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 needed for this learning. All students must comply with the mandatory list of requirements below.

You should apply for the CPR certification and Police Information Check over the summer because of the time-sensitive nature of these requests.

ALL REQUIRED DOCUMENTS ARE TO BE SUBMITTED TO THE <u>NURSING AND ALLIED HEALTH STUDIES Department</u> ON/OR BEFORE September 13, 2023. Please email all documents, <u>EXCEPT</u> the Police Information Check and Vulnerable Sector Check to <u>nursing@keyano.ca</u>.

Alberta Health Services (AHS) Student Orientation, Confidentiality & User Training Confidentiality is especially important in health care. Alberta Health Services (AHS), one of the major providers of experiential learning, requires that ALL students complete the online Student Orientation modules. All information can be found on the Alberta Health Services Student Orientation webpage: https://www.albertahealthservices.ca/careers/Page12728.aspx

- Should you have problems accessing the above link, it is also on Moodle (if you have your Moodle access) under Health Studies, Student Resources -Orientation Modules for Placement with AHS – Click Student Orientation to Alberta Health Services.

- At the top of the Student Orientation page, under the "Welcome to AHS" heading, click on the word **<u>orientation</u>** that is underlined to bring you to the AHS orientation. Please print certification upon completion.

- Next, you will return to the Student Orientation page, and review "Policies covered in the Orientation Module."

- Next, you will be completing the "Online Learning: Policies, Standards & Guidelines" Modules - printing off the certificates upon completion:
    - AHS Secure – Collect It, Protect It
    - Code of Conduct
    - Safe Disclosure/Whistleblower Policy
- Finally, you will be completing the "Ergonomics" Modules - printing off the certificates upon completion:
    - Move Safe Injury Prevention
    - It's Your Move - https://www.albertahealthservices.ca/careers/Page12772.aspx

BLS – Heart & Stroke Foundation – Basic Life Support Provider

All students are required to obtain CPR certification. Evidence of recertification in each subsequent year of your program is required. The CPR Certificate **must be dated no earlier than April 30, 2023,** and the associated costs are your responsibility.

The Nursing & Allied Health Services department will **ONLY** accept *Heart and Stroke Foundation: Basic Life Support Provider CPR* as proof of CPR certification.

Police Information Check with Vulnerable Sector Clearance

You are required to provide Keyano College with a Police Information Check and Vulnerable Sector Check annually. Please submit the *original* of your Police Information Check, with *Vulnerable Sector Clearance to the Nursing and Allied Health Studies Department on/or **before September 19, 2023,*** the associated costs are your responsibility.

ALL photocopies of Police Information Checks should be made prior to submission of originals – the department will not provide photocopies at a later date.

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.

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.

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. A training link is provided below:

http://www.albertahealthservices.ca/info/Page10995.aspx

- Scroll down to the tab "e-Learning Modules" near the bottom of the page and click. 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 the form (there will be 3 certificates):
  - o Meditech Overview & Navigation
  - o Meditech Enterprise Medical Record (EMR) Module
  - o Meditech Order Entry (OE)
  - o Sign the form provided in this Welcome Package (AHS Student Computer Access & Student Placement Process Form) and attach to the three (3) certificates of completion above, for submission.

WHMIS Certification on Moodle

Each year students are required to complete the WHMIS Certification. This can be done through Moodle and a copy of the certificate must be printed and submitted.

Note: You only have 3 attempts to receive your certificate. Access to Moodle will be provided to students with your Keyano College Student ID and email access.

Sign and Submit the Following Forms (attached to this email)

- Keyano College Student Consent.

- Keyano College Code of Conduct

- Personal Declarations for Nursing and Allied Health Studies.

- AHS User Confidentiality Form

- AHS Student Computer Access as part of the Student Placement Process (Meditech)

Northern Students Nursing Alliance (NSNA) fees:
- o Each student is required to pay a **$10 fee** to be members of the Northern Students Nursing Alliance (NSNA). This fee can be paid, in person, at the Nursing & Allied Health Studies department on/or before ***September 19, 2023***
- o The NSNA is a part of the larger national nursing student body – the Canadian Student Nursing Association. Membership in this organization brings many benefits. A representative of the NSNA will be onsite during College Orientation for more information.

Additional documents, as required, are to be submitted to the College Nurse, in the Health Services Department (Room CC142). Documents required are attached and include, but are not limited to a Health Assessment Form, Immunization History Form, and Mask Fit Testing results.

Please refer to the enclosed information from the College Nurse. All information requested from the College Nurse must be *hand-delivered* to Health Services on/or before September 30, 2023. Their office is currently closed - regular office hours are anticipated to resume on Monday, August 29, 2023.

Do not mail or email any medical requirement-related documentation to Keyano College.

ADDITIONAL INFORMATION FOR STUDENTS

Textbooks and Supplies

Students are required to purchase books before the first day of classes. The Keyano College Bookstore will have lists of all books and required resources needed for each course available at the Keyano College Bookstore, 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)

- White lab coat
- Bandage scissors
- Blood Pressure Cuff (recommended)

Please have all required supplies prior to the start date of your labs and classes.

Orientation Day – August 28-29, 2023

Valuable 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 Nursing webpage. For any transferability of *Advanced Credits or Prior Learning Assessment Recognition (PLAR*), please see the 2022-2023 Keyano College Credit Calendar under

Transferability

Please review the additional information found on the Practical Nursing webpage. For any transferability of *Advanced Credits or Prior Learning Assessment Recognition (PLAR*), please see the 2023-2024 Keyano College Credit Calendar under *TRANSFERABILITY*.

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 28th!

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,

Candi Muise

Dr. Candi Muise BScN RN MN EdD
Interim Chair
Interim Prehospital Care Program Coordinator
BScN Program Coordinator
Department of Nursing & Allied Health Studies

Abby Boychuk
Coordinator, Practical Nurse Program
Nursing and Allied Health Studies Department

Document Checklist for Nursing and Allied Health Studies Students

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

Name: _____

Program: _____ACP _____BScN _____HCA _____PCP _____PN

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

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)*

07922(Rev2013-01)

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: _____

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

---

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

---

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

---

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

---

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

---

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

---

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
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

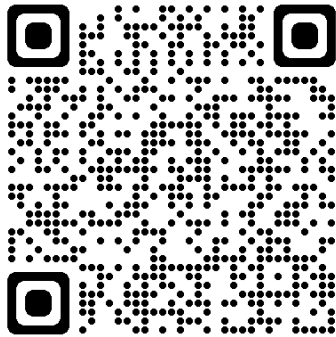## Submitting Your Immunizations

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