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](http://jhu.castlebranch.com). All students are required to have a drug screening and background check as part compliance requirements – the cost for these is included in the compliance package you purchase from CastleBranch. The Clinical Placement team will enroll you in CB Bridges without additional cost to you. All students must be in compliance for the entire time they are enrolled at the School of Nursing.

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

Clinical Site Compliance is also required for Clinical Placements and is managed separately in CB Bridges

<table>
<thead>
<tr>
<th>Required Documentation</th>
<th>Instructions</th>
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<tbody>
<tr>
<td>Please read carefully. You may wish to provide this document to your provider.</td>
<td>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. 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.) Please provide explanation for any contra-indications to receiving any immunization/vaccine.</td>
</tr>
</tbody>
</table>

REQUIRED TITERS AND IMMUNIZATIONS (Subject to update as CDC guidelines change)

| COVID-19 Vaccine and booster | COVID-19 Vaccine(s) and booster are required for all incoming and current students. All students must upload documentation of the COVID-19 vaccine into their CastleBranch account and the University’s Vaccine Management System [https://vms.jh.edu/my-vaccines](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. All students are required to have received either the Pfizer or Moderna COVID booster shot. All SON students in the United States are required to get the vaccine and booster unless prior exemption was received. 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. |
| Influenza/Flu | 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](https://vms.jh.edu/my-vaccines). 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. |
| Tdap (Tetanus, Diphtheria, Pertussis) | One dose of adult Tdap (received on/after age 11) administered within the last 10 years is required. 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. |
### Hepatitis B

Please read carefully. Vaccine history is not required.

Submit a positive Hepatitis B Quantitative or Qualitative Surface Antibody titer.

If your titer is negative or equivocal, new alerts will be created for you to submit documentation of a repeat series of vaccinations (administered after your titer) and a follow up titer performed 4-8 weeks after final repeat vaccination. As long as you are in the re-vaccination process, you will be considered to be in compliance for this requirement. You will need to submit a positive surface antibody titer after your revaccination.

If your 2nd Hepatitis B Surface Antibody titer is negative or equivocal, a new alert will be created for you to submit a Hepatitis B Surface ANTIGEN titer.

If series is currently in process, submit where you are in the series and new alerts will be created for you to complete the series.

See last 2 pages of this document for immunization schedule and flowchart of vaccine/titer course of action.

### MMR (Measles, Mumps & Rubella)

One of the following is required:

Positive Antibody titer for all 3 components OR 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.

### Tuberculosis

**NOTE:** Additional screening may be required for specific clinical site placements.

**Master’s Entry into Nursing students:** Submit TB screening results from within 12 months of the start of the semester. 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.

**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.)

Any student with POSITIVE screening results must follow instructions 1-4 and continue annual screening renewal.

<table>
<thead>
<tr>
<th>Step</th>
<th>Requirements</th>
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<tbody>
<tr>
<td>1.</td>
<td>Students with a positive T must submit official laboratory results of negative QuantiFERON Gold or T-Spot blood test.</td>
</tr>
<tr>
<td>2.</td>
<td>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).</td>
</tr>
<tr>
<td>3.</td>
<td>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).</td>
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<tr>
<td>4.</td>
<td>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).</td>
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</tbody>
</table>

*official lab reports must be attached

**Per CDC guidelines:**

Indicators of Risk for Tuberculosis at Baseline Health Care Personnel Assessment:

- 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
| Varicella Zoster (Chicken Pox) | History of disease is NOT acceptable. One of the following is required –  
• Positive titer OR 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. |
|---|---|
| **Required Training** | **Cardiopulmonary Resuscitation Certification (CPR)** 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.  
• American Heart Association’s **Basic (BLS)** or Advanced **(ACLS)** Life Support course  
• American Red Cross’s **BLS Training for Healthcare course**  
The following courses are acceptable if you are unable to complete either of the above.  
• American Heart Association’s **Heartsaver® First Aid CPR AED Online**  
• American Red Cross’s **Adult, Child and Baby First Aid/CPR/AED Online** |
| **Required Training – the following modules are available in myLearning in my.jhu.edu and are required for ALL PROGRAMS.** The courses may be completed before you begin your CastleBranch compliance. The certificates of completion are available in your myLearning history. | **Health Privacy Issues for Researchers (CITI)** Once completed, upload either the certificate of completion for Health Privacy Issues for Researchers (CITI) from myLearning (available in your myLearning history) or the Information Privacy Security (IPS) certificate (available from CITI Program website).  
**Bloodborne Pathogens Training** Once completed, upload the certificate of completion to CastleBranch.  
**Avoiding Plagiarism at JHU** Once completed, upload the certificate of completion to CastleBranch.  
**Opioid Epidemic Awareness and Education Program** Once completed, upload the certificate of completion to CastleBranch.  
**Sexual Assault Prevention Graduate** Once completed, upload the certificate of completion to CastleBranch.  
**Required Training for MSN, Entry into Practice ONLY – the following module is available in myLearning in my.jhu.edu.** |  
**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 CastleBranch.  
**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.  
**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.  
**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.  
**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.  
**RN License – post licensure students only.** 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. |
Pre-exposure evaluation for health-care personnel previously vaccinated with complete, ≥3-dose HepB vaccine series who have not had post-vaccination serologic testing*

