# 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 the requests.**

**ALL REQUIRED DOCUMENTS ARE TO BE SUBMITTED TO THE NURSING AND ALLIED HEALTH STUDIES Department ON/OR BEFORE September 19, 2022. Please email all documents, EXCEPT the Police Information Check and Vulnerable Sector Check to nursing@keyano.ca.**

- ❖ **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
  - o Should you have problems accessing the above link, it is also on Moodle (if you have your Moodle access) under Nursing/EMT Yearly Certification – 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 **orientation** 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:
  - Musculoskeletal Injury Prevention
  - 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, 2022,** 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, 2022,* 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](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):
  - Meditech Overview & Navigation
  - Meditech Enterprise Medical Record (EMR) Module
  - Meditech Order Entry (OE)
  - 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, 2022***
  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, 2022. Their office is currently closed - regular office hours are anticipated to resume on Monday, August 29, 2022. **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)

❖ **Orientation Day – Tuesday, August 31st, 2022**
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**.

Given the COVID-19 pandemic, modifications to the information outlined in this letter may be required. All communications regarding this will be disseminated to students via their Keyano email address, as this is the official method of communication used at the College.

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 31st!

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](mailto: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

AS: hd

Enclosure

**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? <br> If **YES**, Please indicate the following: <br>         Your AHS Employee ID number: <br>         Your username when you sign into a computer: <br>         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? <br> If YES, Please indicate the following: <br> The region you worked for (AHS, CHR, Capital Health etc.): <br> Your site/area of employment and manager's name: <br> Your position: <br> Dates you were employed during this time: <br> Did you have access to computer or email during this time: <br>         If yes, please provide your username name and email access: | |

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

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

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

Ctrl + Click to follow this AHS link to gain access to Meditech training. Fill out the areas indicated with an asterisk (i.e. your first and last name and facility (use NLHC). **(Note: AHS ID and Meditech ID not required)**.

Scroll down to the tab "eLearning courses and Materials" near the bottom of the page and click on it. The e-learning courses are listed. Scroll to the required title and click on it. You are required to do the following courses and **PRINT OFF** certificates and **ATTACH** to this form (there will be 3 certificates):

Meditech 5.67 Overview & Navigation
Meditech 5.67 Enterprise Medical Record (EMR) Module
Meditech 5.67 Order Entry (OE)

Student's Signature: _____          Date: _____

*Signing this form means you have read the contents and complied to the above requirements as per AHS student placement contract*

## Document Checklist for Nursing and Allied Health Studies Students

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

Name: _____

Program: _____ACP _____BScN _____HCA _____PCP _____PN

| 1. | Police Information Check with Vulnerable Sector Clearance **(Original copy only)** | □ 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 <br>• AHS Orientation certificate – Can be found by clicking the word **orientation**<br>• AHS Secure – Collect It, Protect It<br>• Code of Conduct<br>• Safe Disclosure/Whistleblower Policy<br>https://www.albertahealthservices.ca/careers/Page12772.aspx <br>• Musculoskeletal Injury Prevention<br>• Move Safe Injury Prevention<br>• It's Your Move | □ Enclosed |
| 10. | AHS Network Access for Keyano Students Form – Meditech **(attach 3 certificates).** <br>**Does not apply to ACP, PCP and HCA students.**<br>http://www.albertahealthservices.ca/info/Page10995.aspx | □ Enclosed |
| 11. | WHMIS 2015 for Students – On Moodle **(copy of certificate)**<br>Log onto the iLearn.keyano.ca site by using your Keyano username and password.<br><br>▢ Scroll down the page until you see "WHMIS for Students on the left side." Select this.<br><br>▢ Even if you have taken WHMIS training elsewhere, you must complete this course on a yearly basis.<br><br>▢ 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*** |

