Advanced Care Paramedic Program

Welcome to the Advanced Care Paramedic (ACP) Program at Keyano College.

You have made a great choice in selecting Keyano College as the institution where you will obtain your ACP Diploma. At Keyano College, you will work with experienced faculty who are approachable, flexible, and extremely knowledgeable.

Before starting the ACP Program there are a program requirements that you should be aware of. Each of the below requirements has a deadline to complete the requirement by. This is to ensure all requirements are completed in order to attend practicum:

1. **Covid-19 Immunization:** Please be advised that Keyano College requires proof of covid-19 immunization. Please forward this immunization record to Health Services- pam.mcpherson@keyano.ca. Please refer to Keyano College Covid-19 Information Page for further information and FAQ's.

2. **Health Services Appointment:** Please email Vicki.Clift@keyano.ca or pam.mcpherson@keyano.ca to make an appointment with the Nurse at Keyano College Health Services to discuss your immunizations and medical form. Please email Health Services as soon as your receive this letter and book an appointment prior to program start date.

3. **Immunization Records:** Please refer to the enclosed information from the College Nurse. In order to proceed to your practicum, students are expected to provide immunization records to Keyano College Health Services. If you do not have your immunization record, please contact your local Public Health unit to obtain your immunization record. Based on your immunization history, you may need to book immunization appointments. You are required to be vaccinated against Hepatitis B. Full protection requires a minimum three-dose regimen as per the manufacturer's recommendation. If you do not have at least one dose of this vaccine, please book an appointment at your local public health unit. In Fort McMurray, contact Public Health at 780.791.6247. Please inform the receptionist of what program you are in and why you need to book an appointment. You are expected to have at least one Hepatitis B immunization prior to the start of class. You must submit proof to the College Health Nurse, pam.mcpherson@keyano.ca .

4. **Health Assessment Form**: You are required to complete the enclosed health assessment form. Do not mail or email any medical requirement-related documentation to Keyano College. Please email the completed form to pam.mcpherson@keyano.ca

5. **Mask Fit Testing**: Mask fit testing must be completed prior to program entry at the student's expense. Mask Fit Testing must be repeated at minimum of every 2 years. If your face shape has changed, such as through a weight change of 10 lbs up or down, please complete another mask fit test. The mask fit certificate must be on file prior to program start. Please submit mask fit test to pam.mcpherson@keyano.ca

6. **Health Services Practicum Clearance:** All of the above requirements must be completed a minimum of 2 weeks prior to practicum start date in order to be considered cleared to attend practicum. If the above is not completed a minimum of 2 weeks prior to practicum start dates, you may not be able to attend practicum

7. **E-Signature**: Please create an e-signature. This is required to sign documents throughout the two-year program. Please email the e-signature to nursing@keyano.ca

8. **Police Information Check with Vulnerable Sector Check:** All students are required to provide a clear Police Information Check which must include a Vulnerable Sector Check. The Police Information Check must be dated no earlier than three (3) months from program start date. The associated costs are your responsibility. The original Criminal Record Check with Vulnerable Sector must be submitted in person to the Nursing & Allied Health Studies Department. Please take a photocopy, or scan a copy, for yourself prior to submitting the original to the Nursing & Allied Health Studies Department. The record check must be on file in the Nursing & Allied Health Studies Department a minimum of 2 weeks prior to practicum start date.

9. **Keyano Email and Moodle**: Please ensure you activate your Keyano College email and Moodle. Follow the directions located here: Student Login and Email. Please ensure that you are checking your Keyano College email and Moodle course pages at least twice per day. All official Keyano College communication arrives to your Keyano College email. Your instructors will communicate with you through email and Moodle. Please use your Keyano College email when sending communications to your instructors.

10. **AHS Student Orientation**: It is a requirement of Alberta Health Services (AHS) that all students must complete the AHS Student Orientation Certification located here: https://www.albertahealthservices.ca/careers/Page12728.aspx A copy of each certification in this webpage must be submitted in order to proceed to practicum. If you are

not able download or print a certificate, please take a picture of the completed certificate, and email it to nursing@keyano.ca All components of the AHS student orientation must be completed, and certificates of completion submitted to nursing@keyano.ca at a minimum of two weeks prior to practicum start dates.

11. **Heart & Stroke Provider BLS**: Please submit a copy of your current Heart & Stroke Provider BLS each year of the program. This is required to be able to attend practicums. **Only Heart & Stroke Provider BLS will be accepted**. Email certificate to nursing@keyano.ca prior to program start date.

12. **Health Studies- Student Resources:** Please visit the Moodle page Health Studies- Student Resources to access more information about your program. Here you can find the Student Handbook and other program relevant documentation. Please ensure that you thoroughly review the Student Handbook.

13. **WHMIS:** Please ensure you complete the Keyano College WHMIS certification through Moodle WHMIS . There are three (3) attempts maximum, please ensure you study the modules prior to taking the test. The WHMIS certificate must be sent to nursing@keyano.ca a minimum of 2 weeks prior to practicum start date.

14. **Welcome Package Documentation**: Once the checklist is completed in its **entirety,** attach all forms/documents **2 weeks prior to program start date** and submit by email to nursing@keyano.ca . Please note we do not accept documents one by one in exception to the Police Information Check with Vulnerable Sector Clearance to be handed in to the Nursing & Allied Health office, CC186. **Immunizations, vaccinations, health assessment from and mask fit** are to go the Health Services Department (health.services@keyano.ca or room CC 142).

15. **Textbooks**: Textbooks are available for purchase through the Keynotes Bookstore at Keyano College. You can also visit the online Keyano College bookstore at https://bookstore.keyano.ca/ to purchase the textbooks.

16. **Uniform Requirements**: Full uniform will be always required in ambulance intermediate, hospital, and final ambulance practicums. We suggest that you have at least two uniform shirts and two pairs of uniform trousers. A duty jacket, although not required, is strongly suggested. College flashes must be purchased and centered on each sleeve, 1/2 inch below the shoulder seam; you may purchase these at the Keyano bookstore.

If you have any questions, or would like more information, please email nursing@keyano.ca

Please see link below for you PCP Welcome package:
ACP-Welcome-Package-Winter-2022.pdf (keyano.ca)

Arlene Starkes, BSc, BNRN, MN
Chairperson
Nursing and Allied Health Studies Department
Arlene.starkes@keyano.ca

Dr. Candi Muise, BScN, RN, MN, EdD
Program Coordinator- BScN, PCP, & ACP Programs
Nursing & Allied Health Department
Candi.muise@keyano.ca

Keyano COLLEGE

Nursing & Allied Health

Document Checklist for Nursing and Allied Health Studies Students

Once the checklist is completed in its **entirety,** attach all forms/documents **2 weeks prior to program start date** and submit by email to nursing@keyano.ca (#1-#11). #12-13 are to go the Health Services Department. Please note we do not accept documents one by one in exception to the Police Information Check with Vulnerable Sector Clearance as to be handed in to the Nursing & Allied Health office, CC186.

