



Department of Nursing
Policy #040

Immunization and Other Requirements

Status:	Approved 7.13.2017, Revised 12.6.2019
Effective:	12.6.2019
Initiated by:	Bylaws and Policy Committee, Administrative Coordinator of the BSN Program
Relevant WAC/ Standards/References:	WAC 246-840-519, RCW 70.24.270, WAC 246-12-260, WAC 246-12-270, RCW 43.70.442

Purpose

The purpose of this policy is to provide BSN students with a list of the immunizations, background checks and other requirements while in the Heritage University BSN program of study.

Policies and Procedures

This information outlines the immunizations and communicable disease screening requirements while in the nursing program of study. All health records must have agency signatures and list the agency name and address. Students will place their background check order on CertifiedBackground.com and then set up their online CastleBranch. Students will be able to view all the requirements mandated by the Department of Nursing for their Clinical Passport. Upon completion of each requirement, students are able to upload, fax, or mail in their documentation to the online CastleBranch. Once completed the requirements will be reviewed and verified online.

Immunizations

Heritage University BSN students participating at practicum, clinical, or community sites are not able to waive any vaccine or TB surveillance requirement for personal reasons. Waivers are only granted for documented medical conditions for which there is a vaccine contraindication. Students must submit to a signed statement from a medical doctor (MD or DO) or nurse practitioner (NP) stating what vaccine is contraindicated, the reasons with documentation for the contraindication, and the duration for which the vaccine is contraindicated. This information must be submitted by the first day of Fall Semester for the sophomore students.

The Nursing Department Chair/BSN Program Director will review and determine if the standard for medical contraindication is valid, based on the standards of care. If the standards for a vaccine waiver are not met, the student will need to comply with the vaccine requirements. If the standards for a vaccine waiver are met, the student and BSN Program will follow the process for temporary or permanent waiver as stated below.

Waivers may be granted for students who cannot receive live attenuated vaccines (MMR, varicella) and who have negative titers (blood antibody tests) to the respective diseases (measles, mumps, rubella, varicella).

- Temporary Waivers
 - Pregnant students: During the months of gestation, waivers are given for the two live attenuated MMR and varicella vaccines.
 - Students on temporary immunosuppressive medications

- Students with CD4 counts less than 200 for a specified duration of time
- These live vaccines can be completed post-partum or once the temporary period of immune suppression is over.
- Students who are pregnant and/or with temporary immune suppression might have to take a leave of absence depending on risk for communicable disease acquisition in selected clinical practice settings.
- Permanent Waivers are granted on a case-by-case basis for:
 - Students with documentation of a severe allergy to the particular vaccine or its vaccine components. Students with a documented allergy to Purified Protein Derivative (PPD) will need to submit an IGRA (interferon gamma release assay) test result.
 - Students who have permanent immune suppression.
- Students receiving either permanent or temporary waivers for certain vaccines or surveillance tests will be required to work with the BSN Program and practicum, clinical, or training site to arrange, if possible, alternative non-clinical work to meet comparable academic requirements.
- BSN students having client, patient, and/or body fluid contact must maintain their immunization and annual TB surveillance compliance, with updates as necessary. They will not be able to enter practicum or clinical sites if they refuse required services, fall out of compliance due to an expired service, or fail to produce written authorization for temporary waiver status for participation by the respective practicum, clinical, or training site.

The following are required to be submitted ON A ONE TIME BASIS:

BACKGROUND CHECKS

- National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/readmission and reentry/hire to program to include all counties of residence & all Washington State counties per RCW 43.43.830 and OIG and GSA screens.

TUBERCULIN STATUS

- If no previous records or more than 12 months since last Purified Protein Derivative (PPD) → 2 step PPD **OR**
- Tuberculosis (TB) IGRA test within 12 months **OR**
- If negative PPD within 12 months → one step PPD **OR**
- If newly positive PPD → F/U by healthcare provider (chest X-ray, symptoms check, possible treatment, and documentation of absence of active M. TB disease) and need to complete health questionnaire.
 - If student requires treatment, it must be completed prior to first day the student begins clinical practice.
 - Documentation of clearance for clinical practice from the provider or Health Department must be remitted to the Nursing Department Chair/ BSN Program Director before the student may participate in clinical experiences.
- If history of positive PPD → provide documentation of PPD reading, provide proof of chest X-ray documenting absence of M. TB, medical treatment and negative symptom check **OR**
- If history of BCG vaccine → TB IGRA. If negative → OK; If positive → do Chest X-Ray

HEPATITIS B

- Series of 3 vaccines completed at appropriate time intervals and post vaccination titer at 6-8 weeks after series completion
- If negative titer, then repeat series (consisting of doses 4-6) and repeat titer 6-8 weeks after #6 dose. **OR**
- Provide documentation of positive titer (anti-HBs or HepB SAb) **OR**
- **IF** post vaccination titer is not completed 6-8 weeks after series completion - repeat Series of 3 vaccines (doses #4 - #6) & obtain post vaccination titer at 6-8 weeks after series #2 completed.

MMR (Measles, Mumps, Rubella)

- Proof of immunity by titer **OR**
- Proof of vaccination (2 doses at appropriate intervals)

VARICELLA (Chicken Pox)

- Proof of immunity by titer **OR**
- Proof of vaccination (2 doses at appropriate intervals)

TETANUS, DIPHTHERIA, ACCELLULAR PERTUSSIS (Tdap)

- Tdap **required** once
- Tdap required every 10 years

REQUIRED EDUCATION

- **Bloodborne Pathogen Training**
 - HU BSN students are required to complete the [Washington State Bloodborne Training class](#).
- **HIV/AIDS Training**
 - HU BSN students are required to have seven hours of HIV/AIDS training. Here is a list of [Online HIV/AIDS Courses](#).
- **Suicide Prevention Training**
 - HU BSN students are required to have six hours of Suicide Prevention training. Here is a list of [Online Suicide Prevention Training Courses](#).

The following are required to be submitted annually:

AUTHORIZATION FOR RELEASE OF RECORD kept on file w/program

TUBERCULIN STATUS

- Annual TST **OR**
- Annual TB IGRA test **OR**
- If newly positive TST results→ F/U with healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and may need to complete health questionnaire.
- Previously documented +TST results and prior negative chest X- ray results: submit annual symptom check completed within one year from healthcare provider

INFLUENZA

- Proof of seasonal vaccination(s) **OR**
- Signed waiver with supporting evidence
- *Specific healthcare institutions may require vaccination without exception (i.e., no declination) or provider's note.*
- <http://flushot.healthmap.org/>

BACKGROUND CHECKS

- Washington State Patrol Background Check (WATCH)

LICENSE (if licensed or certified as any healthcare provider (RN, LPN, NAC, etc. & in what specific state)

- Current
- Unencumbered

INSURANCE

- Professional Liability \$1,000,000/3,000,000 policy
- Personal Health Insurance

ADDITIONAL REQUIREMENTS (if applicable)

Some healthcare settings may have additional requirements. Students and Faculty will be informed prior to clinical experience if optional or additional requirements need to be met.

The following is required to submit prior to initial clinical practicum and to be kept valid until graduation:

BASIC LIFE SUPPORT

- American Heart Association BLS Healthcare Provider Certificate

Policy #040
Title: Immunization and Other Requirements

Questions regarding these requirements should be directed to the Administrative Coordinator of the BSN Program.

Policy Reviewers

Proposed revisions of this policy should be reviewed by:

1. Nursing Faculty Assembly
2. Policy & Bylaws Committee
3. Curriculum Committee
4. Admissions, Retention, Progression & Graduation Committee

Forms

Heritage University BSN Program Student Clinical Passport Requirements

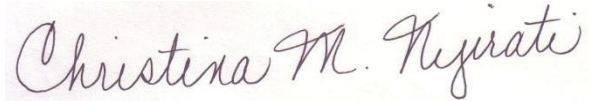
References

RCW 43.70.442 Suicide Prevention Training for Health Professionals.
<http://app.leg.wa.gov/rcw/default.aspx?cite=43.70.442>


RCW 70.24.270 Health professionals – Rules for AIDS education and training.
<http://app.leg.wa.gov/rcw/default.aspx?cite=70.24.270>

WAC 246-12-260 Who must obtain AIDS education? <http://app.leg.wa.gov/wac/default.aspx?cite=246-12-260>

WAC 246-12-270 Acceptable AIDS education and training.
<http://app.leg.wa.gov/wac/default.aspx?cite=246-12-270>



Signature: _____

 <p>Heritage University BSN Program Student Clinical Passport Requirements</p>	<p>Student Name: Last, First, M.I.</p>
	<p>These requirements are in place for the health and safety of students, faculty and their patients.</p>
<p>All students participating in patient care experiences must meet the following health and safety requirements. Heritage University Department of Nursing is responsible for ensuring that requirements have been met prior to participation in patient care/clinical experience. Records will be kept in CastleBranch. Because of FERPA regulations students will provide direct access to clinical affiliates regarding information. <i>Documentation must meet requirements at all times.</i> Required immunizations must include mm/dd/yyyy if available.</p>	
<p style="text-align: center;">SUBMITTED ONCE</p>	<p style="text-align: center;">SUBMITTED EVERY YEAR</p>
<p>TUBERCULIN STATUS</p> <ul style="list-style-type: none"> ▪ If no previous records or more than 12 months since last TST → 2 step TST OR ▪ TB IGRA test within 12 months OR ▪ If negative TST within 12 months → one step TST OR ▪ If newly positive TST → F/U by healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and need to complete health questionnaire ▪ If history of positive TST → provide documentation of TST reading, provide proof of chest X-ray documenting absence of M. TB, medical treatment and negative symptom check OR ▪ If history of BCG vaccine → TB IGRA. If negative → OK; If positive → do Chest X-Ray <p>HEPATITIS B</p> <ul style="list-style-type: none"> ▪ Series of 3 vaccines completed at appropriate time intervals and post vaccination titer at 6-8 weeks after series completion ▪ If negative titer, then repeat series (consisting of doses 4-6) and repeat titer 6-8 weeks after #6 dose. OR ▪ Provide documentation of positive titer (anti-HBs or HepB SAb) OR ▪ If post vaccination titer is not completed 6-8 weeks after series completion - repeat Series of 3 vaccines (doses #4 - #6) & obtain post vaccination titer at 6-8 weeks after series #2 completed. ▪ Signed declination for students/faculty who decline vaccination <i>Specific healthcare institutions may require vaccination without exception (i.e., no declination)</i> <p>MMR (Measles, Mumps, Rubella)</p> <ul style="list-style-type: none"> ▪ Proof of immunity by titer OR ▪ Proof of vaccination (2 doses at appropriate intervals) OR ▪ Signed waiver with supporting evidence ▪ <i>See Immunization and Other Requirements policy.</i> <p>VARICELLA (Chicken Pox)</p> <ul style="list-style-type: none"> ▪ Proof of immunity by titer OR ▪ Proof of vaccination (2 doses at appropriate intervals) OR ▪ Signed waiver with supporting evidence ▪ <i>See Immunization and Other Requirements policy.</i> <p>TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)</p> <ul style="list-style-type: none"> ▪ Tdap required once ▪ Td required every 10 years after Tdap <p>CPR</p> <ul style="list-style-type: none"> ▪ American Heart Association BLS Healthcare Provider Certificate <p>AUTHORIZATION FOR RELEASE OF RECORD kept on file w/program</p> <p>REQUIRED EDUCATION</p> <ul style="list-style-type: none"> ▪ Bloodborne Pathogen Training ▪ HIV/AIDS Training ▪ Suicide Prevention Training <p><i>EACH HEALTHCARE INSTITUTION WILL COMMUNICATE TO FACULTY AND STUDENTS ANY REQUIRED EDUCATIONAL CONTENT TO BE COMPLETED PRIOR TO PARTICIPATING IN PATIENT CARE.</i></p>	<p>TUBERCULIN STATUS</p> <ul style="list-style-type: none"> ▪ Annual PPD OR ▪ Annual TB IGRA test OR ▪ If newly positive PPD results → F/U with healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and may need to complete health questionnaire. ▪ Documentation of clearance for clinical practice from the provider or Health Department must be remitted to the Nursing Department Chair/ BSN Program Director before the student may participate in clinical experiences. ▪ Previously documented +PPD results and prior negative chest X-ray results: submit annual symptom check completed within one year from healthcare provider <p>INFLUENZA</p> <ul style="list-style-type: none"> ▪ Proof of seasonal vaccination(s) OR ▪ Signed waiver with supporting evidence <i>See Immunization and Other Requirements policy.</i> http://flushot.healthmap.org/ <p>BACKGROUND CHECKS</p> <ul style="list-style-type: none"> ▪ National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/readmission and reentry/hire to program to include all counties of residence & all Washington State counties per RCW 43.43.830 and OIG and GSA screens. Excluded provider search on: <ul style="list-style-type: none"> ○ OIG http://exclusions.oig.hhs.gov/ ○ GSA http://www.sam.gov ▪ Washington State Patrol Background Check (WATCH) annually thereafter <p>LICENSE (if licensed or certified as any healthcare provider (RN, LPN, NAC, etc. & in what specific State)</p> <ul style="list-style-type: none"> ▪ Current ▪ Unencumbered <p>INSURANCE</p> <ul style="list-style-type: none"> ▪ Professional Liability \$1,000,000/3,000,000 policy ▪ Personal Health Insurance ▪ Vehicle Insurance <p>ADDITIONAL REQUIREMENTS (if applicable) <i>Some healthcare settings may have additional requirements. Students and Faculty will be informed prior to clinical experience if optional or additional requirements need to be met.</i></p>



Heritage University
BSN Program

Student Clinical Passport Requirements

Student Name

Last Name, First, M.I.