**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:_____

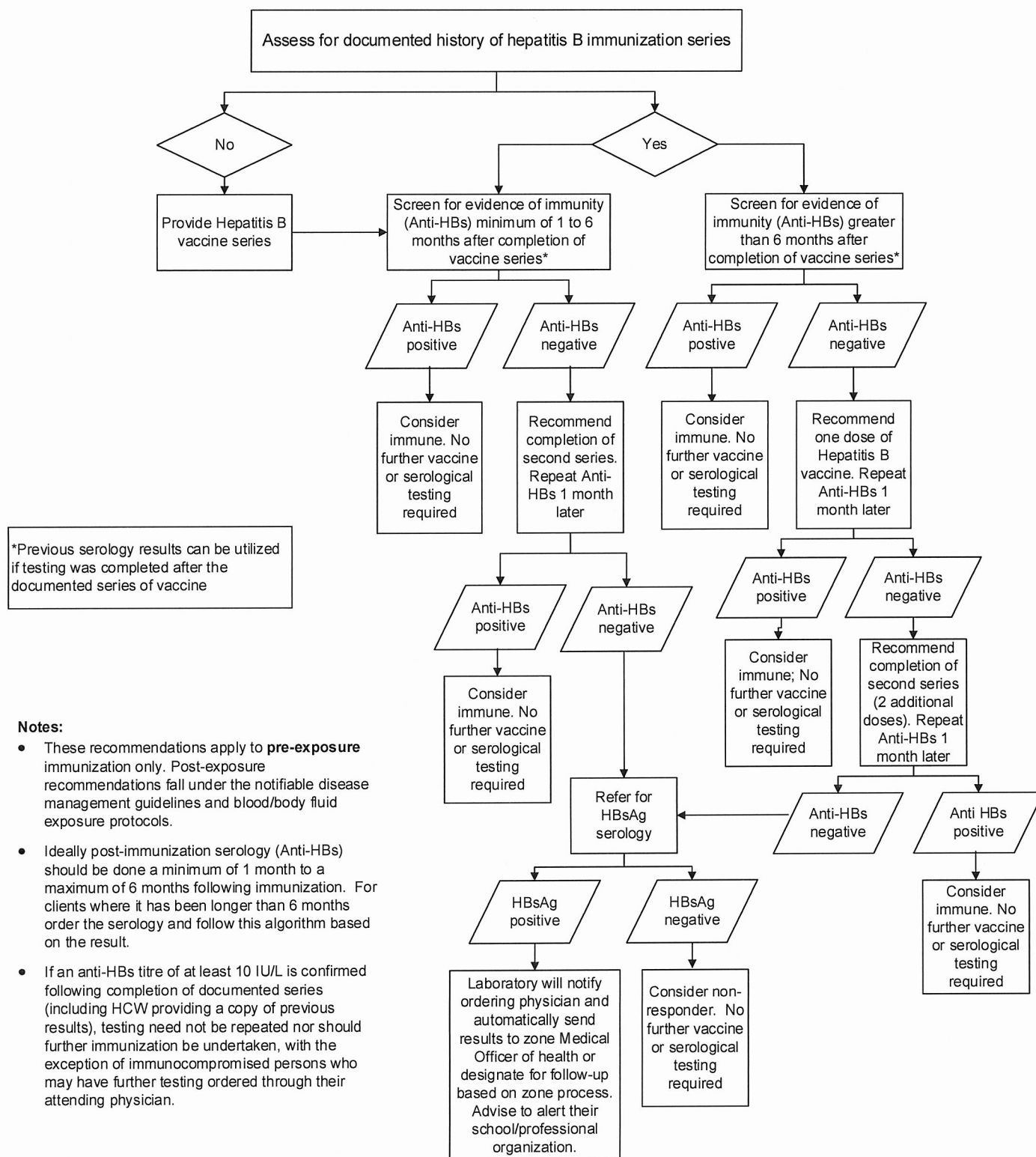Witness:_____

# Hepatitis B Endemic Countries List

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

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

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

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

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

**Assess for documented history of hepatitis B immunization series**

**No** → Provide Hepatitis B vaccine series

**Yes**

- Screen for evidence of immunity (Anti-HBs) minimum of 1 to 6 months after completion of vaccine series*
  - **Anti-HBs positive** → Consider immune. No further vaccine or serological testing required
  - **Anti-HBs negative** → Recommend completion of second series. Repeat Anti-HBs 1 month later
    - **Anti-HBs positive** → Consider immune. No further vaccine or serological testing required
    - **Anti-HBs negative** → Refer for HBsAg serology
      - **HBsAg positive** → Laboratory will notify ordering physician and automatically send results to zone Medical Officer of health or designate for follow-up based on zone process. Advise to alert their school/professional organization.
      - **HBsAg negative** → Consider non-responder. No further vaccine or serological testing required

- Screen for evidence of immunity (Anti-HBs) greater than 6 months after completion of vaccine series*
  - **Anti-HBs postive** → Consider immune. No further vaccine or serological testing required
  - **Anti-HBs negative** → Recommend one dose of Hepatitis B vaccine. Repeat Anti-HBs 1 month later
    - **Anti-HBs positive** → Consider immune; No further vaccine or serological testing required
    - **Anti-HBs negative** → Recommend completion of second series (2 additional doses). Repeat Anti-HBs 1 month later
      - **Anti-HBs negative** → Refer for HBsAg serology
      - **Anti HBs positive** → Consider immune. No further vaccine or serological testing required

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

**Notes:**

- These recommendations apply to **pre-exposure** immunization only. Post-exposure recommendations fall under the notifiable disease management guidelines and blood/body fluid exposure protocols.

- Ideally post-immunization serology (Anti-HBs) should be done a minimum of 1 month to a maximum of 6 months following immunization. For clients where it has been longer than 6 months order the serology and follow this algorithm based on the result.