Name: _____

Program: _____ACP _____BScN ____HCA ____PCP ____PN

1.	Police Information Check with Vulnerable Sector Clearance **(Original copy only)**	□ Enclosed
3.	Heart and Stroke Foundation – Basic Life Support **(Accept Heart & Stroke only, copy of certificate)**	□ Enclosed
4.	Keyano College Code of Conduct Form	□ Enclosed
5.	Keyano College Student Consent Form	□ Enclosed
6.	Personal Declarations for Nursing & Allied Health Studies Students Form	□ Enclosed
7.	HSPnet Consent Form and Disclosure of Student Information	□ Enclosed
8.	Alberta Health Services Confidentiality and User Agreement Form	□ Enclosed
9.	Alberta Health Services Orientation, Confidentiality & User Training certificates: https://www.albertahealthservices.ca/careers/Page12728.aspx • AHS Orientation certificate – Can be found by clicking the word **orientation** • AHS Secure – Collect It, Protect It • Code of Conduct • Safe Disclosure/Whistleblower Policy https://www.albertahealthservices.ca/careers/Page12772.aspx • Musculoskeletal Injury Prevention • Move Safe Injury Prevention • It's Your Move	□ Enclosed
10.	AHS Network Access for Keyano Students Form – Meditech **(attach 3 certificates).** **Does not apply to ACP, PCP and HCA students.** http://www.albertahealthservices.ca/info/Page10995.aspx	□ Enclosed
11.	WHMIS 2015 for Students – On Moodle **(copy of certificate)** Log onto the iLearn.keyano.ca site by using your Keyano username and password. □ Scroll down the page until you see "WHMIS for Students on the left side." Select this. □ Even if you have taken WHMIS training elsewhere, you must complete this course on a yearly basis. □ You must print your certificate upon completion -- if the printing feature fails, then please request a certificate by sending	□ Enclosed
12.	Make an appointment with the College Nurse in Health Services by phone 780-792-5638 or email health.services@keyano.ca	□ Enclosed
13.	Health Assessment, Immunization requirements and Mask Fit Test Card	***Submit to health services CC142 or by email to health.services@Keyano.ca***

Alberta Health Services

Confidentiality and User Agreement

This form is to be completed by all employees, Medical Staff, residents, volunteers, researchers, students, educators, Board Members and midwives. Completion by all members of the Medical Staff is a prerequisite for medical staff appointment. Completed forms will be retained in the appropriate corresponding program files. Managers/Supervisors are to send the form of AHS employees to Human Resources by fax to 1-888-908-4408 or email at Hrdataadmin.ahs@albertahealthservices.ca. Completed forms received by HR are considered the legal record, all other copies can be securely destroyed.

Alberta Health Services (AHS) is responsible for protecting the confidentiality of information that it collects, uses, stores and discloses over the course of its operations. You will have access to AHS information as part of your job duties and responsibilities. This document describes how you, as an AHS Affiliate (defined under the Health Information Act), must handle AHS information, including AHS information systems, and will help you comply with relevant AHS policies. Refer to Information and Technology Management policies on www.albertahealthservices.ca/policies-bylaws.asp.

Last Name	First Name
Job Title *(e.g. Physician, Analyst, Nurse, etc)*	Identification # *(For physicians-CPSA #)*
Role *(submit your form to the office identified in brackets)* ☐ Employee of AHS/subsidiary *(Manager/Supervisor)* ☐ Medical Staff, Medical Students, Residents *(Zone Medical Office)*	☐ Volunteer *(Volunteer Resources Coordinator)* ☐ Researcher *(Repository Owner)* ☐ Student or Educator *(Educational Institution Liasion)* ☐ Board Member *(Board Office)* ☐ Midwives *(Chief Nursing Officer)*

It is required that you read and understand the above referenced policies and treat patient or other information as confidential. Confidentiality of information is governed by both AHS policy and provincial and federal law.

You must sign this Agreement before AHS will grant access to AHS information or an AHS System. This Agreement explains the rules and expectations related to securing and protecting AHS information and systems. You may be required to comply with additional terms and conditions before accessing specific AHS Systems.

Agreement

System Security

1. I will keep any AHS System login information such as my user password confidential and will not share this login information with anyone else.

2. I am responsible for any use of any AHS System performed under my login information.

3. I will not leave my workstation unattended without logging out or securing my workstation.

4. I will not use or obtain another person's login information.

5. If I believe my login information may be known by another person I will immediately change my password and notify the AHS IT Security and Compliance Office.

6. I shall not download or install any application or program to an AHS System without the approval of the administrator for that particular AHS System.

Alberta Health Services

Agreement (continued)

Appropriate Collection, Use and Disclosure of Information.

7. I shall only collect, access, use and disclose the ***minimum*** information necessary for the purpose of fulfilling my AHS job duties and responsibilities.

8. I will not access information for non-AHS purposes, including accessing my own health information, or the information pertaining to: a family member, friend, colleague, or anyone who is not within my scope of my duties and responsibilities. There are procedures in place in Health Records which would allow me or others to appropriately request access to health information.

9. I shall ensure that information I enter into an AHS System is complete and accurate to the best of my ability.

10. I shall dispose of any information I access from the AHS System (whether in electronic or paper form) in a secure manner as explained in AHS policies and procedures.

11. I shall use reasonable means to ensure that while I am accessing information on an AHS System it will not be viewed or obtained by unauthorized people. (e.g. secure my computer, be discreet when viewing data).

12. I understand that AHS retains ownership and control over all information contained in the AHS System (whether in electronic or paper form).

13. I shall not collect, use, transmit or disclose any AHS information except as allowed by AHS policies and procedures.

Confidentiality Provisions

14. I shall take reasonable actions to keep all information private and confidential and prevent the unauthorized collection, use and/or disclosure of all information that I come into contact with.

15. I accept that the obligation to keep AHS information confidential continues even after I leave the organization or my relationship with AHS ends.

16. If I become aware of a violation of a policy referenced above or a potential or actual breach of confidentiality, I will notify my Supervisor immediately. I will also notify the AHS Information & Privacy Office or IT Security & Compliance as soon as possible.

Audit and Sanctions

17. I understand and acknowledge that AHS conducts random audits of AHS Systems and may audit my use of any AHS System without notice.

18. I understand that AHS, in its sole discretion, may revoke or restrict my access to any AHS information or AHS System, for any reason.

19. I acknowledge that I have read the policies referenced above and understand the consequences for a violation of those policies and/or this Agreement.

I accept the rules and expectations described in this agreement:

Name *(print)*	Signature	Date *(yyyy-Mon-dd)*

Consent Form for Use and Disclosure of Student Information

Student Number: _____ Educational Program: _____

First Name: _____ Middle Initial: _____ Last Name: _____

1. Permission to Use and Disclose Your Student Related Personal Information and Personal Health Information

By signing this consent, you authorize your educational Program (Practical Nurse Program) to:

- Collect, use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practica, fieldwork, or preceptorship) as required by your educational program;
- Use your student related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.
- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

2. Consent Period

This consent is effective immediately and shall remain valid for up to six years, or shall be voided upon your completion of the Program, your formal withdrawal from the Program, or upon written request as described below.

3. Your Rights With Respect to This Consent

3.1 Right to Refuse Consent - You have the right to refuse to sign this consent, and if you refuse your placement will be processed manually at the earliest convenience of the Program and Receiving Agency.

3.2 Right to Review Privacy & Security Policies - A copy of the document entitled *Identified Purposes and Handling of Personal Information in HSPnet*, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security policies may be amended from time to time, and you can obtain an updated copy by contacting privacy@hspcanada.net.

3.3 Right to Request Restrictions on Use/Disclosure - You have the right to request that we restrict how we use and/or disclose your personal information or personal health information via HSPnet for the purpose of locating and coordinating a suitable placement experience. Such requests must be made in writing to the placement coordinator for your Program. If we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually at the earliest convenience of the placement coordinator and receiving agency.

3.4 Right to Revoke Consent - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the placement coordinator for your Program. Note that your revocation of this consent, or the voiding of this consent upon your completion or withdrawal from the Program, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.

3.5 Right to Receive a Copy of This Consent Form - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province. For more information visit www.hspcanada.net/privacy/index.asp.

I hereby authorize my educational Program to use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by the curriculum.

_____ _____

Signature of Student Date

KEYANO COLLEGE STUDENT CODE OF CONDUCT

I _____ acknowledge that I am familiar with/or have read the Keyano College Student Code of Conduct.

Program Name and Year : _____

Signature_____

Date:_____

Witness:_____

PERSONAL DECLARATIONS FOR NURSING & ALLIED HEALTH STUDIES STUDENTS

FITNESS TO PRACTICE

I, _____, agree to immediately contact the Chairperson of the Nursing and Allied Health Studies Department, should I experience a significant change in my personal physical or mental health which affects my ability to participate in clinical practice.
_____INITIALS

POLICE INFORMATION CHECK

I, _____, acknowledge that if during my nursing program I am charged or convicted of a criminal offence it is my obligation to inform the Chairperson of the Nursing and Allied Health Studies Department.
_____INITIALS

Name: (print) _____

Signature: _____

Keyano College Student ID Number: _____

Date: (year) _____ (month) _____ (day) _____

BScN Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐

PN Year 1 ☐ Year 2 ☐

HCA ☐

PCP ☐

ACP ☐

Keyano College
Purchasing Document

Suggested Quantities: Shirts 2 (Any Combination); Pants 2;
Students may purchase as many or as little of each item as they feel they require.

This document is to certify that the following is an student of
Keyano College

_____
Please Print Document Recipients Name

and is entitled to purchase the following product/products at a discount off regular retail as it appears in the table below.
Where an item is sale priced the lower price will apply

All items to be paid for at the point of sale by Cash, Debit Card, Visa, MasterCard, AMEX

STYLE #	DESCRIPTION	COLOUR	QTY	SIZE	PROGRAM PRICE Reg. Sizes
8080	L/S ACRYLIC MILITARY RIB SWEATER	Navy			53.78
CP180	OPUS DELUXE CARGO PANT	Navy			71.99
FJ706	FLEECE SAFETY RAIN JACKET	Dark Navy			95.66
MS508	S/S MILITARY SHIRT	Dark LAPD Navy			22.00
MS509R	L/S MILITARY SHIRT	Dark LAPD Navy			20.91
S42611	5-IN-1 HI VIS JACKET	Black			133.35
ANY	Dress Belts	Black			10% Off Reg. Retail
ANY	Toques	Black, Navy			10% Off Reg. Retail
ANY	CSA Approved Footwear, Polishable, 6" minimum in height	Black			10% Off Reg. Retail

Extra charges for oversized items may apply

IMPORTANT INFORMATION:
Photo ID is required at point of sale

Acct: 90003221
000003917534

Document Issue Date: _____
(The Document expiry date has priority over the program expiry date).
Program Expiry Date: Jan 31, 2022

If you require assistance please contact Mark's Commercial 1.855.592.7444
Monday - Friday 7am-5pm MST

Hepatitis B Virus Infection – High Endemic Geographic Areas

Children younger than seven years of age whose families have immigrated to Canada from areas where there is a high prevalence (8% or higher) of hepatitis B are at increased risk of hepatitis B infections even if neither parent is a chronic carrier. These children are likely to be exposed to hepatitis B carriers through their extended families or when visiting friends and relatives in their country of origin and should be offered hepatitis B vaccine. Immunization can start with the routine vaccination schedule at two months of age, with the next doses to complete the series given at four and 12 months of age. Hepatitis B vaccine series can be started at any age (two months up to seven years of age) for children identified who meet these eligibility criteria.

Countries considered highly endemic (8% or higher HBsAg prevalence) for hepatitis B infection are listed by geographical areas below:

Africa (all countries except Algeria, Egypt, Libya, Morocco and Tunisia)

Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Cape Verde Islands
Central African Republic
Chad
Comoros
Congo
Côte d'Ivoire
Democratic Republic of the Congo
Djibouti
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mauritius
Mozambique
Namibia
Niger
Nigeria
Reunion Island
Rwanda
Saint Helena
SaoTome and Principe
Senegal
Seychelles
Sierra Leone
Somalia
South Africa
Sudan
Swaziland
Togo
Uganda
United Republic of Tanzania
Western Sahara
Zambia
Zimbabwe

Central and Eastern Europe (including the independent states of the former Soviet Union) and the Middle East

Albania
Armenia
Azerbaijan
Bulgaria
Denmark – Greenland (indigenous populations)
Georgia
Jordan
Kazakhstan
Kyrgyzstan
Malta
Republic of Moldova
Saudi Arabia
Tajikstan
Turkmenistan
Uzbekistan

Central and South America (interior Amazon basin and parts of the Caribbean)

Bolivia (Amazon Basin)
Brazil (Amazon Basin)
Colombia (Amazon Basin)
Dominican Republic
Haiti
Peru
Venezuela (Amazon Basin)

North America

High hepatitis B endemicity occurs in the Alaska Native populations and indigenous populations in Northern Canada.