Measure antibody to hepatitis B surface antigen (anti-HBs)

- **anti-HBs <10 mIU/mL**
  - Administer 1 dose of HepB vaccine, postvaccination serologic testing*
    - **anti-HBs <10 mIU/mL**
    - **anti-HBs ≥10 mIU/mL**
      - Administer 2 more doses of HepB vaccine, postvaccination serologic testing*
        - **anti-HBs <10 mIU/mL**
        - **anti-HBs ≥10 mIU/mL**
          - Health-care personnel need to receive hepatitis B evaluation for all exposures†

- **anti-HBs ≥10 mIU/mL**
  - No action for hepatitis B prophylaxis (regardless of source patient hepatitis B surface antigen status)

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**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 (≥10 mIU/mL) (e.g., enzyme-linked immunosorbent assay [ELISA]).

† A nonresponder is defined as a person with anti-HBs <10 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.

<table>
<thead>
<tr>
<th><strong>Primary (Pediatric) Hepatitis B series</strong></th>
<th><strong>Date</strong></th>
<th><strong>Quantitative or Qualitative Hepatitis B Surface Antibody Results</strong></th>
<th><strong>Copy attached</strong></th>
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<tbody>
<tr>
<td>Hepatitis B vaccine dose 1</td>
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<tr>
<td>Hepatitis B vaccine dose 2</td>
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<tr>
<td>Hepatitis B vaccine dose 3</td>
<td></td>
<td></td>
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<tr>
<td>Quantitative or Qualitative Hepatitis B Surface Antibody Results</td>
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<td>_________ mlU/ml OR Reactive ☐ Non-reactive ☐</td>
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<tr>
<td><strong>Secondary (Adult) Hepatitis B series</strong></td>
<td><strong>Date</strong></td>
<td><strong>Quantitative or Qualitative Hepatitis B Surface Antibody Results</strong></td>
<td><strong>Copy attached</strong></td>
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<tr>
<td>(If no longer immune)</td>
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<tr>
<td>Hepatitis B vaccine dose 1</td>
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<tr>
<td>Hepatitis B vaccine dose 2</td>
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<tr>
<td>Hepatitis B vaccine dose 3</td>
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<tr>
<td>Quantitative or Qualitative Hepatitis B Surface Antibody Results</td>
<td></td>
<td>_________ mlU/ml OR Reactive ☐ Non-reactive ☐</td>
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<tr>
<td><strong>Hepatitis B Vaccine Non-Responder</strong></td>
<td><strong>Date</strong></td>
<td><strong>Copy attached</strong></td>
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<tr>
<td>(If Hepatitis B Surface Antibody negative after 1st and 2nd series)</td>
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<tr>
<td>Hepatitis B Surface Antigen</td>
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<tr>
<td>Hepatitis B Core Antibody</td>
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<tr>
<td>Chronic Active Hepatitis B</td>
<td><strong>Date</strong></td>
<td><strong>Copy attached</strong></td>
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<tr>
<td>Hepatitis B Surface Antigen</td>
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<tr>
<td>Hepatitis B Viral Load</td>
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Provider Signature or Stamp ________________________________________________
Provider License/Certification #________________________ State _____________
Address ________________________________________________________________
City, State, Zip Code ____________________________________________________
Phone ____________________________
Fax _____________________________
Date _____________________________

**Additional Resources:**

- [https://www.cdc.gov/mmwr/PDF/rr/rr6210.pdf](https://www.cdc.gov/mmwr/PDF/rr/rr6210.pdf)
- [https://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf](https://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf)