Explanation of Requirements for Clinical Experiences HFU

Explanation of Required Immunizations and Health Requirements

Two Step TB screening

All nursing students are required to have an initial two-step TB screening or a chest x-ray upon admission to the program. If the first test reading is positive, no further skin testing is done. The person would then require follow-up by their healthcare provider including a chest x-ray to rule out active disease and evaluation for appropriate medication and follow-up therapy. If the first test reading is negative, the second test is performed 1-3 weeks later. If the second test is positive the person is classified as "previously infected" and cared for accordingly.

For persons who have documentation of a previous positive PPD, no skin testing is performed and follow-up including health evaluation, symptom screening, and periodic chest x-rays is required per current CDC guidelines. Symptom screening review is to be completed yearly (see Annual Health Screening Questionnaire for History of Positive TB Skin Test form).

MMR

Titer showing proof of immunity is required. If results are negative, 2 doses of MMR are recommended unless medically contraindicated (CDC, 2008; http://www.immunize.org/catg.d/p2017.pdf).

Varicella

Titer showing proof of immunity is required. If results are negative, 2 doses of varicella are recommended unless medically contraindicated. Vaccines are given one month apart (CDC, 2008).

Tetanus (Td/Tdap)

Individuals who have had a primary series of Tetanus/Diphtheria containing product (TDP, TDaP, DT,Td) should receive a booster every 10 years and a one-time dose of Tdap is recommended for all healthcare providers under the age of 65 (CDC, 2008).

Hepatitis B (3 step series, positive serology)

Titer showing proof of immunity is required. If results are negative, 3 doses are recommended with the second dose given 1 month after the first dose. Third dose is given 3-5 months later. Titer is repeated with follow-up if the titer is negative (CDC, 2008). Your healthcare provider may recommend an accelerated schedule for the Hepatitis B series. This would be shots at first shot at day 0, a second shot at day 7 and 21-30 days later the third shot. If this accelerated series is done, a fourth shot is recommended at 12 months. In order to be compliant, you must complete the series before entering Nursing 341. You will need to start this at the beginning of Nursing 204.

History and Physical Clearance

A report, signed by the physician, physician’s assistant, or nurse practitioner, shall be provided to American DataBank to be tracked. This report shall indicate that the student does not have any health condition(s) that would create a hazard to themselves, employees, or patients (Title 22).

CPR Certification

Current CPR certification through the American Heart Association Basic Life Support (BLS) is required. No online classes are accepted. Certification is valid for 1-2 years in accordance with school policy.

Background Check: Refer to American Data Bank Policy/FBI clearance policy.

Influenza Vaccination: Flu vaccines will not be available during certain times of the year.
Explanation of Required Immunizations and Health Requirements

Reason for Titers

Serum titers are blood tests that measure whether or not you are immune to a given disease(s). More specifically, a **quantitative serum titer** is a titer with a numerical value indicating your actual degree of immunity to a disease(s). The clinical sites you will be working at require documented proof of immunity in the form of quantitative titers – simply getting the vaccination or “having had the disease” is not enough. Therefore, **each student must have quantitative titers drawn**, and provide copies of the official laboratory printouts **containing the numerical values** for Mumps, Measles, Rubella, Varicella and Hep B immunity.

1. Be sure to get your titers drawn first (even if you are unsure of your shots).

   Why? Measure your immunity level before getting vaccinated to boost it. Your titers might indicate a high immunity to a specific disease, in which case you won’t need to get vaccinated for that disease.

2. Please get the exact type of titers we have asked you to.

   3 Common Mistakes Students Make:
   
   >>Quantitative vs. Qualitative titers – quantitative have a numerical value, qualitative simply indicates “immune vs. non-immune” (with no numerical value). **Be sure to get quantitative titers.**
   
   >>IgG vs. IgM titers – **you need IgG titers; DO NOT** get labs for IgM titers.
   
   >>Hbs **AB IgG** vs. HbsAG IgG titers (for Hep B) – **you need Hep B AB (antibody) titers, NOT** Hep B AG (antigen) titers.

3. If the titer for a specific disease shows that you’re not immune, you need to get vaccinated or re-vaccinated (also known as getting a booster).

   Note: This is where previous vaccination records are helpful. Vaccinations for different diseases have different timelines and numbers of shots needed (ex. Varicella – 2 shot series 4-6 weeks apart vs. Hep B – 3 shot series over 6 months). If a specific titer indicates non-immunity, then your physician can direct you on next steps for vaccination.

4. Once vaccinated, titers **should not** be drawn until 6-8 weeks after the vaccination.

   Why? If drawn too soon afterwards, the titers will indicate non-immunity as the vaccine will still be in your system.

Examples and further clarification:

Varicella-Zoster - Varicella Zoster titer (lab report) results and date of test is required. History of chicken pox cannot be used in lieu of titer results. For students who test non-immune, a booster is required.

Rubeola (Measles) - Measles titer results (lab report) and date of test is required. Students who test non-immune must be re-immunized against Measles. The MMR vaccine cannot be used in lieu of titer results.

Mumps - Titer results (lab report) and date of test are required. Students who test non-immune must be re-immunized against Mumps. MMR vaccine cannot be used in lieu of titer results.

Rubella - Titer results (lab report) and date of test are required. Students who test non-immune must be re-immunized against Rubella. MMR vaccine cannot be used in lieu of titer results.

Hepatitis B - Students must have a series of three Hepatitis B immunizations prior to starting clinical. An immune Titer is required for compliance, if the titer is non-immune you would re-start the 3-shot series and then retiter a month thereafter.
Holy Family University Initial Immunization Record Form

Attention:
Before you create your account with Holy Family University Immunization Tracking System, please be aware that your yearly subscription fee for using the Tracking System is $25.00. You will need your Credit Card to pay this subscription fee.

Instructions for creating your Immunization & Clinical Compliance Records in the Tracking System:
1. Please go to www.holyfamilysafety.com and click “Immunization Information” button.
2. Create your account by clicking “Online Registration” and fill out all of the necessary information.
3. Process your payment by submitting Credit Card information.
4. Please download all necessary forms. Have your healthcare provider sign and complete the Report of Medical History Form.
5. Upon completion, please enter your immunization record into the System and then send this form and all other necessary forms and documents to American DataBank by scanning/taking a digital photo of all documents, and uploading them directly into the tracking system. Documentation must be sent to American DataBank for verification.

Instructions for entering your immunization record

1. MMR (Measles/Rubeola, Mumps and Rubella): One Time
   You must show proof of ‘Immune’ IGG Antibody Titers for Measles (or Rubeola), Mumps and Rubella for compliance. If your titer(s) come back non-immune (Negative or Equivocal), you must get a booster shot for the disease. You must upload to the tracking system all official labwork printouts as proof of all titers. Shots may be signed off on the initial immunization form in the box directly above the vaccination (or official documentation may be provided). Please enter the date of the immunization/titer on the form, and into the online tracking system. Please upload the form/documentation to American DataBank for processing.

2. Varicella: One Time
   You must show proof of ‘Immune’ IGG Antibody Titer for Varicella for compliance. If your titer came back non-immune (Negative or Equivocal), you must get a booster shot for the disease. You must upload to the ITs any official labwork printouts as proof of all titers. Shots may be signed off on the initial immunization form in the box directly above the vaccination (or official records may be provided). Please enter the date of the immunization/titer on the form, and into the online tracking system. Please upload the form/documentation to American DataBank for processing.

3. Hepatitis B: One Time
   You must show proof of ‘Immune’ IGG Antibody Titer for Hepatitis B. If your titer came back non-immune (Negative or Equivocal), you must get a new 3-shot series for Hepatitis B and then retiter one month thereafter.

   You must upload to the ITs any official labwork printouts as proof of all titers. Shots may be signed off on the initial immunization form in the box directly above the vaccination (or official documentation may be provided). If your titer is proven AND is ‘Immune or Positive’, proof of the 3 shot series is not required. Please enter the date of the immunization/titer on the form, and into the online tracking system. Please upload the form/documentation to American DataBank for processing.

4. TDaP: Every Ten Years
   You must show proof of a Tetanus Diphtheria and Acellular Pertussis (TDaP) Vaccination within the last 10 years for compliance. No other form of Tetanus shot is acceptable in lieu of the TDaP. The shot may be signed off on the initial immunization form in the box directly above the vaccination (or official documentation may be provided). Please enter the date of the immunization on the form, and into the online tracking system. Please upload the form/documentation to American DataBank for processing.

5. Two-Step PPD: Annual
   You must have a 2-Step PPD (with the two TB tests within 1-3 Weeks of each other for compliance). If you have history of a Positive PPD, you must have documentation of that Positive Result PPD (From any time in the past), AND Proof of a Annual Chest X-Ray. PPDs and Chest X-Ray can all be documented on the initial immunization tracking form by having a healthcare provider sign in the box directly above the vaccinations (or official documentation may be provided). Please enter the date of the PPDs and their results on the form and into the online tracking system. Please upload the form/documentation to American DataBank for processing.
Instructions for entering your immunization record – Continued:

6. **Flu Shot: Annual**
   You must have proof of a Seasonal Flu. Only the Seasonal Flu is annual. Please provide proof of a seasonal flu shot for compliance. The shot may be signed off on the initial immunization form in the box directly above the vaccination (or official documentation may be provided). Please enter the date of the immunization on the form, and into the online tracking system. Please upload the form/documentation to American DataBank for processing.

7. **CPR Certification: Every Two Years**
   You must have a current American Heart Association Basic Life Saver for the Healthcare Providers CPR Card. Current CPR certification through the American Heart Association Basic Life Support (BLS) for healthcare providers is required. No online classes are accepted. Certification is valid for 1-2 years in accordance with school policy. No other CPR card type is acceptable for this requirement. You must send in a copy of the front and back of that card to American DataBank for compliance. Please enter the date certified in CPR on the tracking form and into the online tracking system.

8. **Physical Examination: Annual**
   You must receive a physical examination annually using the Official Report of Medical History Form (a 2-page form found on [www.holyfamilysafety.com](http://www.holyfamilysafety.com)). This form must be completed by a healthcare provider and uploaded to the ITS as proof of your physical examination.

9. **Health Insurance Coverage: Annual**
   You must provide proof that you currently are covered by health insurance. You should supply a copy of the front and back of the health insurance card. If your name is not on the front or back of the card, you must upload some sort of documentation that you are covered by that insurance carrier (a dated bill or official statement with your name is fine). Please enter today’s date as the verified date on the form and into the system (with the insurance company as the ‘provider’). Also upload a copy of the front and back of the card (and/or other relevant documentation) to American DataBank for processing.

10. **ADB Background Check:**
    - **FBI Clearance (Annual):** All students must have a FBI Fingerprint Based Check done annually. Please view the instructions located on the 'FBI Information' page of the [www.holyfamilysafety.com](http://www.holyfamilysafety.com) website. You must have your prints rolled electronically at a Cogent site. You can find a listing on the Cogent web page when you register. Proof of completion of the FBI registration must be given to Maria Gonzalez, Nursing program secretary, by placing it in the box outside her office #115. You may also send your registration ID to her via email at mgonzalez@holyfamily.edu. She will send your FBI results directly to American DataBank. Please do not upload anything related to FBI into your account. This process can take several weeks, be sure to start the process as quickly as possible.
    
    - **Criminal Check (Annual):** All students must have a Background Check Package Completed annually. This includes a search of Federal Exclusion Lists, a Nationwide Sex Offender Registry Search, and a PA Statewide Criminal Check. This should be done through American DataBank. Please place an order for the checks on the website (Be sure to order the package set for your grade level). These checks are completed by American DataBank, and will be entered in the tracking system when they are complete.
    
    - **Child Abuse Clearance (Annual):** All Students must complete a Pennsylvania Child Abuse History Clearance through the PA Dept of Public Welfare. You must submit for this check yourself. Directions are on the [www.holyfamilysafety.com](http://www.holyfamilysafety.com) website. Once you receive the result from the Registry Service, you must upload a copy of that certificate to American DataBank for processing. When we get the clearance, it will be entered in the ITS for you.
    
    - **Drug Screening (Annual):** All students must have a Drug Screen completed annually through American DataBank. Once you complete your order on [www.holyfamilysafety.com](http://www.holyfamilysafety.com) you will receive an email with a registration ID, and a location in your area to complete the screening. There are locations on the website as well. Once the check is complete, ADB will enter the date/result in the system for you.
Holy Family University Initial Immunization Record Form

I hereby authorize the release of my medical records to American DataBank to meet the requirements set by Holy Family University. I do this with the understanding that my personal information will not be disseminated for any purpose other than those specified by my educational institution. By affixing my signature, I grant my full consent for the duration of my enrollment at Holy Family. I am aware that I can revoke my consent, in writing, at any time.

<table>
<thead>
<tr>
<th>Student Name (Print): ____________________________</th>
<th>Signed Date: ____ (M) ____(D) ___(Y)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Signature: _____________________________</td>
<td>Student ID: _____________________</td>
</tr>
</tbody>
</table>

***Student should scan and upload all documents into their ITS Account***

***Please be sure to provide a copy of lab work to your school and American DataBank***

**Select Your Program of Study:**

- [ ] BSN
- [ ] MSN

**Select Your Grade Level:**

- [ ] Sophomore
- [ ] Junior
- [ ] Senior
- [ ] Master
- [ ] Faculty

### Immunization Requirements:

**Titers Rubella, Rubeola, and Mumps (During NURS 204 / Once):**
If your titer is “Not Immune”, the student MUST have the Vaccinations. Must be the Quantitative IGG Antibody Titors

**Copy of Titer Lab Work Attached (Required)?** [ ] Yes

<table>
<thead>
<tr>
<th>Rubella Titer Date: ____ (M) ____ (D) ___(Y) / Immune: [ ] Yes or [ ] No</th>
<th>Vaccination Date: ____ (M) ____ (D) ___(Y)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubeola Titer Date: ____ (M) ____ (D) ___(Y) / Immune: [ ] Yes or [ ] No</td>
<td>Vaccination Date: ____ (M) ____ (D) ___(Y)</td>
</tr>
<tr>
<td>Mumps Titer Date: ____ (M) ____ (D) ___(Y) / Immune: [ ] Yes or [ ] No</td>
<td>Vaccination Date: ____ (M) ____ (D) ___(Y)</td>
</tr>
</tbody>
</table>

**Titer Varicella (During NURS 204/ Once):**
If your titer is “Not Immune”, the student MUST have the Vaccinations. Must be the Quantitative IGG Antibody Titer

**Copy of Titer Lab Work Attached (Required)?** [ ] Yes

<table>
<thead>
<tr>
<th>Varicella Titer Date: ____ (M) ____ (D) ___(Y) / Immune: [ ] Yes or [ ] No</th>
<th>Vaccination Date: ____ (M) ____ (D) ___(Y)</th>
</tr>
</thead>
</table>

**Titer Hepatitis B Series (During NURS 204/ Once):**
Titer must be the Quantitative IGG Antibody
Titer must be at least one month after the last shot of a HepB Series

**Copy of Titer Lab Work Attached (Required)?** [ ] Yes

<table>
<thead>
<tr>
<th>Hep B Titer Date: ____ (M) ____ (D) ___(Y) / Immune: [ ] Yes or [ ] No, If No: Must repeat a 3-Shot Series and Retiter</th>
<th>Hepatitis B 3 Shot Series (During NURS 204 / Once) Only required if student has non-immune titer. Only Shot #3 is tracked in the Tracking System.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HepB 1st Date: ____ (M) ____ (D) ___(Y) HepB 2nd Date: ____ (M) ____ (D) ___(Y) HepB 3rd Date: ____ (M) ____ (D) ___(Y)</td>
<td>In Tracker, Only Shot #3 is to be entered.</td>
</tr>
</tbody>
</table>
Holy Family University Initial Immunization Record Form

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Student Name (Print): ___________________________________________ Signed Date: _____(M) _____(D) _____(Y)

Student Signature: ___________________________________________ Student ID: ______________________

***Student should scan and upload all documents into their ITS Account***
***Please be sure to provide a copy of lab work to your school and American DataBank***

Immunization Requirements: Continue from Page 3

<table>
<thead>
<tr>
<th>Tdap (During NURS 204 / Every 10 Years)</th>
<th>Physician/Healthcare Provider Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name: ____________________________ Title: _______________</td>
</tr>
<tr>
<td></td>
<td>Signature: _________________________ Stamp:</td>
</tr>
<tr>
<td></td>
<td>Signed Date: ______________________</td>
</tr>
<tr>
<td></td>
<td>Contact Phone#: ____________________</td>
</tr>
</tbody>
</table>

Tdap Date: _____(M) _____(D) _____(Y)

<table>
<thead>
<tr>
<th>Two Step PPD Test (During NURS 204 / Every Year)</th>
<th>Physician/Healthcare Provider Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must be 1-3 weeks between PPDs. If PPD Positive, you must have signed proof of Positive PPD and have follow up Chest X-Ray (X-Ray is due Annually).</td>
<td>Name: ____________________________ Title: _______________</td>
</tr>
<tr>
<td></td>
<td>Signature: _________________________ Stamp:</td>
</tr>
<tr>
<td></td>
<td>Signed Date: ______________________</td>
</tr>
<tr>
<td></td>
<td>Contact Phone#: ____________________</td>
</tr>
</tbody>
</table>

PPD 1st Date: _____(M) _____(D) _____(Y) / PPD 1st Result: ☐ Positive or ☐ Negative

Positive: Chest X-Ray Date: _____(M) _____(D) _____(Y) / Chest X-Ray Result: ☐ Positive or ☐ Negative

PPD 2nd Date: _____(M) _____(D) _____(Y) / PPD 2nd Result: ☐ Positive or ☐ Negative

Positive: Chest X-Ray Date: _____(M) _____(D) _____(Y) / Chest X-Ray Result: ☐ Positive or ☐ Negative

<table>
<thead>
<tr>
<th>Seasonal Flu Shot (During NURS 204 / Every Year)</th>
<th>Physician/Healthcare Provider Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name: ____________________________ Title: _______________</td>
</tr>
<tr>
<td></td>
<td>Signature: _________________________ Stamp:</td>
</tr>
<tr>
<td></td>
<td>Signed Date: ______________________</td>
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<tr>
<td></td>
<td>Contact Phone#: ____________________</td>
</tr>
</tbody>
</table>

Flu Shot Date: _____(M) _____(D) _____(Y)

<table>
<thead>
<tr>
<th>CPR License</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>CPR Card Issued by American Heart Association (During NURS 204 / Every 2 Years): Must upload front and back copy of CPR card to American DataBank.</td>
<td></td>
</tr>
</tbody>
</table>

AHA Issued Date: _____(M) _____(D) _____(Y) Copy of Front and Back of CPR Card Attached (Required)? ☐ Yes

<table>
<thead>
<tr>
<th>Physical Exam Date: (During NURS 204 /Every Year)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>You must use the 2-Page Report of Medical History Form</td>
<td></td>
</tr>
</tbody>
</table>

Exam Completion Date: _____(M) _____(D) _____(Y) Copy of Medical History Form Attached (Required)? ☐ Yes

<table>
<thead>
<tr>
<th>Health Insurance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Within the Last Year During NURS 204 /Every Year): Must provide Front and Back of Health Insurance Card to American DataBank. Proof of Health Insurance must have your name indicated.</td>
<td></td>
</tr>
</tbody>
</table>

Health Insurance Verified Date: _____(M) _____(D) _____(Y) Insurance Company: ______________________

Copy of Front and Back of CPR Card Attached (Required)? ☐ Yes

American DataBank LLC – www.holyfamilysafety.com - supportits@americandatabank.com  Revised on 10/21/2013