

Pre-Enrollment Program Compliance Requirements

If you have been admitted for:	Please wait until:
the Fall semester	May 1st to begin the compliance process. The compliance deadline is July 15th.
the Spring semester	October 1st to begin the compliance process. The compliance deadline is December 15th.
the Summer semester	March 1st to begin the compliance process. The compliance due date is May 1st.

All compliance packages are available at jhu.castlebranch.com.

All students are required to have an initial background check and drug screening background check as part of pre-enrollment compliance. Please be aware that “dilute negative” drug test result will not be accepted as a result for your drug screening, and you will be required to take another test at your expense. If you regularly drink a lot of water or need to because of a medical reason, please take the test at a time before you have had an excessive amount of water in the day. The cost for these is included in the compliance package you purchase from CastleBranch. **All students must be in compliance for the entire time they are enrolled at the School of Nursing.**

For Clinical Site compliance, you will be required to place an order with Castle Branch for CB Bridges at no additional cost to you. You may also be required to repeat your background check and drug test as part of the CB Bridges process. You will receive communication from the Clinical Placement team regarding your specific site requirements. Package codes are updated periodically and will be provided at Orientation and/or via email when they become available.

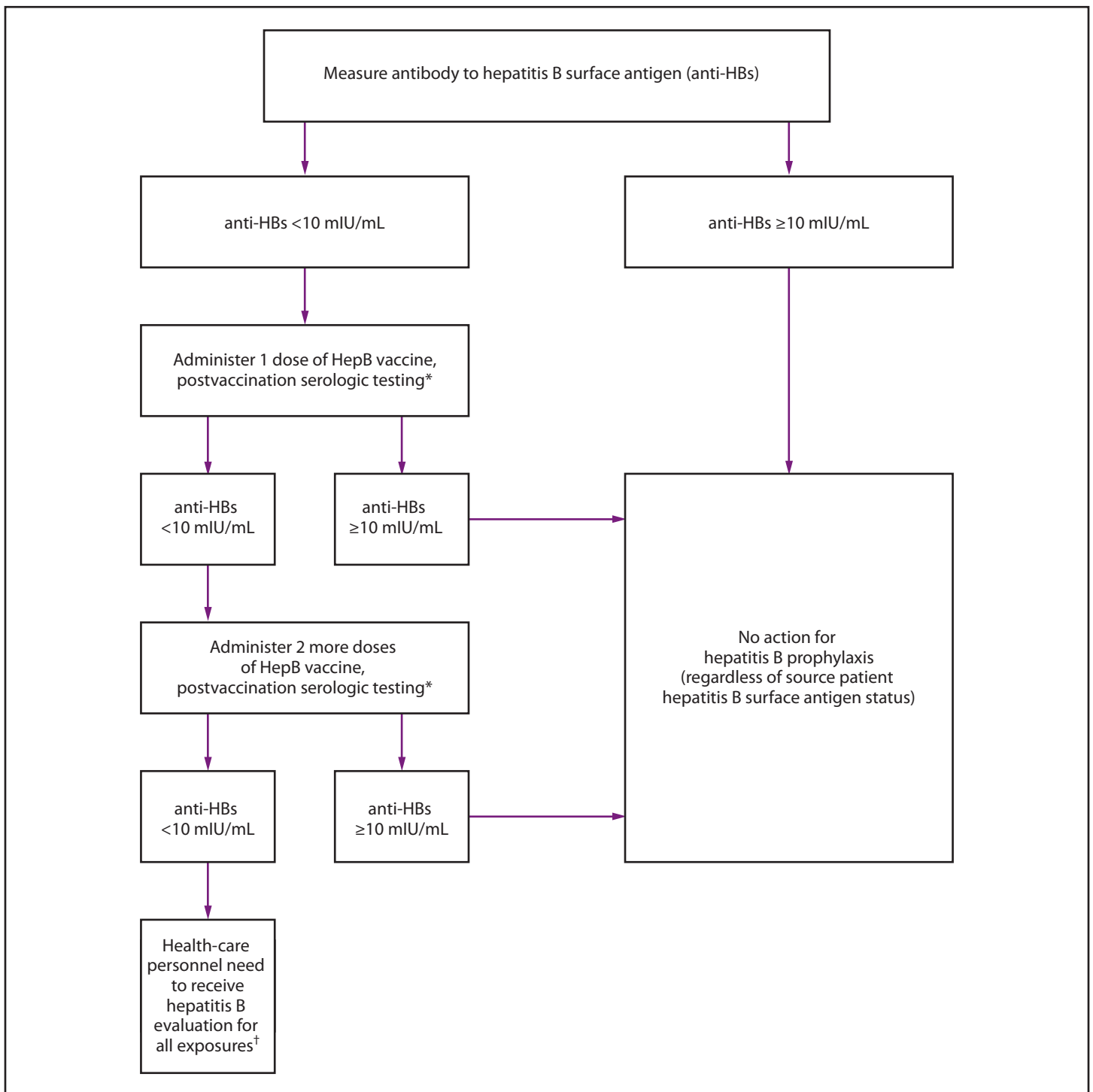
Please note: From time to time, you may also be automatically enrolled in myLearning in my.jhu.edu courses that are required at the University or Federal level. Please check your myLearning regularly.