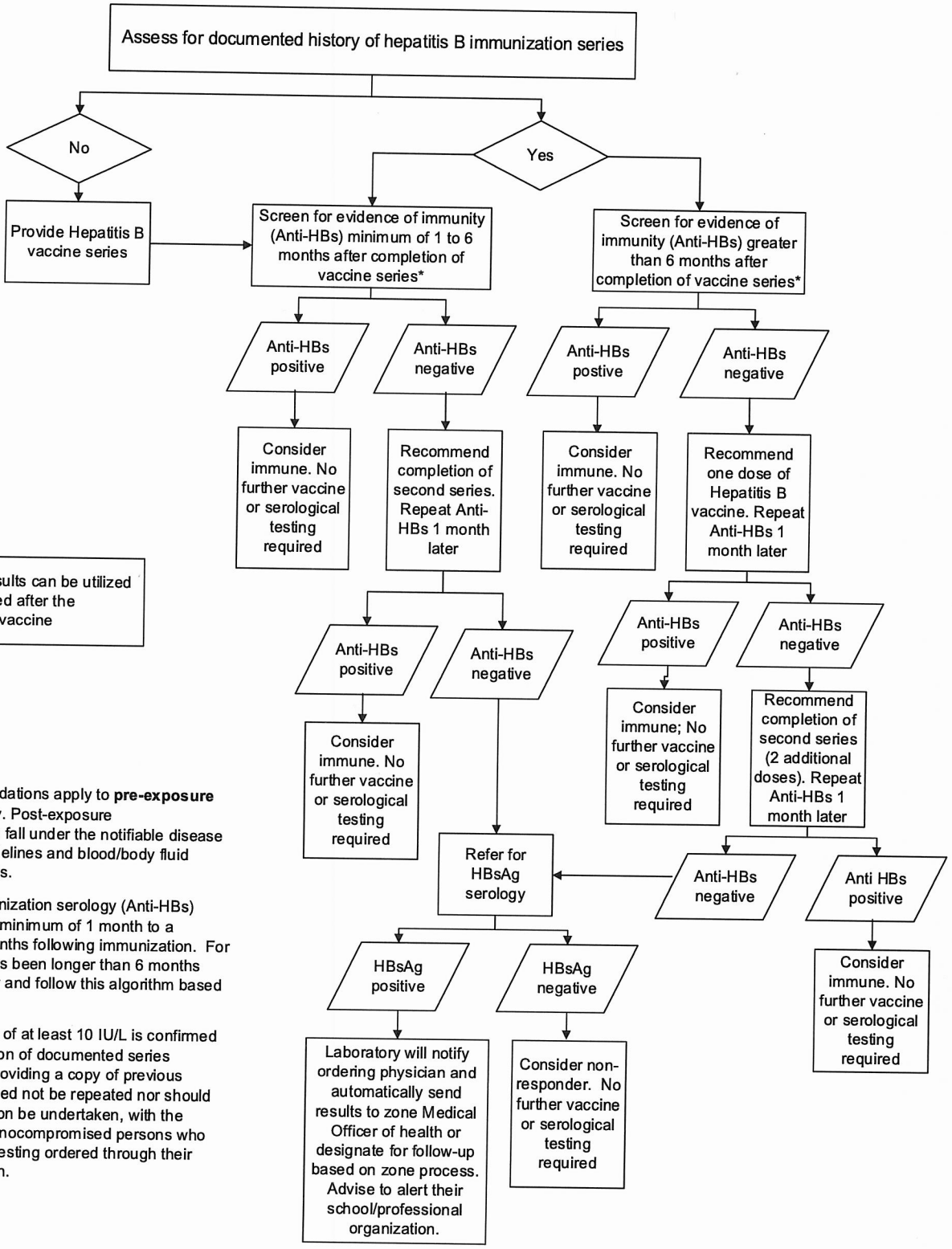
Southeast Asia and the South and Western Pacific Islands

America Samoa
Cambodia
China (includes Hong Kong, Macao and Taiwan)
Cook Islands
Easter Island
Federated States of Micronesia
Fiji
French Polynesia
Guam
Hong Kong
Indonesia
Kiribati
Korea (North and South)
Lao People's Democratic Republic
Marshall Islands
Macao
Mongolia
Myanmar (Burma)
Nauru
New Caledonia and Dependencies
Niue
Palau
Papua New Guinea
Philippines
Samoa
Solomon Islands
Taiwan
Thailand
Timor-Leste
Tokelau
Tonga
Trust Territories of Pacific Islands
Tuvalu
Vanuatu
Vietnam
Wallis and Futuna Islands

Source:
Alberta Health, Public Health and Compliance Division, Alberta Immunization Policy (2017, August). *Hepatitis B Virus Infection – High Endemic Geographic Areas*

Hepatitis B Vaccine Recommendations Algorithm for Health Care Workers
Not at High-Risk of Past Infection

*This algorithm is intended to be used in conjunction with the Standard for Immunization of Health Care Workers, Standard for Immunization of Post-Secondary Health Care Students and the Hepatitis B Vaccine Biological Page.



