Practical Nursing

Welcome to the Practical Nursing Program at Keyano College!

You have made an excellent choice in selecting Keyano College as the institution where you will obtain your Practical Nursing (PN) diploma. Our program is unique because of small class sizes, equating to individualized attention and diverse clinical practicums. At Keyano College, you will work with experienced faculty who are student focused, approachable, and flexible.

Throughout the PN program, you will have an opportunity to participate in a variety of experiential learning. There are many preparatory requirements for this learning. All students must comply with the mandatory list of requirements below.

All documents are required to be submitted before September 30th, 2024:

1. **Medical Documentation:** Please refer to the Health & Safety Requirements and Immunization Instructions found at the end of this package.

   Please submit **COPIES** of all required documentation to Health Services. You may drop them off to the office or submit via scan/email.
   - Immunization records
   - Mask fit card
   - Bloodwork
   - Consent form

   Health Services is separate from the School of Health and Human Services office and is located in the Clearwater Campus (CC) 142.

   They may be contacted via email health.services@keyano.ca or 780-792-5638

   Your medical documentation is confidential medical information and should only be submitted to Health Services

2. **Police Information Check with Vulnerable Sector Check:** All students are required to provide a clear Police Information Check which <u>must</u> include a Vulnerable Sector Check.

   The Police Information Check must be dated <u>no earlier</u> <u>than three (3) months from program start date</u>; therefore, must have a completion date no earlier than June 2024.

   There will be a cost for this check and is at the student's expense.

   The <u>original</u> Police Information Check with Vulnerable Sector <u>must</u> be submitted in person to the School of Health and Human Services office in CC 186.

   Please take a photocopy, or scan a copy, for yourself prior to submitting the original for your own records. You must have this record check on file in the School of Health and Human Services office.

   During enrolment in the program, you must self-report any change in criminal convictions or criminal charges to the Chairperson of the School of Health and Human Services Department.

   If you are to turn 18 years old prior to the start of the school year, please wait to obtain your check then. Regardless of age, a check is required; however, it may come back with one or more boxes checked off indicating that information "may or may not exist" if you have not yet turned 18. If this occurs, please consult with the Chairperson of the Nursing & Allied Health Services Department for further information.

3. **Keyano Email and Moodle**: Please ensure you activate your Keyano College email and Moodle login information.

   Follow the directions located here: <mark>[Student Login and](#) [Email](#)</mark>.

   Email and the Moodle platform are the two most used methods of communication from your instructors as well as official information and announcements from Keyano College. Please ensure that you are checking your Keyano College email and Moodle course pages at least twice per day. Always utilize your Keyanomail account to email instructors and other Keyano services.

4. **AHS Student Orientation**: It is a requirement of Alberta Health Services (AHS) that all students complete the AHS Student Orientation Certification located here: https://www.albertahealthservices.ca/careers/Page12728.aspx

   A copy of each certification from these learning modules must be submitted in order to proceed to clinical placements. If you are not able download or print a certificate, please take a picture of the completed certificate, and email it to nursing@keyano.ca.

   All components of the AHS student orientation must be completed, and

certificates of completion submitted to nursing@keyano.ca prior to being able to attend any clinical experiences.

5. **Connect Care :**
   - Students are to complete the Connect Care Training to get AHS Student Computer Access as part of the Student Placement Process. You should receive a MyLearningLink login prior to the start of clinical.
   - You will have eLearning modules on MyLearningLink Sign In (albertahealthservices.ca) that need to be completed prior to your Connect Care in-person training.
   - Please check your MyLearningLink regularly for 30 days prior to the start of clinical. If you have not received information on training 10 days prior to the start of clinical, please contact Nursing@keyano.ca.
   - **YOU WILL NOT RECEIVE AN EMAIL WHEN YOUR IN-PERSON TRAINING IS SCHEDULED**. You need to be checking your MyLearningLink regularly to prevent missing training.
   - Connect Care is mandatory for your clinical practice. If it is not completed, you will not be able to treat patients on the unit.
   - Each unit has their own unique Connect Care role, and you need to complete in-person training for each role.

6. **Heart & Stroke Provider Basic Life Support Provider**: S tudents must complete the Heart and Stroke Basic Life Support – Health Care Provider course and submit a copy of your completed certificate to nursing@keyano.ca. This course must be completed prior to the start of Year 1 and every subsequent year thereafter.

   This is a mandatory requirement to be able to attend clinical experiences. **Only Heart & Stroke Provider BLS will be accepted**. Check the Keyano website for courses available or other providers that provide this specific course.

7. **Health Studies- Student Resources:** Please visit the Moodle page Health Studies- Student Resources to access more information about your program.

   Please ensure that you review the Student Handbook and other program relevant documentation prior to your first day.

8. **WHMIS:** Please ensure you complete the Keyano College WHMIS certification through your courses on Moodle. There is a maximum of three (3) attempts allowed, so please ensure you study the modules prior to taking the test. The WHMIS certificate must also be sent to nursing@keyano.ca

9. **Welcome Package Documentation**: Please complete and sign all documents in the welcome package. All documents, **except** the Police Information Check, can either be submitted to the Nursing Office in person or scanned and emailed to

nursing@keyano.ca . As mentioned above, the original police check must be submitted to the nursing office – copies and scans are not valid.

10. **Textbooks**: Students are required to purchase, books and resources <u>before</u> the first day of classes. Currently, the BScN program at Keyano College utilizes an Online Learning Platform as a resource. This resource will contain ebooks and online resources that will be used across all 4 years of the program.

    To purchase the online learning platform, you can visit the [Keyano College Bookstore](#) in person or online. This package is a <u>MANDATORY</u> resource for all students. Additional texts *may* be required over the 2 years.

    The Keyano College Bookstore will have lists of all required resources that you will need for each course that you are enrolled in, at least two weeks prior to the start of the term.

    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
    - Manual Blood Pressure Cuff
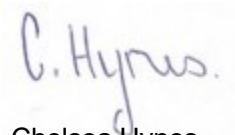   - Nursing Uniforms in **Hunter Green**

    <u>Please have all required supplies prior to the start date of your labs and classes. You will not be permitted to attend any lab without having your lab supplies with you.</u>

11. **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 (found at the end of this document).

12. **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 [Practical Nurse webpage](#). All review [Essential Student Information](#) for more information about navigating through your time at the College! The first day of classes is August 28th, 2024.

I trust that you will find your experience at Keyano College both personally and professionally rewarding. I look forward to meeting you on Orientation Day, August 26th!

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,

Chelsea Hynes
Chair, Practical Nurse Program
Chelsea.Hynes@keyano.ca

Dr. Candi Muise BScN RN MN EdD
Associate Dean, Nursing and Allied Health
Candi.Muise@keyano.ca

Document Checklist for Nursing and Allied Health Studies Students

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

Name: _____

Program: _____ACP _____BScN ____HCA ____PCP ____PN

1.	Police Information Check with Vulnerable Sector Clearance **(Original copy only)**	□ Enclosed
3.	Heart and Stroke Foundation – Basic Life Support **(Accept Heart & Stroke only, copy of certificate)**	□ Enclosed
4.	Keyano College Code of Conduct Form	□ Enclosed
5.	Keyano College Student Consent Form	□ Enclosed
6.	Personal Declarations for Nursing & Allied Health Studies Students Form	□ Enclosed
7.	HSPnet Consent Form and Disclosure of Student Information	□ Enclosed
8.	Alberta Health Services Confidentiality and User Agreement Form	□ Enclosed
9.	Simulation and Skills User Agreement	□ Enclosed
10.	Alberta Health Services Orientation, Confidentiality & User Training certificates: https://www.albertahealthservices.ca/careers/Page12728.aspx • AHS Orientation certificate – Can be found by clicking the word **orientation** • AHS Secure – Collect It, Protect It • Code of Conduct • Safe Disclosure/Whistleblower Policy • Respectful Workplaces and Prevention of Harassment and Violence Policy • It's Your Move	□ Enclosed
11.	WHMIS 2015 for Students – On Moodle **(copy of certificate)** Log onto the iLearn.keyano.ca site by using your Keyano username and password. ⬚ Scroll down the page until you see "WHMIS for Students on the left side." Select this. ⬚ Even if you have taken WHMIS training elsewhere, you must complete this course on a yearly basis. ⬚ You must print your certificate upon completion -- if the printing feature fails, then please request a certificate by sending	□ Enclosed
12.	Make an appointment with the College Nurse in Health Services by phone 780-792-5638 or email health.services@keyano.ca	□ Enclosed
13.	Health Assessment, Immunization requirements and Mask Fit Test Card	***Submit to health services CC142 or by email to health.services@Keyano.ca***

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

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:_____
_____

Simulation and Skills Lab
Confidentiality Agreement & Video Consent Form

Confidentiality Agreement

The discussions, uses and disclosures addressed by this agreement mean **any written, verbal, or electronic communications.**

Therefore, based on the above, I the undersigned agree as follows:

- To keep all learning experiences in the simulation lab confidential.
- To respect the learning experiences of all participants.
- To not use any electronic devices including cell phones (camera and recorder), internetmedia (webcasts, blogs, Facebook, Twitter, etc.), cameras to convey information related to staff, peers, and my experience.
- To acknowledge that I have read this Confidentiality Agreement and understand that a breach of it may be in contravention with *Non-Academic Misconduct Policy*

Video Consent

Personal information about an identifiable individual that is recorded in any form must be protected and restricted from public access.

Keyano College promotes many of its events, programs and services through the use of student images and/or names. Keyano College requires informed consent to publicly share this information for instructional purposes or promotional activities through its publications including electronic media.

- I hereby consent to Keyano College using the video content taken of me within the simulation centre. These video sessions may be used to provide individualstudent learning and small group debriefing opportunities within Keyano College.
- I understand that a Confidentiality Agreement has been signed by my fellow learners to protect my confidentiality and discourage the inappropriate discussion of video content within the sim lab.
- I give permission to the simulation lab to electronically store video content on a secure server for future review by appropriate faculty and learners. Destruction of videos will take place on a regular basis.
- I understand that Keyano College is required to obtain separate permission for the use of my video in promotions and public display material.
- I understand that all media will remain the property of the Keyano College simulation lab and will be stored and/or disposed of in a secure and confidential manner, unless used for promotion and/or for the purposes of teaching.
- I understand that inappropriate use of video content may result in disciplinary action.

I have had the opportunity to ask questions and seek clarification in my understanding of thisdocument.

Name & Keyano College Student ID#

_____

(Please Print)

_____   _____

Signature   Date

STUDENT CONSENT

I, _____ hereby give consent for any assignments to be
  Last Name   First Name

reviewed for the purpose of the nursing program evaluation. The student name and identifying student number will be removed from the document(s) submitted for academic and program evaluation purposes. All assignments will be held in strict confidence by Keyano College, the University of Alberta Collaborative Baccalaureate Nursing Program and all related governing bodies that guide academic, scholarly and operational excellence. The anonymity of the above named assignment will ensure that the student and assigned grade will not be discriminated.

Please note that the materials you provide are being collected under the authority of Nursing & Allied Health Studies at Keyano College. Your document will be disposed of after five years from date of signature below.

Name: (print) _____

Signature: _____

Keyano College Student ID Number: _____

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

Witness Signature: _____ Date: _____

Program: _____   Year: _____

Please Note: This information is collected for the purpose of the nursing program evaluation according to the guidelines established in the Alberta Freedom of Information and Protection of Privacy Act.

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   ☐

ACP   ☐
PCP

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 _____ 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 may 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 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 https://hspcanada.net/privacy-and-security/

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 (MMM/DD/YYYY)**

_____   _____

Alberta Health Services

Confidentiality and User Agreement

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

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

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

I accept the rules and expectations described in this agreement:

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

Keyano College

Keyano College – Talent Release Form

I hereby assign and grant to Keyano College the right and permission to use; store; reproduce; and publish photographs; stories; film; video; Web pages; sound recordings; and/or printed or electronic representations that show my image; voice; and/or likeness thereof, and I hereby release Keyano College from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, publishing, electronic storage and/or distribution of said photographs; stories; film; video; Web pages; and sound recordings and/or other representations of said materials without limitation at the discretion of Keyano College and I specifically waive any right to any compensation I may have for any of the foregoing.

Print Name: _____ Phone Number: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Photo Session Date: _____ Photographer: _____

Talent Signature (Parent or Guardian if under 18 years of age): _____

☐   Please check this box if you only release your image for a specific project.

Name of project: _____

Immunization Instructions
Health and Human Services Programs
Health & Safety Requirements 2023-2024

Submit all Immunization Requirements to the College Nurse – Health Services located in CC142
Email: health.services@keyano.ca
Fax : (780).715.3944
These are the medical requirements towards your clinical clearance and is separate to the academic requirements that you will submit to the Health and Human Services Faculty Office.
Confidential medical information should be submitted to Keyano on-campus Health Services ONLY

Clinical or practicum placement agencies expect post-secondary students who are in practicum in facilities to be immunized in accordance with Alberta Health Services Immunization Program standard #08.302.
Information about vaccines and immunizations is available at **http://immunizealberta.ca**
Immunizations will:

- Reduce the transmission of vaccine preventable communicable diseases in health care facilities
- Reduce the morbidity and mortality related to vaccine preventable diseases

IMMUNIZATIONS ARE DUE BEFORE YOUR FIRST PRACTICUM/PLACEMENT BEGINS
Start gathering your documents as soon as you receive final admission to your program

If you are waitlisted, gather your documentation and begin updating your immunizations so that it is ready in the event of a short notice admission

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NOTE: Rubella is a legislated vaccination under the Public Health Act's Communicable Disease Regulation (238/1985) for all health care workers. Students will **NOT** be cleared for practicum/placement without vaccination against Rubella

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DEFINITION: Immunizations are a series of vaccination doses you may have received beginning when you were an infant and continuing throughout your life. These immunizations protect you and others from common communicable diseases.

You are responsible to ensure that you meet the recommended immunizations recommended by Alberta Health Services Immunization Program Standard #08.302 (revised June 1, 2017)
Specific immunizations and screening tests for health care students are strongly recommended by Alberta Health Services. Alberta Immunization Standards for Health Care Workers **are required** for participation in clinical/practicum placements

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FOR ALL STUDENTS (ACP, BScN, HCA, PCP, PN)
- Gather all your immunization records from home and/or your healthcare provider or by registering and using My Health Alberta https://myhealth.alberta.ca/myhealthrecords
- Take a copy of your original immunization records to your local Public Health office. You may also what to take a copy of the "Immunization Requirements" from this package
- Book an appointment with Public Health to have your immunizations updated and completed. Tell them you are a Health Care Student with Keyano College
- Ask Public Health for a printout of any immunization records they may have in their database or an updated immunization record if you received immunizations during your appointment
- Submit a copy of your immunization records along with your signed "Health Services Consent to the Disclosure of Individually Identifying Health Information" form

- In all correspondence to the College Nurse - Health Services, always include your program of study, updated immunization information, and next appointment with Public Health. If this information is not included in your submission, it may delay processing of your immunization records and clinical clearance.

- After your immunizations are received, they will be reviewed by the College Nurse and you will be contacted via your Keyano email regarding your immunization and clinical clearance status

- Standard for Immunization of Post-Secondary Health Care Students and Students in Other High-Risk Occupational Programs https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-std-imm-post-sec-stud-08-302.pdf

- Immunization Recommended for Health Care Student and Students in other High-Risk Occupational Programs-full detail https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-imm-recomm-hcs-high-risk-occ-prg-appdx-a-08-302.pdf

Hepatitis B Bloodwork Serology – please read the instructions carefully
Hepatitis B serology is a blood test and is required for students who may be at risk of exposure to the Hepatitis B virus through contact with blood and body fluids

REQUIRED FOR: ACP, BScN, HCA, PCP, PN students

STUDENTS WHO WERE BORN IN CANADA – Hepatitis B Serology Bloodwork

Identify if you are a health care worker not-at-risk of past infection
https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-hep-b-vac-recom-algo-ind-no-risk-past-inf-appdx-d-08-302.pdf

Identify if you are a health care worker at high-risk of past infection
https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-hep-b-van-recom-algo-ind-high-risk-past-inf-appdx-e-08-302.pdf

Please schedule an appointment with your physician to request a bloodwork requisition for
HBs Ab (immunity) – Hepatitis B Surface Antibody (also known as a Hep B titer) if:
- You have received your primary series of Hepatitis B vaccine (3 doses received in 6 months) OR
- You have received 3 doses of Twinrix vaccine

Make an appointment at Dynalife Lab (https://www.dynalife.ca/) to have your bloodwork completed

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STUDENTS WHO WERE BORN OUTSIDE OF CANADA – Internationally Born Hepatitis B Serology Bloodwork

Identify if you were born in a Hepatitis B endemic region
https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-appdx-a-endmc-cntry-list-07-234.pdf

Identify if you are a health care worker not-at-risk of past infection
https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-hep-b-vac-recom-algo-ind-no-risk-past-inf-appdx-d-08-302.pdf

Identify if you are a health care worker at high-risk of past infection
https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-hep-b-van-recom-algo-ind-high-risk-past-inf-appdx-e-08-302.pdf

Please schedule an appointment with your physician to request a bloodwork requisition for:
- *HBs Ab (immunity) – Hepatitis B Surface Antibody (also known as a Hep B titer)
- HBsAg – Hepatitis B surface antigens
- HBc IgM – Anti-Hepatitis B core IgM

*HBs Ab testing is completed only if you have received:
- Primary series of Hepatitis B vaccine (3 doses received in 6 months) OR
- 3 doses of Twinrix vaccine

Make an appointment at Dynalife Lab (https://www.dynalife.ca/) to have your bloodwork completed

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Submit a **copy** of your immunization information to the College Nurse at the on-campus Health Services office.
Keep an original copy for your records. Keyano College does not retain immunization records beyond the

completion of your program. Keyano College cannot provide you with copies of your immunization information. Please contact AHS Public Health or access My Health Alberta if you require a replacement copy of your immunizations.

Individuals have the right to refuse immunizations. The reasons for refusal my include medical, personal and/or religious reasons
However, students who do not receive recommended immunization(s):

- At the decision of the practicum agency and/or Alberta Health Services-Medical Officer of Health, may be excluded from certain placement sites thereby impacting their ability to complete their program of study
- At the decision of the practicum agency and/or Alberta Health Services-Medical Officer of Health, will be expected to leave their placement in the event of an outbreak of vaccine preventable disease for which they are not immunized or immune; and will not be allowed to return to the placement setting for the duration of the outbreak
- At the decision of the placement agency and/or Alberta Health Service-Medical Officer of Health, may be required to wear appropriate personal protective equipment (PPE) if they decline the annual influenza immunization or other required immunizations

A student's choice not to immunize will be governed by the decision of the placement agency and/or Albert Health Services-Medical Officer of Health and if an outbreak is declared, students may be excluded from placement if there are not immunized or if they decline the annual influenza immunization

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FOIP Notification & Health Information Act (HIA) Notification
Your personal information is being collected in accordance with the Health Information Act (HIA), section 20(b), section 27(1), and the Freedom of Information and Protection of Privacy Act of Alberta, section 33(c). It is being collected for the purposes of ensuring health and safety requirements are met for clinical placements, to counsel or consult about immunization details, to communicate with and share information with practicum agencies, and to monitor and confirm your eligibility to participate in practicum experiences. The College Nurse shares information in accordance with section 34 of the HIA to the Health & Human Services Faculty Office, to monitor and confirm eligibility to participate in practicum experiences. If you have any questions or concerns, please contact the Manager, Health Services at health.services@keyano.ca

Immunization standards are taken from Alberta Health Services *Immunization Program Standards #08.302*
Rubella immunization or immunity is a legislated requirement

DISEASE	IMMUNIZATION STANDARD
Tetanus, Diphtheria	Primary series and booster every 10 years
Pertussis	Once dose of acellular pertussis-containing vaccine (dTap) at age 18 years of age regardless of interval since last dose of dTap.
Measles	Two documented doses of measles-containing vaccine after 12 months of age regardless of year of birth OR Documented laboratory evidence of immunity
Mumps	Two documented doses of mumps-contacting vaccine after 12 months of age regardless of year of birth NOTE: Mumps IgG serology is not an acceptable indicator of immunity
Rubella	****Legislated Requirement**** One dose of rubella-containing vaccine after 12 months of age OR Documented laboratory evidence of immunity
Varicella (Chicken Pox)	Documented history of valid age-appropriate varicella vaccine Two doses with a minimum 3-month interval in between OR Two doses of varicella vaccine if negative or indeterminate IgG OR Documented laboratory evidence of immunity or physician diagnosis of shingles **STRONG history prior to 2001** of having chicken pox at 12 months of age or older (this included visible scars, strong recollection of disease, you have children that have had chicken pox and you were not infected or history of herpes zoster (Shingles). Include the year that you had chicken pox in your email to the Campus Nurse
Hepatitis B AND Serology	Hepatitis B Primary Series AND Documented laboratory evidence of immunity by HBs AB levels >10 Students not born in Canada must contact the College Nurse for assessment prior to completing Hepatitis B serology
Tuberculosis	One-step tuberculin skin test (TST) within the last year OR Chest x-ray if TST results are >10mm or history of BCG NOTE: Previous documented "Prior Positive" tuberculin test (TST) requires submitting documentation confirming latency of disease to the College Nurse
Annual Influenza **RECCOMMENDED**	One does each year during flu season recommended
COVID-19 **RECCOMMENDED**	Documented minimum two-dose series

IMPORTANT! If an outbreak is declared by AHS and affects the site where you are doing a placement, you will be required to leave the placement if you do not have proof of vaccination. You will not be permitted to return until the outbreak declared by AHS to be over. Interruption of your placement can jeopardize program completion.

Student Information

Last Name: **First Name:**

Date of Birth: (year-mm-dd)

Address:

_____/_____/_____
Street   City   Postal Code

Program:

I authorize my individually identifying health information related to my current immunization records and updates to be collected by the College Nurse – Health Services, if that information related directly to and is necessary to enable the custodian to carry out a purpose that is authorized under section 33(c) of the Freedom of Information and Protection of Privacy Act. Section 33(c) permits a public body to collect personal information when that information relates directly to and is necessary for operating program or activity of the public body

This authorizes the College Nurse-Health Services to communicate with you about health & safety requirements and share information with the Health and Human Services Faculty Office to monitor and confirm the eligibility to participate in practicum experiences

I understand why I have been asked to disclose my individually identifying information and am aware of the risks consenting or refusing to consent to the disclosure of my individually identifying information. I understand that I may revoke this consent in writing at any time

I understand that I can contact the Manager, Health Services at health.services@keyano.ca at any time if I have questions or concerns about the collection, use or disclose of my personal information

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Dated this _____**day of** _____**, 20**_____**. This consent expires at the end of my program**

Signature: _____

PLEASE NOTE: Prior to your immunization records being documented, you must sign and submit this consent form, along with your immunization records to Health Services.

Health & Safety Requirements

Congratulations on your admission to the program and welcome to Keyano College. Your chosen program of study includes a clinical placement as an essential component of your program. Post-secondary students who are in clinical practicums are to be immunized in accordance with Alberta Health Services Immunization Program Standard #08.302 (revised June 2017)

Keyano College is committed to meeting standards of practice by ensuring that students attain and maintain required certifications and meet recommended immunization standards.

Immunization Program

To protect yourself and those you will be interacting with during your placements, you are required to have you immunization records reviewed and updated. A registered nurse from Keyano on-campus Health Services will ensure that your immunization requirements are met and communicate your fitness to participate in clinical placement. Not having the appropriate recommended immunizations may impact your placement.

Obtaining Your Immunization Records

Gather all available immunization records (from infancy to adulthood).

If you were born in Alberta:
- Immunization records and proof of serology may be available in the My Health Records Portal at: https://myhealth.alberta.ca/myhealthrecords Please be advised these records may not be completed
- To access an Alberta Health Services Public Health office to update or obtain your immunization records, visit https://www.albertahealthservices.ca/findhealth/ and search by Facility Name or Facility Type "Public Health Centres" and the location or postal code

If you were born outside of Alberta or are currently residing outside of Alberta:
- Contact your community public health centre

If you were immunized outside of Canada:
- Contact public health in the province/territory in which you landed

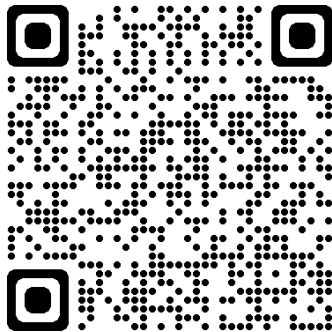## Submitting Your Immunizations

COPIES of immunization records can be submitted in person to the on-campus Health Services office located in Clearwater Campus, office #142 (CC-142) and is separate from the School of Health and Human Services offices where academic documentation is submitted.

Health Services hours are Monday – Friday 8:30-4:30 (closed noon-1pm)

Mask Fit

To ensure you are prepared with the appropriate respiratory PPE supplied in Alberta Health Services (AHS)facilities, review the information located under "N95 Respirator Fit Testing for Students and Instructors and schedule an appointment with an occupational health service provider to be fitted. Ensure that you are tested for a mask size indicated by AHS. If you have any questions, please contact Health Services health.services@keyano.ca

Student Placement | Alberta Health Services

Submitting Your Documents

COPIES of immunization records and mask fit card can be submitted in person to the on-campus Health Services office located in Clearwater Campus, office #142 (CC-142). Health Services is separate from the School of Health and Human Services offices where academic documentation is submitted.

Health Services hours are Monday – Friday 8:30-4:30 (closed noon-1pm)

Follow-up regarding outstanding items will be emailed to your Keyano student email. If you would like to book an appointment to discuss the process to obtain any additional requirements for clinical clearance you may email health.services@keyano.ca or phone (780) 792-5638