REQUIRED DOCUMENTATION	INSTRUCTIONS
<p>Please read carefully. You may wish to provide this document to your provider or lab.</p>	<p>Your healthcare provider or lab must provide all the immunization/titer information per the following list. Official lab results must be uploaded to each requirement.</p> <p>A healthcare provider is defined as a physician, physician’s assistant, or nurse practitioner. (If the form is being completed by a physician/physician’s practice, a stamped signature is also acceptable.)</p> <p>Please provide explanation for any contra-indications to receiving any immunization/vaccines.</p>
REQUIRED TITERS AND IMMUNIZATIONS (Subject to update as CDC guidelines change)	
<p>COVID-19 Vaccine and booster</p> <p>These requirements are subject to update by the University at any time. Students will receive notification in a timely manner.</p>	<p>COVID-19 Vaccines and one booster are required for all incoming and current students. All students must upload documentation of their COVID-19 vaccines into their CastleBranch account and the University’s Vaccine Management System https://vms.jh.edu/my-vaccines. If your series is in process, submit documentation of your first vaccine and a new alert will be created for you to provide documentation of your subsequent vaccine(s). DOCUMENTATION MUST INCLUDE THE VACCINE MANUFACTURER AND LOT NUMBER.</p> <p>Exemptions: If you have been granted a <u>medical</u> exemption by the University’s VMS system, please forward it to Student Affairs for upload and approval in Castle Branch. While the University may grant a <u>religious</u> exemption, in order to be assign students to their clinical placements, the <u>School of Nursing will NOT accept it.</u></p> <p>Instructions for international students are available here.</p> <p>Fully remote/online students who are studying 100% remotely, are exempt from the vaccination and booster requirements, but they should change their status in Prodensity to indicate that they will not be coming on campus. When a student’s program requires them to come to campus, they must be vaccinated or have an approved exception. https://covidinfo.jhu.edu/health-safety/covid-vaccination-information/</p> <p>All students are required to have received either the Pfizer, Moderna, or Novavax vaccine. Only Pfizer and Moderna COVID booster shots are acceptable. All SON students studying in the United States are required to get the vaccine and booster. Proof of receiving the booster shot must be uploaded into the Vaccine Management System and Castle Branch. DOCUMENTATION MUST INCLUDE THE VACCINE MANUFACTURER AND LOT NUMBER. More information from the University is available here.</p>