DOB

Form verified by:

Name

Date

Name

Date

Name

Date

All students participating in patient care experiences must meet the following health and safety requirements. Heritage University Department of Nursing is responsible for ensuring that requirements have been met **prior** to participation in patient care/clinical experience. Records will be kept in CastleBranch. Because of FERPA regulations students will provide direct access to clinical affiliates regarding information. *Documentation must meet requirements at all times.* Required immunizations must include mm/dd/yyyy if available.

SUBMITTED ONCE

SUBMITTED EVERY YEAR

TUBERCULIN STATUS
 A. Two-step PPD 1) Skin Test #1 Date _____ Result: Neg ___ Pos ___ mm ___
 2) Skin Test #2 Date _____ Result: Neg ___ Pos ___ mm ___
 (#2 Placed within 1-3 weeks of #1) **OR**
 B. TB IGRA Date _____ Result: _____
OR
 C. If New Positive/Exam/X-ray Date _____
OR
 D. Positive TST/Negative X-ray Date _____

TUBERCULIN STATUS
 A. Annual PPD (given less than one year from previous PPD)
 Date _____ Result: Neg ___ Pos ___ mm ___
 Date _____ Result: Neg ___ Pos ___ mm ___
 Date _____ Result: Neg ___ Pos ___ mm ___ **OR**
 B. Annual TB IGRA (drawn less than one year from previous IGRA)
 Date _____ Result: _____ Date _____ Result: _____
 Date _____ Result: _____ **OR**
 C. If New Positive/Exam/Chest X-ray
 Exam Date _____ X-ray Date _____ **OR**
 D. Known Positive/Possible Treatment/ Annual Symptom Check from Health Care Provider Date _____

HEPATITIS B (3 primary series shots: (at 0,1,6 mo) plus titer confirmation (6-8 weeks later)
 A. Vaccination Dates
 1) _____
 2) _____
 3) _____
 Immunity confirmed by titer Date _____ **OR**
 B. If negative titer after initial series of 3 vaccines, then vaccines #4-#6
 4) _____
 5) _____
 6) _____
 Immunity confirmed by titer Date _____
 C. Immunity confirmed by titer (anti-HBs or HepB SAbs) Date _____ **OR**
 D. Signed declination Date _____
 E. History of disease Date _____ Known non responder _____

INFLUENZA Effective dates: 08/31/2017 – 4/30/2018
 A. Which healthcare provider administered vaccine?
 B. Proof of seasonal vaccination
 Date 1 _____ Date 2 _____ Date 3 _____ **OR**
 C. Signed waiver with supporting evidence
 Date 1 _____ Date 2 _____ Date 3 _____

MMR (Measles, Mumps, Rubella)
 A. Immunity by titers: Measles Date _____
 Mumps Date _____ Rubella Date _____ **OR**
 B. Vaccination Dates
 1) _____ 2) _____

BACKGROUND CHECK
 A. National Criminal Background Check including Excluded Provider Search on OIG and GSA upon admission Date _____
 B. Washington State Patrol Check (WATCH) upon admission and annually
 Dates _____, _____, _____
 C. Disclosure Statement
 Dates _____, _____, _____

VARICELLA (Chicken Pox)
 A. Immunity by titer Date _____ **OR**
 B. Vaccination Dates
 1) _____ 2) _____

LICENSE (Any healthcare license, certification, registration)
 A. State # _____ Exp. Date _____
OR
 B. Not Applicable

TETANUS/DIPHTHERIA/PERTUSSIS
 A. Tdap Date _____
 B. Td Date _____

INSURANCE
 A. Professional Liability Policy Date: _____
 B. Personal Health Insurance Date: _____
 C. Vehicle Insurance Date: _____

AHA BLS Healthcare Provider Certificate
 Expiration Date _____

Authorization for Release of Record
 School keeps this on file

ADDITIONAL REQUIREMENTS (if applicable)
 A. Negative 12 Panel Drug Screen Date _____

REQUIRED EDUCATION
 · Bloodborne Pathogen Training
 · HIV/AIDS Training
 · Suicide Prevention Training
Each healthcare institution will communicate to faculty and to students any additional required educational content to be completed prior to participating in patient care.