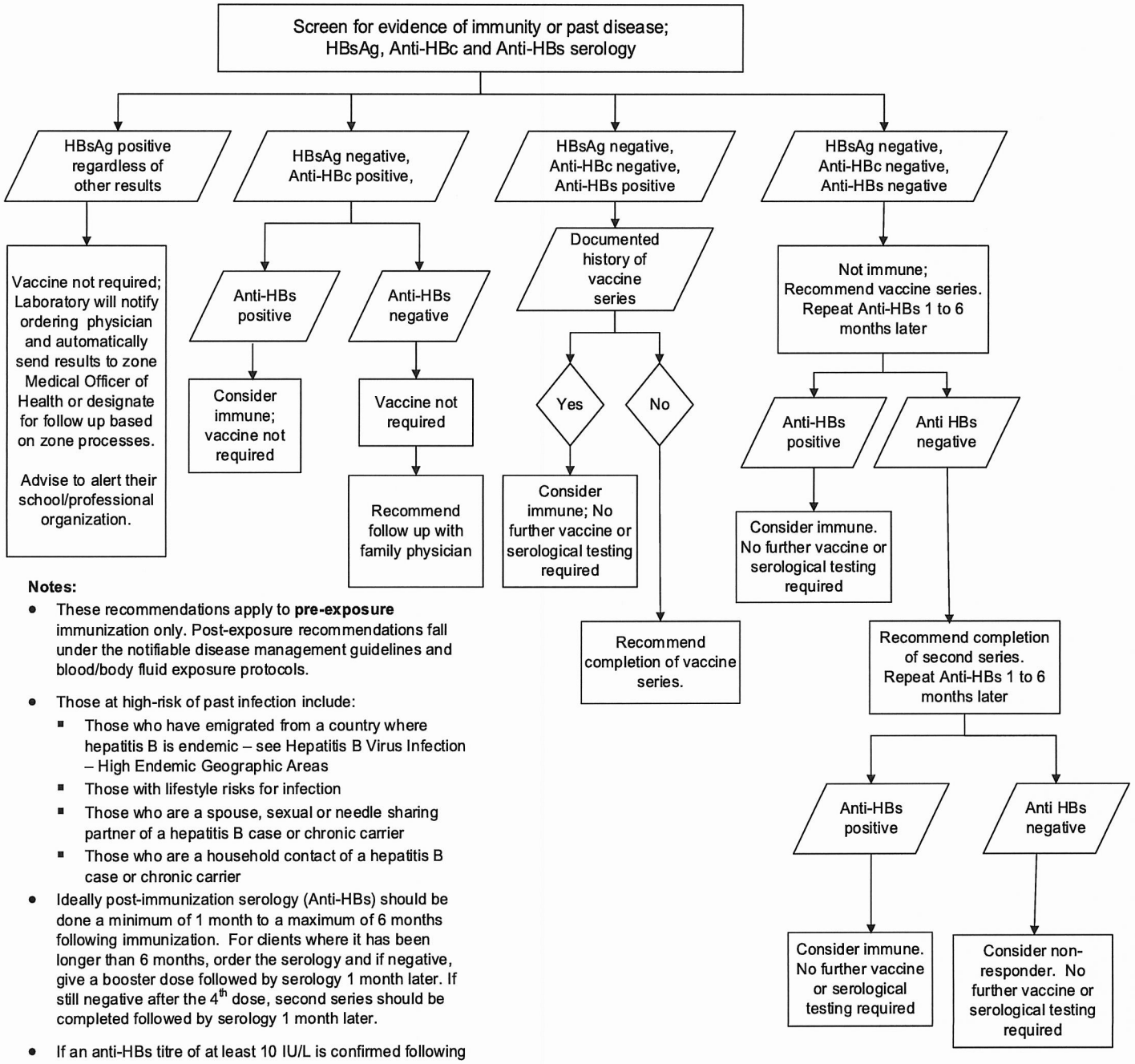
*Previous serology results can be utilized if testing was completed after the documented series of vaccine

Notes:

- These recommendations apply to **pre-exposure** immunization only. Post-exposure recommendations fall under the notifiable disease management guidelines and blood/body fluid exposure protocols.
- Ideally post-immunization serology (Anti-HBs) should be done a minimum of 1 month to a maximum of 6 months following immunization. For clients where it has been longer than 6 months order the serology and follow this algorithm based on the result.
- If an anti-HBs titre of at least 10 IU/L is confirmed following completion of documented series (including HCW providing a copy of previous results), testing need not be repeated nor should further immunization be undertaken, with the exception of immunocompromised persons who may have further testing ordered through their attending physician.

Hepatitis B Vaccine Recommendations Algorithm for Health Care Workers
At High-Risk of Past Infection

*This algorithm is intended to be used in conjunction with the Standard for Immunization of Health Care Workers, Standard for Immunization of Post-Secondary Health Care Students and the Hepatitis B Vaccine Biological Page.



Notes:

- These recommendations apply to **pre-exposure** immunization only. Post-exposure recommendations fall under the notifiable disease management guidelines and blood/body fluid exposure protocols.
- Those at high-risk of past infection include:
  - Those who have emigrated from a country where hepatitis B is endemic – see Hepatitis B Virus Infection – High Endemic Geographic Areas
  - Those with lifestyle risks for infection
  - Those who are a spouse, sexual or needle sharing partner of a hepatitis B case or chronic carrier
  - Those who are a household contact of a hepatitis B case or chronic carrier
- Ideally post-immunization serology (Anti-HBs) should be done a minimum of 1 month to a maximum of 6 months following immunization. For clients where it has been longer than 6 months, order the serology and if negative, give a booster dose followed by serology 1 month later. If still negative after the 4th dose, second series should be completed followed by serology 1 month later.
- If an anti-HBs titre of at least 10 IU/L is confirmed following completion of documented series (including HCW providing a copy of previous results), testing need not be repeated nor should further immunization be undertaken, with the exception of immunocompromised persons who may have further testing ordered through their attending physician.

DIRECTIONS FOR COMPLETING IMMUNIZATION REQUIREMENTS AND WORKSHEET

1. Fill out the attached worksheet and begin scheduling any outstanding immunizations/tests or physician appointments **IMMEDIATELY. Some requirements take weeks and in some cases months to complete and this may affect clinical placements.**
2. When visiting Public Health, please let them know that you are a Health Care Worker (HCW) student with Keyano College.
3. Please note that in accordance with new Alberta-wide guidelines, **documentary evidence** of immunizations and blood work is **required** for all vaccinations and tests. It is NOT sufficient to have a health professional sign the form indicating that the vaccines or blood work are completed. You **must** submit photocopied proof of these documents with the worksheet. If no documentary evidence is available, you will be required to undergo re-immunization, and/or repeat testing
4. If you do not have your immunization record the following people/organizations, may be a useful resource
    a. Alberta: Calgary Central Records (403) 214-3631/ Edmonton (780) 413-7985
    b. Outside of Alberta or Canada, contact your local health unit/hospital or healthcare professional/agency that immunized you
    c. Parents
5. All listed immunizations are **necessary** for you to work in hospitals or other health care facilities. **They are not optional.** If immunizations/tests are not completed, you **MAY NOT** be able to continue in the program
6. To completed needed immunizations:
    a. Immunizations within Fort McMurray: make an appointment with the Public Health Unit (780) 791-6247 for an immunization review. **(bring the completed immunization worksheet and a photocopy of your immunization record with you)**
    b. Lab work within Fort McMurray: make an appointment with your local health clinic or physician. **(bring the completed immunization worksheet and a photocopy of your immunization record with you)**
    c. Immunizations & lab work outside of Fort McMurray: make an appointment with your local health clinic or physician **(bring the completed immunization worksheet and a photocopy of your immunization record with you)**
7. You may choose to mail or bring in all forms and photocopies to Keyano College-Health Services prior to the start of your program **(even if incomplete)**
    a. If incomplete, please attach a detailed plan outlining when you will be completing the outstanding requirements and include the dates these appointments are booked for
    b. All outstanding requirements are to be completed prior to the start of your program. The only exception is if you have to wait for an immunization or test because of scheduling. i.e: you had your second Hepatitis vaccination and now you need to wait 5 months to have your third vaccination.