<p>Influenza/Flu</p>	<p>Students who begin in the summer and fall semesters, and currently enrolled students must upload documentation of the flu shot into their CastleBranch account by December 1st of each year. Students who begin their program in the spring semester must submit documentation by the compliance due date. New and current students can also get a flu shot from their healthcare provider, or any other immunization provider. In concurrence with Center for Disease Control's recommendation, the nasal spray vaccine is not an acceptable flu vaccine and does not satisfy the flu vaccine compliance requirement.</p> <p>All students must upload documentation of the flu vaccine into their CastleBranch account and the University's Vaccine Management System https://vms.jh.edu/my-vaccines.</p>
<p>Hepatitis B positive surface <u>antibody</u> titer</p> <p>Please read carefully. Vaccine history is not required.</p>	<p>You must a positive Hepatitis B Quantitative or Qualitative Surface Antibody titer. If your titer result is negative, you must begin the revaccination process.</p> <p>If you submit a positive surface antibody titer, no further action is required. If your titer is negative, please upload documentation of your negative titer result combined with your 1st vaccine. Castle Branch will create new alerts to submit documentation of a repeat series of vaccinations (administered after your titer) and a follow up titer must be performed 4-8 weeks after final repeat vaccination to document a positive surface antibody titer . <u>As long as you are in the re-vaccination process, you will be considered to be in compliance for this requirement.</u></p> <p>If your 2nd Hepatitis B Surface Antibody titer is negative or equivocal after completing the revaccination series, a new alert will be created for you to submit a Hepatitis B Surface ANTIGEN titer.</p> <p>See last 2 pages of this document for immunization schedule and flowchart of vaccine/titer course of action.</p>
<p>Tuberculosis</p> <p>NOTE: Additional screening may be required for specific clinical site placements.</p> <p>Per CDC guidelines:</p>	<p>Master's Entry into Nursing students: Submit TB screening results from <u>within 12 months of the start of the semester</u>. PPD skin test, Quantiferon, or T-spot results are acceptable. If results are negative, no further pre-enrollment testing is required for pre-enrollment compliance. A clear chest x-ray report from within 12 months of the start of the semester is also acceptable. Annual symptom reviews will also be required.</p> <p>All other programs must follow CDC guidelines for health care workers. If testing is not available, please submit your most recent negative test results and a current symptom review. (Sample attached.)</p> <p>Any student with POSITIVE screening results must follow instructions 1-4 and continue annual screening renewal.</p> <ol style="list-style-type: none"> 1. Students with a positive T must submit official laboratory results of negative QuantiFERON Gold or T-Spot blood test. 2. Students with a positive QuantiFERON Gold or T-Spot blood test must submit a clear chest x-ray* (dated AFTER the positive PPD or QuantiFERON/T-spot results). 3. If a student has a history of a positive QuantiFERON Gold or T-Spot blood test and a clear chest x- ray dated after the positive QuantiFERON or T-spot result but less than 10 years old, the patient can submit documentation* reflecting this information along with a yearly TB symptom review completed by a licensed provider (most recent symptom review within 1 month of start date). 4. If a student has been treated for latent TB (LTBI), the student must submit documentation* reflecting date of positive QuantiFERON or T-spot* and negative chest x-ray*, in addition to the name, dose, and duration of prophylactic medication regimen administered for LTBI along with an annual TB symptom questionnaire completed by a licensed provider (completed within 1 month of start date). <p>*official lab reports must be attached</p> <p>Indicators of Risk for Tuberculosis at Baseline Health Care Personnel Assessment:</p> <ul style="list-style-type: none"> • Temporary or permanent residence of ≥1 month in a country with a high TB rate, any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe • Current or planned immunosuppression, including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication • Close contact with someone who has had infectious TB disease since the last TB test
<p>Varicella Zoster (Chicken Pox)</p>	<p>History of disease is NOT acceptable. One of the following is required:</p> <ul style="list-style-type: none"> • Positive titer <u>OR</u> 2-vaccine series at least 4 weeks apart. First vaccine must be administered prior to the start of the program. • If titer is negative or equivocal you will be prompted to receive 1 booster shot.

Tdap (Tetanus, Diphtheria, Pertussis)	<p>One dose of adult Tdap (received on/after age 11) administered <i>within the last 10 years</i> is required.</p> <p>If last Tdap is more than 10 years old, provide date of last Td or Tdap administered within last 10 years. The renewal date will be set for 10 years from the most recent vaccine. Upon renewal only a Td booster is required but Tdap will be accepted as well.</p>
MMR (Measles, Mumps & Rubella)	<p>One of the following is required: Positive Antibody titer for all 3 components <u>OR</u> 2-vaccination series administered after 12 months of age. If the series is in process, submit where you are in the series and new alerts will be created for you to complete the series. If any titer is negative or equivocal you will be prompted to receive 1 booster shot.</p>
REQUIRED TRAINING AND COURSES	
Cardiopulmonary Resuscitation Certification (CPR)	<p>Only training from the American Red Cross or American Heart Association are acceptable. The following courses are preferred as they are specifically designed for healthcare providers.</p> <ul style="list-style-type: none"> • American Heart Association’s Basic (BLS) or Advanced (ACLS) Life Supportcourse • American Red Cross’s BLS Training for Healthcare course <p>The following courses are acceptable if you are unable to complete either of the above.</p> <ul style="list-style-type: none"> • American Heart Association’s Heartsaver® First Aid CPR AED Online • American Red Cross’s Adult, Child and Baby First Aid/CPR/AED Online
<p>The following modules are available in myLearning in my.jhu.edu and are required for ALL PROGRAMS. Some courses are automatically added by the University. You will need to add the other to your learning plan. (If you are unable to locate the course in the search bar, try using fewer words. The courses can be completed before you begin your CastleBranch compliance. Certificates of completion are saved in your myLearninghistory.</p>	
<p>JH Bloodborne Pathogen Orientation Once completed, upload the certificate of completion to Castle Branch.</p>	
<p>Avoiding Plagiarism at JHU Once completed, upload the certificate of completion to Castle Branch.</p>	
<p>Opioid Awareness Once completed, upload the certificate of completion to Castle Branch.</p>	
<p>Sexual Misconduct Prevention Training Once completed, upload the certificate of completion to Castle Branch.</p>	
<p>Required Training for MSN, Entry into Practice ONLY – the following module is available in myLearning in my.jhu.edu.</p>	
<p>Epic JHM ClinDoc Nursing Students E-Learnings ~ Students should add this module (we suggest cutting and pasting the name as it appears above in the search box) to their learning plan. Once completed, upload your certificate of completion to Castle Branch.</p>	
<p>ADDITIONAL REQUIRED DOCUMENTATION Please ‘Save’ documents to your device before uploading or CastleBranch may receive a blank form.</p>	
<p>Technical Standards for Admission and Graduation The curricula of the School of Nursing require that students engage in diverse and complex experiences directed at achieving competencies, knowledge, skills, attributes and professional values. Applicants for all academic programs, and enrolled degree-seeking students, must possess certain abilities and skills deemed essential for meeting the professional standards of accrediting agencies.</p>	
<p>Confidentiality Statement Signed copy of the Confidentiality Statement must be uploaded. Document is available for download in CastleBranch’s Documents Center, or within the requirement itself.</p>	
<p>Photo Release Signed copy of the Photo Release must be uploaded. Document is available for download in CastleBranch’s Documents Center, or within the requirement itself. Please do not upload your photo to this requirement.</p>	
<p>Clinical Placement Waiver and Release This Waiver and Release is executed by the student to cover the Student’s participation in a clinical placement with an “Affiliate” of The Johns Hopkins Health System.</p>	
RN License – post licensure students only.	<p>Students must submit evidence of current nursing licensure from the state where clinical and/or capstone courses will be completed. Please upload documentation from the state’s licensing website, which will provide both the issue and expiration dates. Not required for MSN, Entry into Practice Program.</p>

