Pre-Enrollment Program Compliance Requirements

If you have been admitted for:	Please wait until:
the Fall semester	May 15th 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. The cost of the initial test is included in the compliance package you purchase from CastleBranch. Please be aware that a "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. **Please be aware that you will be required to purchase an international background check if you have not lived in the United States continuously for the past 7 years. You must pay for the additional background check(s) and the cost can be substantial.**

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 will 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.
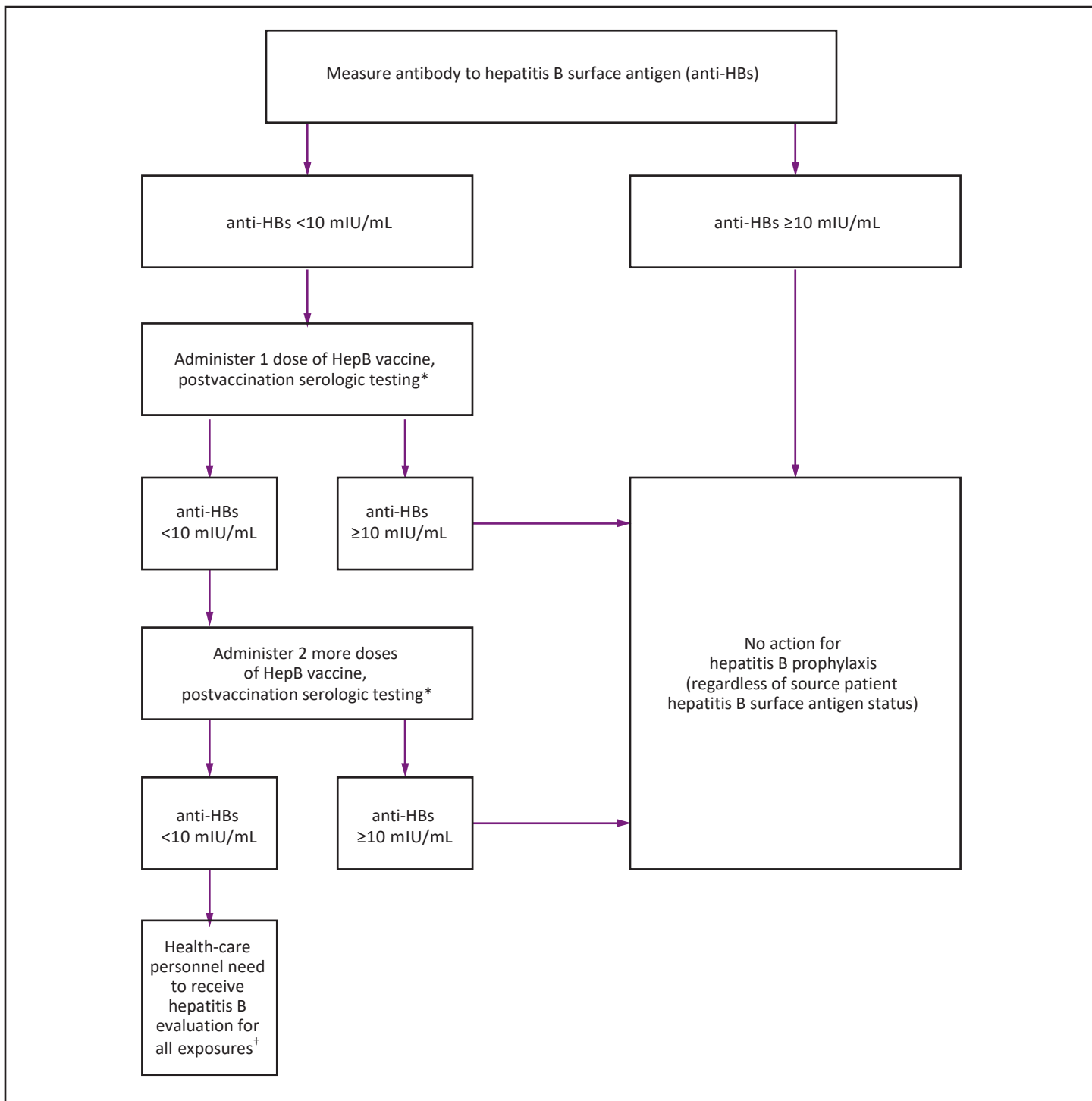
Please note:
- From time to time, you may also be automatically enrolled in myLearning courses in **my.jhu.edu** courses that are required at the University or Federal level. Please check your myLearning regularly.
- All vaccination and immunization documentation should show both your name and the collection/administration date.

REQUIRED DOCUMENTATION	INSTRUCTIONS
Please read carefully. You may wish to provide this document to your provider or lab for reference.	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. Please provide explanation for any contra-indications to receiving any immunization/vaccines.
REQUIRED TITERS AND IMMUNIZATIONS (Subject to update as CDC guidelines change)	
Influenza/Flu	Students who begin in the summer and fall semesters, and currently enrolled students must upload documentation of the flu vaccine into their CastleBranch account by November 17th 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 get a flu vaccine 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.
COVID-19 Vaccine **These requirements are subject to update by the University at any time. Students will receive notification in a timely manner.**	**The most recent 2023-2024 COVID vaccine is required for all incoming and current Johns Hopkins School of Nursing students.** All students must upload documentation of their COVID-19 vaccines into their CastleBranch account. **DOCUMENTATION MUST INCLUDE THE VACCINE MANUFACTURER.** **Exemptions**: If you have been granted a medical exemption through the University's VMS system, please forward it to Student Affairs for upload and approval in Castle Branch. While the University may grant a religious exemption, <u>the School of Nursing does not accept religious exemptions</u> because of clinical placement requirements. **Instructions for international students are available here.**

Hepatitis B positive surface <u>antibody</u> titer
 	
Please read carefully. Pediatric Vaccine history is not required.
	You must provide either a positive Hepatitis B Quantitative or Qualitative Surface Antibody titer, or documentation that you have begun the revaccination process.
	
	• If you submit a positive surface antibody titer, no further action is required.
	• If you do not have any titer documentation, or you have a titer drawn and the result is negative or equivocal, you will need to be re-vaccinated
	    o Please upload documentation of your 1st vaccine.
	    o Castle Branch will create new alerts to submit documentation of your subsequent vaccinations, and the follow-up titer that must be performed 4-8 weeks after final vaccination to document your positive surface antibody titer.
	• 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.
	• You may complete a titer draw at any time during the revaccination process. If the result is positive, you can upload that report and no further action will be required. If the result is negative, you must continue the revaccination series. As long as you are in the re-vaccination process, you will be considered to be in compliance for this requirement.
	
	Please do not submit documentation of your pediatric vaccines unless it is accompanied by a positive surface antibody titer. Your pediatric series alone is not required, and it does not satisfy this requirement.
	
	For additional information, please see immunization schedule and flowchart of vaccine/titer course of action at end of this document.

Tuberculosis **NOTE: Additional screening may be required for specific clinical site placements.**	<u>**Master's Entry into Nursing students:**</u> Submit TB screening results from **within 6 months** of the compliance due date. 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. <u>**All other programs**</u> 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. Any student with POSITIVE screening results must follow instructions 1-4 and continue annual screening renewal. 1. Students with a positive TB test 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 (Latent Tuberculosis Infection or 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). *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, <u>OR</u> • 2-vaccine series at least 4 weeks apart. <u>First vaccine must be administered prior to the start of the program.</u> If titer is negative or equivocal you will be prompted to receive 1 booster shot.

TDaP (Tetanus, Diphtheria, Pertussis)	Submit documentation of TDaP vaccination (received on/after age 11) administered **within the last 10 years.**
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.

REQUIRED TRAINING AND COURSES

Cardiopulmonary Resuscitation Certification (CPR)	**We strongly encourage in-person CPR – employment for CNA and nursing graduate positions may require in person CPR. (At this time, the SON will accept online CPR for clinical requirements. Online-only training must include Adult, Pediatric and Infant.)** **Only the following courses offered by the American Heart Association are acceptable.** • American Heart Association's Basic (BLS) course, OR • American Heart Association's Advanced (ACLS) Life Support course OR • American Heart Association's Pediatric Training for Healthcare Providers (PALS) **The renewal date will be set based on the expiration of your certification** **Note to reviewers:** OK for CB to accept EMT training certification and OK to accept without signature.

The following training 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 others 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 myLearning history. Once completed, upload the certificate of completion to CastleBranch. Some requirements may require annual renewal.)

Avoiding Plagiarism at JHU

Opioid Awareness

JH | Bloodborne Pathogen Orientation

JH | Electronic Information Security and Data Management Training

JH | Patient Privacy for Workforce Members

JHU | Sexual Misconduct Prevention - Required Graduate Student Training ~

Required Training for **MSN, Entry into Practice ONLY** – the following modules are available in **my.jhu.edu.**

Epic | JHM | ClinDoc | Nursing Students E-Learnings ~ Students should add this module (we suggest searching for "Nursing Students") to their learning plan. Once completed, upload your certificate of completion to CastleBranch.

Universal Pre-licensure Nursing Hospital Onboarding Education Required annually by the State of Maryland.

ADDITIONAL REQUIRED DOCUMENTATION
Please 'Save' documents to your device before uploading or CastleBranch may receive a blank form.

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.

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, ≥2-dose HepB vaccine series who have not had post-vaccination serologic testing*

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                    ┌─────────────────────────────────────────────────┐
                    │  Measure antibody to hepatitis B surface antigen │
                    │                 (anti-HBs)                        │
                    └─────────────────────────────────────────────────┘
                         │                                  │
          ┌──────────────────────────┐      ┌──────────────────────────┐
          │    anti-HBs <10 mIU/mL    │      │   anti-HBs ≥10 mIU/mL     │
          └──────────────────────────┘      └──────────────────────────┘
                         │                                  │
          ┌──────────────────────────┐                     │
          │  Administer 1 dose of     │                     │
          │  HepB vaccine,            │                     │
          │  postvaccination          │                     │
          │  serologic testing*       │                     │
          └──────────────────────────┘                     │
               │               │                            │
      ┌──────────────┐  ┌──────────────┐                    │
      │  anti-HBs     │  │  anti-HBs    │                    │
      │  <10 mIU/mL   │  │  ≥10 mIU/mL  │─────┐              │
      └──────────────┘  └──────────────┘     │              │
               │                              ▼              ▼
      ┌──────────────────────────┐    ┌──────────────────────────┐
      │  Administer 2 more doses  │    │      No action for        │
      │  of HepB vaccine,         │    │  hepatitis B prophylaxis  │
      │  postvaccination          │    │  (regardless of source    │
      │  serologic testing*       │    │  patient hepatitis B      │
      └──────────────────────────┘    │  surface antigen status)  │
               │               │       └──────────────────────────┘
      ┌──────────────┐  ┌──────────────┐            ▲
      │  anti-HBs     │  │  anti-HBs    │            │
      │  <10 mIU/mL   │  │  ≥10 mIU/mL  │────────────┘
      └──────────────┘  └──────────────┘
               │
      ┌──────────────────────────┐
      │  Health-care personnel    │
      │  need to receive          │
      │  hepatitis B evaluation   │
      │  for all exposures†       │
      └──────────────────────────┘
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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 <u>not</u> 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 ○ Non-reactive ○	Copy attached ○
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 ○ Non-reactive ○	Copy attached ○
Hepatitis B Vaccine Non-Responder (If Hepatitis B Surface Antibody negative after 1st and 2nd series)	Hepatitis B Surface Antigen (If 2nd titer negative)	__/__/____	Copy attached ○	
	Hepatitis B Core Antibody (If 2nd titer negative)	__/__/____	Copy attached ○	
Chronic Active Hepatitis B	Hepatitis B Surface Antigen	__/__/____	Copy attached ○	
	Hepatitis B Viral Load	__/__/____	Copy attached ○	

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