

Bachelor of Science in Nursing

Welcome to the Bachelor of Science in Nursing (BScN) Program at Keyano College!

You have made a great choice in selecting Keyano College as the institution where you will obtain your University of Alberta Collaborative Bachelor of Science in Nursing Degree. Our program is unique because of small class sizes and the diverse clinical practicums. This means you will get more individualized attention to support your success. At Keyano College, the nursing faculty you will work with are very experienced, knowledgeable, and student focused educators.

Throughout the BScN program, you will have an opportunity to participate in a variety of student-focused experiential learning activities and participate in unique clinical experiences. There are many preparatory requirements needed for this learning.

Before starting the BScN Program there are a program requirements that you should be aware of. All students must complete the mandatory list of requirements below.

All documents are required to be submitted before September 15th, 2022:

1. **Covid-19 Immunization:** Please be advised that Keyano College may require proof of covid-19 immunization. Alberta Health Services requires covid-19 immunization records. 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 you receive this letter and book an appointment. Please bring your immunization records, in addition to covid-19 immunization, to the appointment.
3. **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

4. **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 in Health Services. Please submit mask fit test to pam.mcpherson@keyano.ca
5. **Health Services Practicum Clearance:** All of the above requirements must be completed in order to be considered cleared to attend clinical experiences. If the above is not completed, you will not be able to attend. Do not mail or email any medical requirement-related documentation to Keyano College Nursing & Allied Health Studies Department.
6. **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. This means you must complete the Police Information Check no earlier than June 2022. 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.

During enrolment in the program, you must self-report any change in criminal convictions or criminal charges to the Chairperson of the Nursing & Allied Health Studies Department. Where a Police Check shows any one or more boxes checked off indicating that information "may or may not exist" you will be directed to consult with the Chairperson of the Nursing & Allied Health Services Department for further information.

7. **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.

8. **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 to 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
9. **Meditech Clinical Information System (CIS):** Students are to complete the Meditech Clinical Information System (CIS) Certification to get AHS Student Computer Access as part of the Student Placement Process at <http://www.albertahealthservices.ca/info/Page10995.aspx>
 - Complete the eLearning Courses. Print and email the completed certificates:
 - Meditech Overview & Navigation
 - Meditech Enterprise Medical Record (EMR) Module
 - Meditech Order Entry (OE)
10. **Heart & Stroke Provider Basic Life Support Provider:** 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
11. **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.
12. **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

13. **Welcome Package Documentation:** Please complete and sign all documents in the welcome package. All documents, except the Criminal record Check, can either be submitted to the Nursing Office in person or scanned and emailed to the Nursing email address nursing@keyano.ca

14. **Textbooks:** Students are required to purchase books and resources before the first day of classes. Currently, the BScN program at Keyano College utilizes an Online Learning Platform as a resource for eBooks and online resources, to be used across all 4 years of the program. Access to this online learning platform is online available through the [Keyano College Bookstore](#) and is a MANDATORY resource for all students. Additional texts may be required over the 4 years. Book costs range from \$1,500.00 to \$2,000.00. The Keyano College Bookstore will have lists of all required resources you will need for each course you are enrolled in two weeks prior to the start of the semester.

In addition to books, students will require the following supplies, which are available for purchase at the Keyano College Bookstore:

- Penlight
- Stethoscope
- Black pen(s)
- Bandage scissors
- Blood Pressure Cuff (recommended)
- Nursing Uniforms in navy blue

15. **HSPnet Consent Form:** The Health Sciences Placement Network (HSPnet) is a computer system used by the Nursing & Allied Health Services department to arrange all clinical placements for our students. Students should read the document [Purposes and Handling of Personal Information in HSPnet](#) and then sign and submit the [Consent Form for Use and Disclosure of Student Information](#).

16. **Orientation Day & First Day of Class:** Important information will be provided at orientation and is **MANDATORY** for all students to attend. Details about orientation will be emailed closer to the start date of the program. Please review the additional information found on the [Bachelor of Science in Nursing](#) webpage. The first day of classes is August 31st, 2022.

I trust that you will find your experience at Keyano College both personally and professionally rewarding. I look forward to meeting you.

If you have any questions, or need any assistance, please do not hesitate to contact us at 780-791-4889, or by email, nursing@keyano.ca.