Pre-exposure evaluation for health-care personnel previously vaccinated with complete, ≥ 3 -dose HepB vaccine series who have not had post-vaccination serologic testing*



Source: Adapted from CDC. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP). Part II: immunization of adults. MMWR 2006;55(No. RR-16).

* Should be performed 1–2 months after the last dose of vaccine using a quantitative method that allows detection of the protective concentration of anti-HBs ($\geq 10\text{ mIU/mL}$) (e.g., enzyme-linked immunosorbent assay [ELISA]).

† A nonresponder is defined as a person with anti-HBs $< 10\text{ mIU/mL}$ after ≥ 6 doses of HepB vaccine. Persons who do not have a protective concentration of anti-HBs after revaccination should be tested for HBsAg. If positive, the person should receive appropriate management or vaccination.

Please note: This form is not required, but is provided as an option for documenting the student's Hepatitis B titer status.

		Date		
Primary (Pediatric) Hepatitis B series	Hepatitis B vaccine dose 1	___/___/___		
	Hepatitis B vaccine dose 2	___/___/___		
	Hepatitis B vaccine dose 3	___/___/___		
	Quantitative or Qualitative Hepatitis B Surface Antibody Results	___/___/___	_____ mIU/ml OR Reactive <input type="radio"/> Non-reactive <input type="radio"/>	Copy attached <input type="radio"/>
Secondary (Adult) Hepatitis B series (If no longer immune)	Hepatitis B vaccine dose 1	___/___/___		
	Hepatitis B vaccine dose 2	___/___/___		
	Hepatitis B vaccine dose 3	___/___/___		
	Quantitative or Qualitative Hepatitis B Surface Antibody Results	___/___/___	_____ mIU/ml OR Reactive <input type="radio"/> Non-reactive <input type="radio"/>	Copy attached <input type="radio"/>
Hepatitis B Vaccine Non-Responder <small>(If Hepatitis B Surface Antibody negative after 1st and 2nd series)</small>	Hepatitis B Surface Antigen (If 2nd titer negative)	___/___/___	Copy attached <input type="radio"/>	
	Hepatitis B Core Antibody (If 2nd titer negative)	___/___/___	Copy attached <input type="radio"/>	
Chronic Active Hepatitis B	Hepatitis B Surface Antigen	___/___/___	Copy attached <input type="radio"/>	
	Hepatitis B Viral Load	___/___/___	Copy attached <input type="radio"/>	

Provider Signature or Stamp _____

Provider License/Certification # _____ State _____

Address _____

City, State, Zip Code _____

Phone _____

Fax _____

Date _____

Additional Resources:

<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/hepb.pdf>

<https://www.cdc.gov/mmwr/PDF/rr/rr6210.pdf>

<https://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf>