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 Advanced Care Paramedic (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 few items that you should be aware of:

1. You will need to purchase your ACP textbooks/workbooks at the Keyano College Bookstore and have them with you for the orientation day.

2. Full uniform will be required at all times during the practicum/clinical placements. 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.

3. Immunization History Form: Please refer to the enclosed information from the College Nurse. As a condition of enrollment, students are expected to comply with the immunization requirements. You are required to be vaccinated against Hepatitis B. Full protection requires a three-dose regimen as per the manufacturer’s recommendation. The vaccine is available through your local health unit. In Fort McMurray, it is available by contacting 780.791.6247. Please inform the receptionist of what program you are in. 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.

4. Health Assessment Form and Mask Fit Test: You are also required to complete the enclosed health assessment form and mask fit test. When you arrive on campus, you are to make an appointment with the College Health Nurse at Health Services to discuss your immunizations and medical form.

Do not mail or email any medical requirement-related documentation to Keyano College.
5. **E-Signature:** This is required to sign documents throughout the two year program. This should be sent to nursing@keyano.ca

6. **NOTE:** All documents can either be submitted to the Nursing Office or scanned to the Nursing email address nursing@keyano.ca (except for the RCMP check, which the original HAS to be submitted to the Nursing & Allied Health Office in the Main Campus (CC186).

7. **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 and submit a photocopy of it directly to the Nursing and Allied Health Studies Department (Room CC 186). The Police Information Check must be dated no earlier than September 1, 2021 and the associated costs are your responsibility. It is not to be given to the Office of the Registrar.

8. 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.

9. In order to attend practicums, you must complete the AHS Student Orientation Certification: https://www.albertahealthservices.ca/careers/Page12728.aspx A copy of each certification in this webpage must be submitted in order to proceed to practicum.

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Arlene Starkes, BSc, BNRN, MN  
Chairperson  
Nursing and Allied Health Studies Department

Dr. Candi Muise, BScN, RN, MN, EdD  
Program Coordinator- BScN, PCP, & ACP Programs  
Nursing & Allied Health Department
It is mandatory that all students complete this form and return to the Nursing Office as it is a clinical information system requirement for AHS Student Computer Access and Student Placement process.

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>Keyano ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Keyano email address:</td>
</tr>
<tr>
<td>Middle Name:</td>
<td>Month of Birth (i.e. Jan):</td>
</tr>
<tr>
<td>Post-Secondary Name used:</td>
<td>Day of Birth:</td>
</tr>
<tr>
<td>Alias or Maiden Name (if applicable):</td>
<td></td>
</tr>
</tbody>
</table>

Do you currently work for AHS in any capacity?  
If YES, Please indicate the following:  
Your AHS Employee ID number:  
Your username when you sign into a computer:  
Your AHS email address:  

If you do not currently work for AHS, have you ever worked for AHS or a former Health Region of AHS?  
If YES, Please indicate the following:  
The region you worked for (AHS, CHR, Capital Health etc.):  
Your site/area of employment and manager’s name:  
Your position:  
Dates you were employed during this time:  
Did you have access to computer or email during this time:  
If yes, please provide your username name and email access:  

In order to gain access to AHS network, all students must complete the following. Please indicate with “YES” or “NO” in the “completed” column.

| Watch the Information Privacy & IT Security & Awareness video | Completed |
| Complete the online learning module | |
| Submit the signed AHS Confidentiality and User Agreement | |
| Meditech 5.67 Overview & Navigation – print certificate | |
| Meditech 5.67 Enterprise Medical Record (EMR) Module – print certificate | |
| Meditech 5.67 Order Entry (OE) – print certificate | |

[http://www.albertahealthservices.ca/info/Page10995.aspx](http://www.albertahealthservices.ca/info/Page10995.aspx)  
Ctrl + Click to follow this AHS link to gain access to Meditech training. Fill out the areas indicated with an asterisk (i.e. your first and last name and facility (use NLHC). **(Note: AHS ID and Meditech ID not required).**  
Scroll down to the tab “eLearning courses and Materials” near the bottom of the page and click on it. The e-learning courses are listed. Scroll to the required title and click on it. You are required to do the following courses and PRINT OFF certificates and ATTACH to this form (there will be 3 certificates):  
Meditech 5.67 Overview & Navigation  
Meditech 5.67 Enterprise Medical Record (EMR) Module  
Meditech 5.67 Order Entry (OE)  

Student’s Signature: ___________________________  
Date: ___________________________

*Signing this form means you have read the contents and complied to the above requirements as per AHS student placement contract*
Document Checklist for Nursing and Allied Health Studies Students

Please submit all documents together listed below including this document to the Nursing and Allied Health Studies office. Once the checklist is completed in its entirety, attach all forms/documents and submit to the Nursing & Allied Health Office. Please note, we do not accept documents one by one.

Name: _________________________________
Program: ACP _____ BScN _____ HCA _____ PCP _____ PN

<table>
<thead>
<tr>
<th></th>
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<th>□ Enclosed</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Police Information Check with Vulnerable Sector Clearance <em>(copy only)</em></td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td>2</td>
<td>Child Intervention Record Check <em>(ONLY applies to 2nd Year BScN students)</em></td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td>3</td>
<td>Heart and Stroke Foundation – Basic Life Support <em>(Only accept Heart &amp; Stroke, copy of certificate)</em></td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td>4</td>
<td>Keyano College Code of Conduct Form</td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td>5</td>
<td>Keyano College Student Consent Form <em>(Does not apply to ACP, PCP or HCA students)</em></td>
<td><img src="image" alt="image" /></td>
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<tr>
<td>6</td>
<td>Personal Declarations for Nursing &amp; Allied Health Studies Form</td>
<td><img src="image" alt="image" /></td>
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<tr>
<td>7</td>
<td>HSNet Consent Form and Disclosure of Student Information</td>
<td><img src="image" alt="image" /></td>
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<tr>
<td>8</td>
<td>Alberta Health Services Confidentiality and User Agreement Form</td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td>9</td>
<td>Alberta Health Services Orientation, Confidentiality &amp; User Training certificates:</td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td></td>
<td>• AHS Orientation certificate</td>
<td><img src="image" alt="image" /></td>
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<td></td>
<td>• AHS Secure – Collect It, Protect It</td>
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<tr>
<td></td>
<td>• Code of Conduct</td>
<td><img src="image" alt="image" /></td>
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<td></td>
<td>• Safe Disclosure/Whistleblower Policy</td>
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<tr>
<td></td>
<td>• Musculoskeletal Injury Prevention</td>
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<td>• Move Safe Injury Prevention</td>
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<tr>
<td></td>
<td>• It’s Your Move</td>
<td><img src="image" alt="image" /></td>
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<tr>
<td>10</td>
<td>AHS Network Access for Keyano Students Form – Meditech <em>(attach 3 certificates). Does not apply to ACP and PCP students.</em></td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td>11</td>
<td>WHMIS 2015 for Students – On Moodle <em>(copy of certificate)</em></td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td>12</td>
<td>Anaphylaxis – On Moodle <em>(copy of certificate)</em></td>
<td><img src="image" alt="image" /></td>
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<tr>
<td>13</td>
<td>Make an appointment with the College Nurse in Health Services</td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td>14</td>
<td>Immunization requirements and Mask Fit Test Card</td>
<td><img src="image" alt="image" /></td>
</tr>
</tbody>
</table>

"WHMIS For Students" on Moodle

1. Log onto the iLearn.keyano.ca site by using your Keyano username and password.
2. Scroll down the page until you see "WHMIS for Students on the left side." Select this.
3. Even if you have taken WHMIS training elsewhere, you must complete this course on a yearly basis.
4. You must print your certificate upon completion -- if the printing feature fails, then please request a certificate by sending an email to chrissi.sheppard@keyano.ca

Keyano COLLEGE

8115 Franklin Avenue • Fort McMurray, AB T9H 2H7 • Phone 780.791.4889 • keyano.ca
## Hepatitis B Endemic Countries List

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

<table>
<thead>
<tr>
<th>Africa – excludes Algeria, Egypt, Libya, Morocco and Tunisia</th>
<th>Pacific Islands</th>
<th>Southeast Asia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>Malawi</td>
<td>American Samoa</td>
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<tr>
<td>Benin</td>
<td>Mali</td>
<td>Burma (Myanmar)</td>
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<tr>
<td>Botswana</td>
<td>Mauritania</td>
<td>Cambodia</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Mauritius</td>
<td>China (includes Hong Kong, Macao and Taiwan)</td>
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<tr>
<td>Burundi</td>
<td>Mozambique</td>
<td>Indonesia</td>
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<tr>
<td>Cameroon</td>
<td>Namibia</td>
<td>North Korea</td>
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<tr>
<td>Cape Verde Islands</td>
<td>Niger</td>
<td>South Korea</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Nigeria</td>
<td>Laos (Lao People's Democratic Republic)</td>
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<tr>
<td>Chad</td>
<td>Reunion Island</td>
<td>Mongolia</td>
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<tr>
<td>Comoros</td>
<td>Rwanda</td>
<td>Myanmar (Burma)</td>
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<td>Congo (Brazzaville)</td>
<td>Saint Helena</td>
<td>Philippines</td>
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<td>Cote d'Ivoire</td>
<td>Sao Tome and Principe</td>
<td>Thailand</td>
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<td>Dem. Republic of the Congo (Kinshasa)</td>
<td>Senegal</td>
<td>Timor-Leste</td>
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<tr>
<td>Djibouti</td>
<td>Seychelles</td>
<td>Vietnam</td>
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<td>Equatorial Guinea</td>
<td>Sierra Leone</td>
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<td>Eritrea</td>
<td>Somalia</td>
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<td>Ethiopia</td>
<td>South Africa</td>
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<td>Gabon</td>
<td>South Sudan</td>
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<td>Gambia</td>
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<td>Gambia</td>
<td>Swaziland</td>
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<td>Ghana</td>
<td>Tanzania (United Republic of)</td>
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<td>Guinea</td>
<td>Togo</td>
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<td>Guinea-Bissau</td>
<td>Uganda</td>
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<td>Kenya</td>
<td>Western Sahara</td>
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<td>Lesotho</td>
<td>Zambia</td>
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<td>Liberia</td>
<td>Zimbabwe</td>
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<tr>
<th>Central and Eastern Europe</th>
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<tbody>
<tr>
<td>Albania</td>
<td>Kyrgyzstan</td>
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<tr>
<td>Armenia</td>
<td>Malta</td>
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<tr>
<td>Azerbaijan</td>
<td>Moldova (Republic of)</td>
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<td>Bulgaria</td>
<td>Tajikistan</td>
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<td>Georgia</td>
<td>Turkmenistan</td>
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<td>Kazakhstan</td>
<td>Uzbekistan</td>
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<tr>
<th>Central and South America (indigenous populations of)</th>
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<tbody>
<tr>
<td>Canada (indigenous populations of)</td>
<td></td>
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<tr>
<td>North West Territories</td>
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<td>Nunavut</td>
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<td>Yukon</td>
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<tr>
<td>Denmark (indigenous populations of)</td>
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<tr>
<td>Greenland</td>
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</table>

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.

Assess for documented history of hepatitis B immunization series

No

Provide Hepatitis B vaccine series

Yes

Screen for evidence of immunity (Anti-HBs) minimum of 1 to 6 months after completion of vaccine series*

Anti-HBs positive

Consider immune. No further vaccine or serological testing required

Anti-HBs negative

Recommend completion of second series. Repeat Anti-HBs 1 month later

Screen for evidence of immunity (Anti-HBs) greater than 6 months after completion of vaccine series*

Anti-HBs positive

Consider immune. No further vaccine or serological testing required

Anti-HBs negative

Recommend one dose of Hepatitis B vaccine. Repeat Anti-HBs 1 month later

Anti-HBs positive

Consider immune. No further vaccine or serological testing required

Anti-HBs negative

Refer for HBsAg serology

HBsAg positive

Laboratory will notify ordering physician and automatically send results to zone Medical Officer of health or designate for follow-up based on zone process. Advise to alert their school/professional organization.

HBsAg negative

Consider non-responder. No further vaccine or serological testing required

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.

*Previous serology results can be utilized if testing was completed after the documented series of vaccine
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:______________________
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 Liaison)
☐ 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.
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.

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*I accept the rules and expectations described in this agreement:*

<table>
<thead>
<tr>
<th>Name <em>(print)</em></th>
<th>Signature</th>
<th>Date <em>(yyyy-Mon-dd)</em></th>
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</thead>
</table>

07922(Rev2013-01)  
Page 2 of 2
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
# IMMUNIZATION WORKSHEET

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>REQUIREMENTS</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus</td>
<td>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.</td>
<td>Primary series completed YES □ NO □ Last does of Td vaccine: Day/Month/Year</td>
</tr>
<tr>
<td>Diphtheria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis</td>
<td>One adulthood dose (on or after 18 years of age) of pertussis containing vaccine.</td>
<td>Adulthood dose of dTap: Day/Month/Year</td>
</tr>
<tr>
<td>Polio</td>
<td>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.</td>
<td>Primary series completed YES □ NO □ Last does of Polio vaccine: Day/Month/Year</td>
</tr>
<tr>
<td>Measles Mumps</td>
<td>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.</td>
<td>MMR #1: Day/Month/Year</td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td>MMR #2: Day/Month/Year</td>
</tr>
<tr>
<td>Varicella</td>
<td>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.</td>
<td>Year you had chickenpox: Day/Month/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Varicella Titer: Day/Month/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Result: Immune □ Not Immune □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Varicella vaccine #1: Day/Month/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Varicella vaccine #2: Day/Month/Year</td>
</tr>
<tr>
<td>Vaccine</td>
<td>Requirement</td>
<td>Results</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>• 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</td>
<td>Hep B vaccination&lt;br&gt;#1 _________________________&lt;br&gt;#2 _________________________&lt;br&gt;#3 _________________________  Day/month/year</td>
</tr>
<tr>
<td>Hepatitis B Blood Testing</td>
<td>• 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)</td>
<td>Anti-HBs titre:&lt;br&gt;Date: ______________________  Day/month/year&lt;br&gt;Result: Immune □  Not Immune □</td>
</tr>
<tr>
<td>Tuberculosis Testing</td>
<td>• A BCG is a vaccination for tuberculosis (not everyone has had this done and it is NOT required).&lt;br&gt;• A TST is a test for tuberculosis. You need to have a current TST done (within one year of starting school)&lt;br&gt;• 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&lt;br&gt;• If you have received a live vaccine such as varicella or MMR you must wait one month to have a TST done&lt;br&gt;• If you have a positive reaction to your TST then you need to follow up with a chest x-ray and possibly TB services.</td>
<td>History of BCG:&lt;br&gt;Yes □  No □  Unsure □&lt;br&gt;TST read:  TST Result: ______________________  Day/Month/Year</td>
</tr>
<tr>
<td>Seasonal Influenza</td>
<td>• Each fall a new seasonal influenza vaccine is released and it is highly recommended for students to receive this&lt;br&gt;• 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)</td>
<td>Proof of seasonal influenza can be provided to Health Services each fall once the new vaccine is available</td>
</tr>
</tbody>
</table>

**Remember to submit photocopies of ALL IMMUNIZATIONS RECORD and TEST RESULTS with this worksheet**
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 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 documented as “Yes”
   - The “date of last does” (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 met 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 2015 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 so 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 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 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 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
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+, 8210, 8110s, 9105-vflex, 9105s vflex).

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:

<table>
<thead>
<tr>
<th>Hines Health Services Inc.</th>
<th>DriverCheck Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suite 106-9616 Franklin Ave</td>
<td></td>
</tr>
<tr>
<td>Fort McMurray, AB T9H 2J9</td>
<td>8217 Franklin Ave</td>
</tr>
<tr>
<td>Phone :( 780)790-6909</td>
<td>Fort McMurray, AB T9H 4P4</td>
</tr>
<tr>
<td></td>
<td>Phone: (780) 743-5351</td>
</tr>
</tbody>
</table>

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

Extra charges for oversized items may apply

**IMPORTANT INFORMATION:**

Photo ID is required at point of sale

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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
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 □