Questions??

Refer to the requirements column on the Student Immunizations Worksheet where you will find information and rationale for each immunization is given

Email: health.services@keyano.ca

Keyano COLLEGE

IMMUNIZATION WORKSHEET

Last Name _____ **First Name** _____ **Maiden Name of AKA** _____
Home Phone # _____ **Date of Birth** _____
Cell Phone # _____ **Email** _____

****Remember to submit photocopies of ALL IMMUNIZATIONS RECORD and TEST RESULTS with this worksheet****

VACCINE	REQUIREMENTS	RESULTS
Tetanus Diphtheria	• Primary series of ≥ 3 doses of tetanus and diphtheria. If no proof of the ≥ 3 doses you will need to be revaccinated • A reinforcing dose of Td within the last 10 years. This will more than likely be given with you adulthood dose of pertussis in the form of dTap, Tdap •	Primary series completed YES ☐ NO ☐ Last does of Td vaccine: _____ Day/Month/Year
Pertussis	• One adulthood dose (on or after 18 years of age) of pertussis containing vaccine	Adulthood dose of dTap: _____ Day/Month/Year
Polio	In Alberta, a primary series of Polio is no longer assessed for health care students. However, if you have polio information please include it. If you do NOT have polio information you DO NOT need to have it done at this point	Primary series completed YES ☐ NO ☐ Last does of Polio vaccine: _____ Day/Month/Year
Measles Mumps Rubella	• Two doses of MMR vaccine after your first birthday. If you don't have proof of two doses you will need to be revaccinated • It is ok if the measles. Mumps and rubella vaccines have been given separately instead of together • Serological testing in not accepted; as the mumps titer is NOT considered valid. If you do NOT have documentation you will need to be revaccinated •	MMR #1: _____ Day/Month/Year MMR #2 _____ Day/Month/Year
Varicella	• If you are certain you have had chickenpox after your first birthday, please provide the year you had chickenpox • If you are unsure whether you have had chickenpox, have not had chickenpox or had chickenpox before your first birthday you will need to have a blood test done. If you are NOT immune you will need to be vaccinated • If you received the Varicella vaccine, provide dates of vaccination. Please note in Alberta if you received varicella vaccination before the age of 13 years of age prior to Aug 1/05 then only one doses is required	Year you had chickenpox: _____ **OR** Varicella Titer: _____ Day/Month/Year Result: Immune ☐ Not Immune ☐ **OR** Varicella vaccine #1: _____ Day/Month/Year Varicella vaccine #2 _____ Day/Month/Year

****Remember to submit photocopies of ALL IMMUNIZATIONS RECORD and TEST RESULTS with this worksheet**

****Remember to submit photocopies of ALL IMMUNIZATIONS RECORD and TEST RESULTS with this worksheet****

Vaccine	Requirement	Results
Hepatitis B	• A complete Hep B series. A three dose series is the norm. However, a valid 2 or 4 does series will be accepted if it meets the appropriate timing intervals	Hep B vaccination #1 _____ #2 _____ #3 _____ Day/month/year
Hepatitis B Blood Testing	• A Hep B antibody (anti-HBs) blood test must be completed a minimum of 1 months after your last dose of Hep B (blood work completed years after your last does is acceptable) • If you are at higher risk of having past Hep B infection, you will need to have a Hep B antigen (HBsAg) and Hep B core (Anti-HBc) done as well. You are considered to be higher risk if you have: lived in an endemic country, have had repeated blood transfusions or blood products, have been on dialysis or have lifestyle risks • If HBsAg is positive, discuss results with your physician and have them forward this information to Communicable Diseases, Fort McMurray Public Health Unit (780) 791-6247. As well, students will need to meet with the College Nurse to discuss results	Anti-HBs titre: Date: _____ Day/month/year Result: Immune □ Not Immune □ **If required** HBsAg titre: Date: _____ Day/month/year Result: Reactive □ Not reactive □ Anti-HBc titre: Date: _____ Day/month/year Result: Reactive □ Not reactive □
Tuberculosis Testing	• A BCG is a vaccination for tuberculosis (not everyone has had this done and it is NOT required). • A TST is a test for tuberculosis. You need to have a current TST done (within one year of starting school) • If you have proof of a previously positive TST, do NOT have another TST. You will need to have a chest x-ray done instead. Please bring proof of previously positive tests with you to your appointment • If you have received a live vaccine such as varicella or MMR you must wait one month to have a TST done • If you have a positive reaction to your TST then you need to follow up with a chest x-ray and possibly TB services.	**History of BCG:** **Yes** □ **No** □ **Unsure** □ **TST read:** **TST Result:** _____ _____ Day/Month/Year Day/Month/Year **If Required:** Chest x-ray: _____ Day/Month/Year Result of chest x-ray Normal □ Abnormal □ Follow up required: _____
Seasonal Influenza	• Each fall a new seasonal influenza vaccine is released and it is highly recommended for students to receive this • Students are reminded that not having yearly seasonal influenza vaccine may impact clinical experience (ie: if there is an influenza outbreak, AHS may restrict facility access to those with seasonal influenza vaccination)	Proof of seasonal influenza can be provided to Health Services each fall once the new vaccine is available

Keyano College Immunization Clearance Form: requirements for Entry into a Program

all forms must include immunization records, serology (blood work results) and/or chest x-rays attached

Tetanus, Diphtheria

1. Requirements are met with no further action required if:
    - Primary series is documentes as "Yes"
    - The "date of last dose" (booster) is documented and is within last 10 years
    - The type of booster has been selected – either Td of dTap
      OR
    - The primary series is documented as "No" AND there is documentation of an adult tetanus-diphtheria series (3 doses) including 1 dose of dTap