Sincerely,

A handwritten signature in black ink that reads "Arlene Starkes". The script is cursive and fluid.

Arlene Starkes, BSc, BNRN, MN
Interim Dean
School of Health & Human Services
Arlene.starkes@keyano.ca

A handwritten signature in black ink that reads "Candi Muise". The script is cursive and elegant.

Dr. Candi Muise, BScN, RN, MN, EdD
Interim Chair
Nursing & Allied Health Department
Candi.muise@keyano.ca

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.

Last Name:	Keyano ID:
First Name:	Keyano email address:
Middle Name:	Month of Birth (i.e. Jan):
Post-Secondary Name used:	Day of Birth:
Alias or Maiden Name (if applicable):	
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.

	Completed
Watch the Information Privacy & IT Security & Awareness video	
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>

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

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)	<input type="checkbox"/> Enclosed
3.	Heart and Stroke Foundation – Basic Life Support (Accept Heart & Stroke only, copy of certificate)	<input type="checkbox"/> Enclosed
4.	Keyano College Code of Conduct Form	<input type="checkbox"/> Enclosed
5.	Keyano College Student Consent Form	<input type="checkbox"/> Enclosed
6.	Personal Declarations for Nursing & Allied Health Studies Students Form	<input type="checkbox"/> Enclosed
7.	HSPnet Consent Form and Disclosure of Student Information	<input type="checkbox"/> Enclosed
8.	Alberta Health Services Confidentiality and User Agreement Form	<input type="checkbox"/> Enclosed
9.	Alberta Health Services Orientation, Confidentiality & User Training certificates: https://www.albertahealthservices.ca/careers/Page12728.aspx <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Musculoskeletal Injury Prevention Move Safe Injury Prevention It's Your Move 	<input type="checkbox"/> 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	<input type="checkbox"/> 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. <input type="checkbox"/> Scroll down the page until you see “WHMIS for Students on the left side.” Select this. <input type="checkbox"/> Even if you have taken WHMIS training elsewhere, you must complete this course on a yearly basis. <input type="checkbox"/> You must print your certificate upon completion -- if the printing feature fails, then please request a certificate by sending	<input type="checkbox"/> Enclosed
12.	Make an appointment with the College Nurse in Health Services by phone 780-792-5638 or email health.services@keyano.ca	<input type="checkbox"/> Enclosed
13.	Health Assessment, Immunization requirements and Mask Fit Test Card	Submit to health services CC142 or by email to health.services@Keyano.ca

Hepatitis B Endemic Countries List

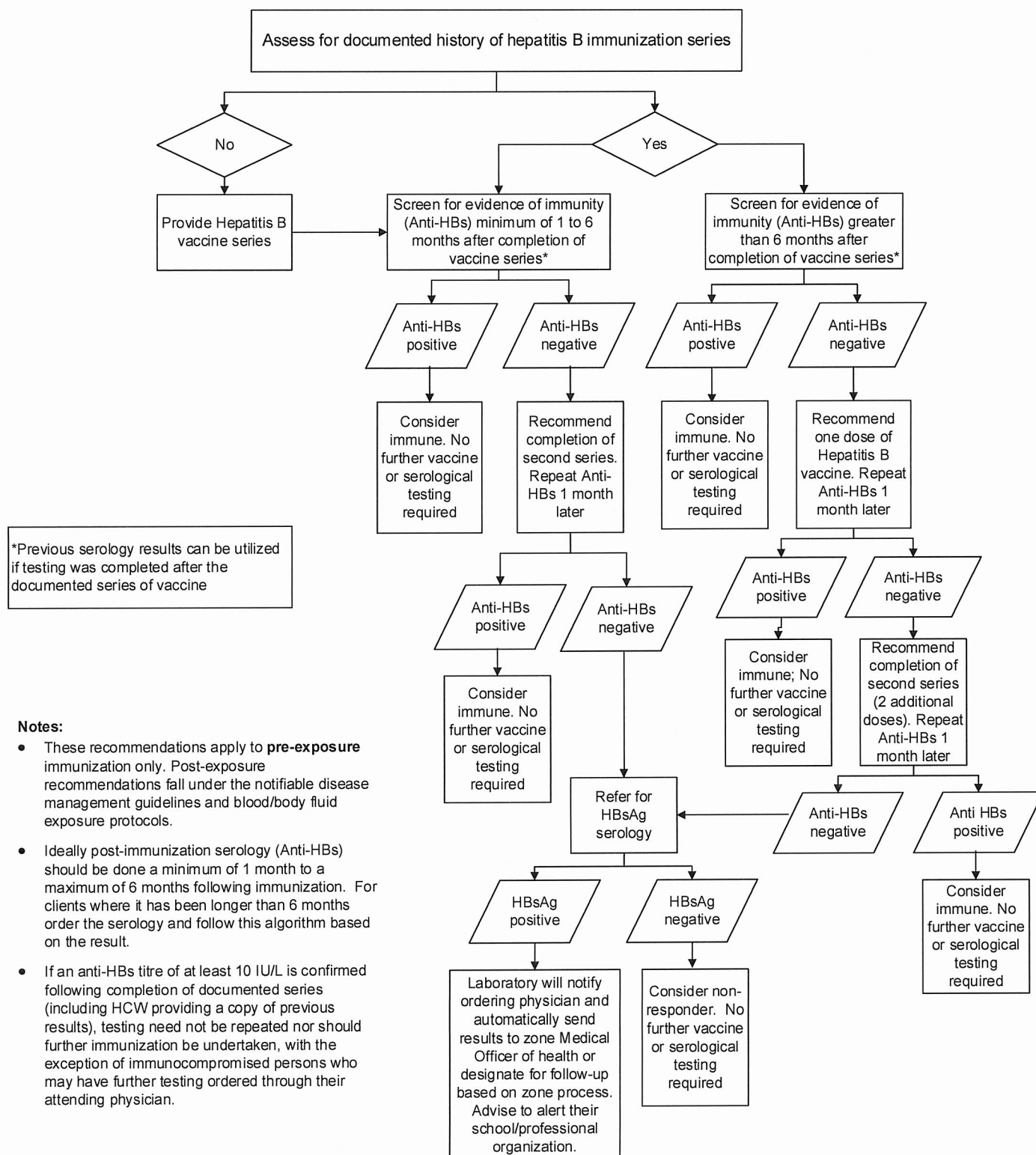
Countries considered highly endemic (8% or higher HBsAg prevalence) for hepatitis B infection are listed by geographical areas.

Africa – excludes Algeria, Egypt, Libya, Morocco and Tunisia		Pacific Islands	Southeast Asia
Angola	Malawi	American Samoa	Burma (Myanmar)
Benin	Mali	Cook Islands	Cambodia
Botswana	Mauritania	Easter Island	China(includes Hong Kong, Macao and Taiwan)
Burkina Faso	Mauritius	Federated States of Micronesia	Indonesia
Burundi	Mozambique	Fiji	North Korea
Cameroon	Namibia	French Polynesia	South Korea
Cape Verde Islands	Niger	Guam	Laos (Lao People's Democratic Republic)
Central African Republic	Nigeria	Kiribati	Mongolia
Chad	Reunion Island	Marshall Islands	Myanmar (Burma)
Comoros	Rwanda	Nauru	Philippines
Congo (Brazzaville)	Saint Helena	New Caledonia and Dependencies	Thailand
Cote d'Ivoire	Sao Tome and Principe	Niue	Timor-Leste
Dem. Republic of the Congo (Kinshasa)	Senegal	Palau	Vietnam
Djibouti	Seychelles	Papua New Guinea	
Equatorial Guinea	Sierra Leone	Samoa	Middle East
Eritrea	Somalia	Solomon Islands	Jordan
Ethiopia	South Africa	Tokelau	Saudi Arabia
Gabon	South Sudan	Tonga	
Gambia	Sudan	Trust Territory of the Pacific Islands	USA (indigenous populations of)
Ghana	Swaziland	Tuvalu	Alaska (native populations)
Guinea	Tanzania (United Republic of)	Vanuatu	
Guinea-Bissau	Togo	Wallis and Futuna Islands	Central and South America
Kenya	Uganda		Bolivia (Amazon Basin)
Lesotho	Western Sahara	Canada (indigenous populations of)	Brazil (Amazon Basin)
Liberia	Zambia	North West Territories	Colombia (Amazon Basin)
Madagascar	Zimbabwe	Nunavut	Dominican Republic
		Yukon	Haiti
			Peru
		Denmark (indigenous populations of)	Venezuela (Amazon Basin)
		Greenland	
Central and Eastern Europe			
Albania	Kyrgyzstan		
Armenia	Malta		
Azerbaijan	Moldova (Republic of)		
Bulgaria	Tajikistan		
Georgia	Turkmenistan		
Kazakhstan	Uzbekistan		

Reference: Government of Alberta, Alberta Immunization Manual – Appendix 3 – November 2007

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.





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) <input type="checkbox"/> Employee of AHS/subsidiary (Manager/Supervisor) <input type="checkbox"/> Medical Staff, Medical Students, Residents (Zone Medical Office)	<input type="checkbox"/> Volunteer (Volunteer Resources Coordinator) <input type="checkbox"/> Researcher (Repository Owner) <input type="checkbox"/> Student or Educator (Educational Institution Liaison) <input type="checkbox"/> Board Member (Board Office) <input type="checkbox"/> 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.

I accept the rules and expectations described in this agreement:

Name (<i>print</i>)	Signature	Date (<i>yyyy-Mon-dd</i>)
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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

Last Name _____ Home Phone # _____	First Name _____ Date of Birth _____ Cell Phone # _____	Maiden Name of AKA _____ Email _____
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VACCINE	REQUIREMENTS	RESULTS
Tetanus Diphtheria	<ul style="list-style-type: none"> 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 <input type="checkbox"/> NO <input type="checkbox"/> Last does of Td vaccine: _____ Day/Month/Year
Pertussis	<ul style="list-style-type: none"> 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 <input type="checkbox"/> NO <input type="checkbox"/> Last does of Polio vaccine: _____ Day/Month/Year
Measles Mumps Rubella	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 <input type="checkbox"/> Not Immune <input type="checkbox"/> OR Varicella vaccine #1: _____ Day/Month/Year Varicella vaccine #2 _____ Day/Month/Year

Vaccine	Requirement	Results
Hepatitis B	<ul style="list-style-type: none"> 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 _____ <div style="text-align: right;">Day/month/year</div>
Hepatitis B Blood Testing	<ul style="list-style-type: none"> 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: _____ <div style="text-align: right;">Day/month/year</div> Result: Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> If required HBsAg titre: Date: _____ <div style="text-align: right;">Day/month/year</div> Result: Reactive <input type="checkbox"/> Not reactive <input type="checkbox"/> Anti-HBc titre: Date: _____ <div style="text-align: right;">Day/month/year</div> Result: Reactive <input type="checkbox"/> Not reactive <input type="checkbox"/>
Tuberculosis Testing	<ul style="list-style-type: none"> 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 <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> TST read: _____ TST Result: _____ <div style="display: flex; justify-content: space-between;"> <div>Day/Month/Year</div> <div>Day/Month/Year</div> </div> If Required: Chest x-ray: _____ <div style="text-align: right;">Day/Month/Year</div> Result of chest x-ray Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Follow up required: _____
Seasonal Influenza	<ul style="list-style-type: none"> 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

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

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 | 11. Headaches |
| 2. Skin Disease | 12. Physical Disability or restrictions |
| 3. Heart Disease | 13. Back Problems |
| 4. Diabetes | 14. Lifting restrictions |
| 5. Cancer | 15. Chicken pox _____ |
| 6. Seizure Disorder | 16. Tuberculosis |
| 7. Nervous or Emotional Problem | 17. Allergies: _____ |
| 8. Learning Disability | _____ |
| 9. History of Concussion | Epi Pen: Yes ____ No ____ |
| 10. Hearing Loss | |

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

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 dose" (booster) is documented and is within last 10 years
 - The type of booster has been selected – either Td or dTapOR
 - 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 dose"
 - 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 documentedOR
 - A positive Varicella IgG result is documented. A copy of the lab result MUST be included with the formOR
 - 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 they 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 or the results are negative (≥ 10 IU/L).
 - The algorithm was not followed correctly
 - The student 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

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:

Hines Health Services Inc. Suite 106-9616 Franklin Ave Fort McMurray, AB T9H 2J9 Phone :(780)790-6909	DriverCheck Inc 8217 Franklin Ave Fort McMurray, AB T9H 4P4 Phone: (780) 743-5351
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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

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 ☐