your provider sign the bottom of the form.

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

A: If you have completed the booster and the three dose series of the Hepatitis B vaccinations (or two doses of Heplisav-B) and your titers are still negative, you are considered to be a non-responder. Talk with your healthcare provider about precautions to prevent Hepatitis B infection. Please have your healthcare provider note that you have been advised about precautions to take.

Varicella

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

If you have two documented 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.

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 healthcare 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.

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. Influenza vaccinations should be received in October/November in order to protect you through the spring.

Additional Questions

Q: Is my insurance form and card an annual requirement?

A: Yes, each year you are required to submit the form and a copy of your insurance card to CastleBranch even if your information has not changed. You are also required to submit any insurance changes throughout the academic year to CastleBranch.

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 be able to make available complete and updated requirements at any time.

Q: Which requirements need to be done annually?

A: HIPAA/OSHA training, 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