2. Follow up required if:
    - The primary series "Yes" box is blank or "No" was selected (regardless of whether a booster is documented) and there is no documentation of an adult tetanus-diphtheria series (3 doses including 1 dose of dTap)
    - There is no "date of last does"
    - The "date of last dose" was over 10 years ago
    - The type of booster was not indicated

*****It is not possible to have a booster without having a primary series.*****

Pertussis

1. Requirements are meet with no further action required if:
    - There is documentation of a dTap booster when the student was ≥ 18 years old
2. Follow up is required if:
    - There is no dTap booster at ≥ 18 years old
    - The student was less than 18 years old at the time of the booster
    - The "date of last dose" is blank
    - It is not clear if the "date of last dose" was dTap

*****It is possible for the "date of last booster" in the tetanus/diphtheria sections to be the same date as the "date of last dose" in the pertussis section.*****

Varicella

1. Requirements are met with no further action required if:
    - A definite history of varicella disease over the age of 12 months is documented
      OR
    - A positive Varicella IgG result is documented. A copy of the lab result MUST be included with the form
      OR
    - Age-appropriate varicella vaccination is documented. Only 1 dose is needed if the student was between 12 months up to and including 12 years old at time of vaccination. 2 doses are needed if the student was 13 years or older at the time of vaccination
2. Follow up is required if:

- No age documented as to when the student had varicella disease OR if the student was less than 12 months old when there were sick
- The student is unsure whether or not they had the disease
- Varicella IgG serology result is negative/indeterminate & there are no dates of vaccination
- Only 1 dose of varicella vaccine given when the student was 13 years or older

Immunized students do not require blood work as proof of immunity.

Tuberculosis Screening Test (TST)

1. Requirements are met with no further action required if:
    - 1-step TST result documented within 12 months of the program start date. The result must be documented in millimeters to be considered valid. For example. "negative" or "positive" is not an acceptable result – it must be an actual measurement i.e: "0 mm"
    - A positive TST is documented in millimeters (≥ 10 mm). This result can be accepted regardless of the date when it was done. The student should not be re-tested after a positive result.
    - If the TST result is positive (≥ 10 mm), a chest x-ray result within 6 months of the program start date must also be documented. A copy of the x-ray report must be included with the form

2. Follow up is required if:
    - Only a chest x-ray has been documented & there are no/incomplete TST results
    - The TST results are documented incorrectly as "positive" or "negative" without a measurement in millimeters
    - The TST was not done within 12 months of the program start date
    - The chest x-ray was not done within 6 months of the program start date
    - The chest x-ray report was abnormal

A TST is still done regardless of whether a student has received a BCG vaccine in the past

Measles, Mumps, Rubella

A) Measles:

1) Requirements are met with no further action required if:
    - Documentation of 2 Measles doses at ≥ 12 months old

B) Mumps:

1) Requirements are met with no further action required if:
    - Documentation of 2 Mumps doses at ≥ 12 months old

C) Rubella:

1) Requirements are met with no further action required if:
    - Documentation of 1 Rubella dose at ≥ 12 months old

D) Follow up is required if:

- The student does not have the correct amount of doses for each disease
- If the 1st doses of Measles, Mumps, and/or Rubella was given BEFORE the students 1st birthday
- Mumps IgG serology results are reported on the form (see below)

- *If students do not have immunization records – serological testing should not be done. The student must be re-immunized*
- *If the student has had serology done for other purposes in the past & has copies of the lab results – positive Measles IgG & Rubella IgG results can be accepted as proof of immunity. The lab results must be included with the form*
- *Mumps IgG serology results will not be accepted as proof of immunity*
- *Rubella vaccination is legislated under the Alberta Public Health Act, Communicable Disease Regulations – all students who may have face-to face contact with pregnant women must be vaccinated*
- *If a student is medically contraindicated to receive the MMR vaccine – serology and a letter from their physician regarding the medical contraindication is required. This information must be reviewed by the student's faculty re: possible restrictions to be applied when the student is on medical placements.*

Hepatitis B

**According to the 2020 Provincial Standards for Immunization of Post-Secondary Health Care Students; all students will be divided into 2 groups: A) Students of High Risk of Past Infections and B) Students Not At Risk

Students at High-Risk: Students from a Hepatitis B endemic country, those who have received repeated blood transfusions or blood products, those on dialysis & those who indicate lifestyle risks of infection

For step-by-step instructions – please refer to: Appendix A for a list of Hepatitis B endemic countries, Appendix B for Students Not At Risk Algorithm & Appendix C for Students at High Risk Algorithm.

A) Students Not At Risk

1. Requirements are met with no further action required if:
- A series of Hepatitis B vaccine has been documented AND positive Anti-HBs serology results (≥ 10 IU/L). A copy of the serology results must be attached to the form. Positive Anti-HBs serology results alone may be accepted without documentation of vaccination.
- Please refer to Appendix B: Hep B Vaccine Recommendations Algorithm for Individuals Not At Risk of Past Infection.
- If the student is a non-responder AND/OR if HBsAg result is positive – a physician's letter explaining the lab result and any results implications on the students clinical practice must be attached to the form along with the serology results

2. Follow up is required if:
- The student has no documentation of Anti-HBs results ro the results are negative (≥ 10 IU/L).
- The algorithm was not followed correctly
- The students has not fully completed the Hepatitis B requirements
- The HBsAg results are positive AND/OR if the student is a non-responder and has not followed up with a physician. There must be a physician's letter explaining the lab results attached to the form.

- Students who do not develop positive Anti-HBs results after 6 doses of vaccine results are considered non-responders. No further doses of vaccine are given. They are required to inform their program of this result. There must be a physician's letter explaining the lab results attached to the form.
- Students who are HBsAg positive are required to inform their program/professional organization of their test result. There must be a physician's letter explaining the lab results attached to the form.

B) Students At High-Risk

1. Requirements are met with no further action required if:

- A series of Hepatitis B vaccine has been documented AND positive Anti-HBs serology results (≥ 10 IU/L). A copy of the serology results must be attached to the form. Positive Anti-HBs serology results alone may be accepted without documentation of vaccination.
  AND
- Serology results for Anti-HBc and HBsAg are documented & attached to the form
- Please refer to Appendix C: Hep B Vaccine Recommendations Algorithm for Individuals at High Risk of Past Infection

2. Follow up is required if:

- 1 or more of the 3 required Hep B serology test results are not documented/missing. **All 3 test results are required (Anti-HBs, HBsAg, Anti-HBc).**
- The algorithm was not followed correctly
- The student has not yet fully completed the the Hep B requirements
- If the HBsAg and/or Anti-HBc results are positive and/or if the student is a non-responder and the student has not followed-up with a phyhsician. There must be a physician's letter explaining the lab results attached to the form

- Students who do not develop positive Anti-HBs results after 6 doses of vaccine results are considered non-responders. No further doses of vaccine are given. They are required to inform their program of the result.
- Students who are HBsAg positive are required to inform their program/professional organization of their test results. There must be a physician's letter explaining the lab results attached to the form

Nursing and Allied Health Studies
Health Assessment

This is a CONFIDENTIAL FORM
Please do not send it in the mail.
All pages of this form, and supporting documents, are to be given in person to the College Nurse.

A. General Patient Information

Full Name:_____

Phone: _____

Address: _____ Postal Code: _____

Local address if different than above: _____

Country of Birth:_____ Date of Birth:_____

B. Personal Medical History

Please indicate whether you have had any of the following conditions. **Please indicate date for mumps, chicken pox and measles. (please circle all that apply)**

1. Asthma
2. Skin Disease
3. Heart Disease
4. Diabetes
5. Cancer
6. Seizure Disorder
7. Nervous or Emotional Problem
8. Learning Disability
9. History of Concussion
10. Hearing Loss
11. Headaches
12. Physical Disability or restrictions
13. Back Problems
14. Lifting restrictions
15. Chicken pox _____
16. Tuberculosis
17. Allergies: _____
    _____
    Epi Pen: Yes ____No ___

Past Medical History – Please List

Other: Any Condition or limitation that may impact ability for fitness to participate.	Date:
Medications:	

Please Complete and Sign the Reverse Page

Nursing and Allied Health Studies
Health Assessment

To Be Signed By Student

The Statements given on all pages of this form are true to the best of my knowledge and belief.

I, _____, UNDERSTAND THAT MIS-STATEMENT IS GROUNDS FOR DISMISSAL
Print Your Name
FROM THE PROGRAM. I UNDERSTAND THE COLLEGE HAS THE RIGHT TO CANCELL MY ADMISSION. PRIVILIGE ON THE BASIS OF MEDICAL INFORMATION SUBMITTED OR WITHHELD. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE APROPRIATE PERSONNEL OF ANY COMMUNICABLE DISEASE, SPECIAL NEED, OR MEDICAL CONDITION WHICH MAY PLACE ME AT RISK, OR POSE A RISK TO OTHERS AT KEYANO COLLEGE OR DURING CLINICAL PLACEMENT.

_____ _____

Signature Date

The personal information on this form is collected under the authority of the Colleges Act of Alberta, which mandates the provision of programs and services by public colleges as well as under the authority of Section 32(c) of the Alberta Freedom of Information and Protection of Privacy Act. The purpose of this personal information is to administer the Health Centre services to assess the Health needs of the individual for the purpose of assessment/treatment and or health supervision. This personal information is protected by the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection or use of this information, please call the Coordinator Health Services at 780-791-4808, Keyano College, 8115 Franklin Avenue, Fort McMurray, AB, T9H 2H7.

Respirator Fit Test (mask fit testing)

Prior to acute care clinical practice courses, all Allied Health Students must be fitted with a 3M- N95 Respiratory Masks in accordance with the contractual agreement with Alberta Health Services.

Mask fit testing is valid for two years but may require re-testing if you have any of the following as it may affect the fit of the mask.

- Dental work
- Face surgery
- Weight loss or gain

You must provide a photocopy of the result to the Health Services Department prior to the start of your program.

You are responsible for scheduling your own mask fit test with a qualified service provider. Ensure they test you with a mask that is supplied at the Northern Lights Regional Health Centre-AHS Fort McMurray, AB (1870+, 1860, 1860S, 1804, KC 46727, KC 46727S).

* ***this list is subject to change according to AHS stock supply, please consult with your instructor before mask fit testing.***

The charge for this test range from $15.00 to $30.00 – confirm the cost with individual clinics before booking.

You can walk in or book your appointments with one of the following:

DriverCheck Inc Unit 120 420 Taiganova Crescent Fort McMurray, AB T9K 0T4 Phone: 780-743-5351	**Hines Health Services Inc.** Suite 101A – 805 Memorial Drive Fort McMurray, AB T9K 0K4 Phone : 780-790-6909	**Medika North** 33-280 Taiganova Cres. Fort McMurray, AB Phone: 780-715-4424

this is not a complete list and you can google "mask fit testing Fort McMurray" or local to where you are

When booking, identify yourself as an Allied Health Student at Keyano College by using your student ID card or your acceptance letter for the program.

The day of your test please prepare by:

- Arriving on time
- Clean shaven
- No eating or drinking other than water 30 minutes prior to your appointment time.
- Do not wear any scented products such as perfume or cologne.
- Long hair is to be tied back and off of face.

Contact Health Services department with any questions or concerns
Phone: 780-791-4808
Email: health.services@keyano.ca
Thank you,

Pam McPherson, RN
Health Services Keyano College

Tuberculin Skin Test for Health Care Workers and Post-secondary Health Care Students

Baseline Tuberculin Skin Test (TST) Guidelines for Health Care Workers (HCW) and Post-secondary Health Care Students

The Alberta Health Tuberculosis (TB) Prevention and Control Guidelines for Alberta (June 2010) recommend baseline TB screening for health professionals[1] and others who work or volunteer with populations at increased risk for TB.

One component of screening HCW/students for TB should be a tuberculin skin test (TST). The purpose of a baseline TST is to document whether or not a HCW[1]/student has ever been exposed to or is currently infected with *Mycobacterium tuberculosis.* Access to baseline TST results enables accurate assessment and appropriate follow-up for the HCW/student should they be exposed to an infectious case of TB in the future.

Baseline Tuberculosis (TB) screening for HCW/student will include a single step Tuberculin Skin Test (TST) except in the select groups identified below.

If a TST is indicated, a baseline two-step TST should be performed if:
It is anticipated that a HCW/student will undergo repeated screening with TST at regular intervals. This includes:

- HCW/students involved in high-risk activities (regardless of age or BCG history) such as:
  - cough-inducing procedures
  - autopsy
  - morbid anatomy and pathology examination
  - bronchoscopy
  - designated mycobacteriology laboratory procedures especially handling cultures of *M. Tuberculosis*
- HCW/student who work on high-risk units to which patients with active TB are admitted
- HCW/student at facilities that require TST screening at regular intervals such as high-risk homeless shelters or inner city agencies.

[1] The term health professional will be used interchangeably with definition of HCW in this document.