

Policy #:	R-21
Effective date:	2/10/2025
Section:	Radiography and Medical Imaging Program
Last revision date:	02/9/2025

## **Radiography and Medical Imaging Immunization and Clinical Documentation Requirements**

### **Purpose**

The purpose of this policy is to outline the components necessary for students to be compliant with program expectations prior to clinical rotations.

### **Policy**

All Radiography and Medical Imaging students must submit proof of compliance for the following components by the date indicated. Note that clinical sites may also require proof of compliance for the following and/or additional items.

### **Consequences of noncompliance**

In the case of noncompliance with this policy, students will be prohibited from attending clinical rotations. Absences due to noncompliance will be considered unexcused and may result in disruption in academic progress.

### **Cost coverage**

Students are financially responsible for all requirements.

### **Providing evidence of compliance**

Evidence of compliance must be submitted through CastleBranch. A description of compliance is included for each required component.

### **Declinations**

Students who decline immunizations must complete all required documentation. In accordance with IU policy, declinations may be allowed for allergy, medical conditions, and religious beliefs.

## Immunization compliance

**Measles, Mumps, and Rubella:** Must submit proof of prior immunization with a measles, mumps, rubella (MMR) or measles, mumps, rubella, varicella (MMRV) vaccine in accordance with CDC recommendations OR serologic proof of immunization against measles, mumps, and rubella.

- Measles, mumps, and rubella immunization is provided as a combination vaccine. Therefore, loss of immunity for any one component requires a booster for all.

**Varicella:** Must submit proof of prior immunization with a single component varicella-zoster virus (VZV) vaccine or measles, mumps, rubella, varicella (MMRV) vaccine in accordance with CDC recommendations OR serologic proof of immunization against varicella.

- A written note of varicella infection is not sufficient evidence of immunization.

**Tetanus, Diphtheria, and Pertussis:** Must submit proof of immunization within the last 10 years for tetanus, diphtheria, and pertussis (Tdap). If prior immunization is more than 10 years, a Tdap vaccine should be received. Serologic testing is not acceptable for evidence of immunization.

**Influenza:** Must submit proof of vaccination no sooner than October 1 and no later than November 1 OR approved request for exemption.

- This requirement will occur annually based on influenza season and when vaccines are available.
- Approved exemptions from influenza vaccination may limit the available clinical sites for rotation.

**COVID-19:** Must submit proof of vaccination with either a two-dose mRNA vaccine (i.e. Pfizer or Moderna) or a single-dose viral vector vaccine (i.e. Johnson & Johnson) OR approved request for exemption.

- Approved exemptions from COVID-19 vaccination may limit the available clinical sites for rotation.

**Hepatitis B:** Must submit proof of hepatitis B vaccination.

## Other medical compliance

The following non-immunization components require documentation from a healthcare provider.

**Tuberculosis:** Must submit proof of negative tuberculosis skin test (TST) or QuantiFERON-TB Gold (QFT) result AND Tuberculosis Questionnaire.

- A single-step TST or QFT performed is required annually.

- The Tuberculosis Questionnaire must be completed annually by the student. There is no requirement for physician review.

**Urine drug screen:** Must submit results for a minimum 11-panel urine drug screen.

- Please see policy R-20, Radiography and Medical Imaging Drug Screen Policy for additional details.
- If the student is prescribed medication(s) that result in a positive test, this must be disclosed to the healthcare provider prior to providing the sample. Proof of prescription must be provided.
- Positive test results may prohibit students from attending clinical rotations. Speak with the program director if this a concern.

### Document compliance

The following documents must be submitted for compliance.

**Background check:** Must submit a completed background check from the Vera Z. Dwyer School of Health Science approved vendor (DCHS policy AS-07-C). The approved background check, compliant with IU policy PS-01, includes a criminal background and sex offender registry check within the last five years.

**Requirement to disclose:** Must submit the *Requirement to Disclose* form each academic year (DCHS policy AS-07-C).

**CPR certification:** In accordance with DCHS policy AS-16-B, all students enrolled in a program of the Vera Z. Dwyer School of Health Sciences must have CPR certification before they are allowed to participate in clinical experiences. CPR certification must be re-certified if expiration occurs before or during the clinical externship experience.

**Health insurance:** In accordance with DCHS policy AS-17-B, students are required to maintain personal health insurance coverage. In the event the student requires medical care during a clinical externship rotation, it is the responsibility of the student to cover the cost of treatment.

**Essential abilities:** Must review and acknowledge the ability to comply with the essential abilities outlined in policy R-4 *Radiography Essential Abilities*.

- If a student has a concern about compliance with essential abilities, they must speak with the Program Director. Working with the Office of Accessible Educational Services, reasonable accommodation will be provided if needed.

**Bloodborne pathogens training:** Must submit certificate of completion for bloodborne pathogens training through an Indiana University provided resource. The link to the current version of bloodborne pathogens training will be provided in CLS-C 404 Diagnostic Methods and required as an assignment.

**HIPAA privacy and safety training:** Must submit certificate of completion for basic HIPAA training through an Indiana University provided resource.

**HIPAA mobile device training:** Must submit certificate of completion for HIPAA mobile device security training through an Indiana University provided resource.

**Indiana State Department of Health Student Permit:** Must submit proof of permit from the Indiana State Department of Health before using energized equipment.

**Programs Involving Children Certification:** Must submit certificate of completion for PIC training through an Indiana University provided resource.

**Name Badge and Markers:** Students must order a set of markers and a name badge before rotating through clinical rotations.

### Policy History

Date	Action
08/01/2024	Combination of DCHS level policies that were moved to program level
02/10/2025	Updated online policy with criteria from handbook