- If an anti-HBs titre of at least 10 IU/L is confirmed following completion of documented series (including HCW providing a copy of previous results), testing need not be repeated nor should further immunization be undertaken, with the exception of immunocompromised persons who may have further testing ordered through their attending physician.

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)*<br><br>☐ Employee of AHS/subsidiary *(Manager/Supervisor)*<br>☐ Medical Staff, Medical Students, Residents<br>    *(Zone Medical Office)* | ☐ Volunteer *(Volunteer Resources Coordinator)*<br>☐ Researcher *(Repository Owner)*<br>☐ Student or Educator *(Educational Institution Liason)*<br>☐ Board Member *(Board Office)*<br>☐ Midwives *(Chief Nursing Officer)* |

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

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

## *Agreement*

### *System Security*

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

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

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

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

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

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

## Alberta Health Services

*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)* |
|---|---|---|
| | | |

# DIRECTIONS FOR COMPLETING IMMUNIZATION REQUIREMENTS AND WORKSHEET

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

**Questions??**
    **Refer to the requirements column on the Student Immunizations Worksheet where you will find information and rationale for each immunization is given**
    **Email: health.services@keyano.ca**

# Keyano COLLEGE

**IMMUNIZATION WORKSHEET**

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

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

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

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

# Nursing and Allied Health Studies
# Health Assessment

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

**A.  General Patient Information**

Full Name:

Phone: _____

Address: _____ Postal Code: _____

Local address if different than above: _____

Country of Birth: _____ Date of Birth: _____

**B.  Personal Medical History**

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

1. Asthma
2. Skin Disease
3. Heart Disease
4. Diabetes
5. Cancer
6. Seizure Disorder
7. Nervous or Emotional Problem
8. Learning Disability
9. History of Concussion
10. Hearing Loss

11. Headaches
12. Physical Disability or
    restrictions
13. Back Problems
14. Lifting restrictions
15. Chicken pox _____
16. Tuberculosis
17. Allergies: _____
    _____
    Epi Pen: Yes ____No ___

**Past Medical History – Please List**

| Other:<br>Any Condition or limitation that may impact ability for fitness to participate. | Date: |
|---|---|
|  |  |
|  |  |
| Medications: |  |
|  |  |
|  |  |

**<u>Please Complete and Sign the Reverse Page</u>**

## To Be Signed By Student

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

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


_____          _____

                 Signature                                                   Date

# Consent Form for Use and Disclosure of Student Information

Student Number: _____  Educational Program: _____

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

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

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

- Collect, use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practica, fieldwork, or preceptorship) as required by your educational program;

- Use your student related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases.  Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.

- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

**2.  Consent Period**

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

**3.  Your Rights With Respect to This Consent**

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

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

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

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

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

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

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

_____          _____

Signature of Student                                                                      Date

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

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

**Tetanus, Diphtheria**

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

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

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

**Pertussis**

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

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

**Varicella**

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

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

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

## Tuberculosis Screening Test (TST)

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

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

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

## Measles, Mumps, Rubella

A) **Measles:**
   1) Requirements are met with no further action required if:
      - Documentation of 2 Measles doses at ≥ 12 months old
B) **Mumps:**
   1) Requirements are met with no further action required if:
      - Documentation of 2 Mumps doses at ≥ 12 months old
C) **Rubella:**
   1) Requirements are met with no further action required if:
      - Documentation of 1 Rubella dose at ≥ 12 months old
D) **Follow up is required if:**
   - The student does not have the correct amount of doses for each disease
   - If the 1st doses of Measles, Mumps, and/or Rubella was given BEFORE the students 1st birthday
   - Mumps IgG serology results are reported on the form (see below)

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


**Hepatitis B**

**According to the 2015 Provincial Standards for Immunization of Post-Secondary Health Care Students; all students will be divided into 2 groups: A) Students of High Risk of Past Infections and B) Students Not At Risk

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

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

A) **Students Not At Risk**
1. Requirements are met with no further action required if:
   - A series of Hepatitis B vaccine has been documented AND positive Anti-HBs serology results (≥ 10 IU/L). A copy of the serology results must be attached to the form. Positive Anti-HBs serology results alone may be accepted without documentation of vaccination.
   - Please refer to Appendix B: Hep B Vaccine Recommendations Algorithm for Individuals Not At Risk of Past Infection.
   - If the student is a non-responder AND/OR if HBsAg result is positive – a physician's letter explaining the lab result and any results implications on the students clinical practice must be attached to the form along with the serology results
2. Follow up is required if:
   - The student has no documentation of Anti-HBs results ro the results are negative (≥ 10 IU/L).
   - The algorithm was not followed correctly
   - The students has not fully completed the Hepatitis B requirements
   - The HBsAg results are positive AND/OR if the student is a non-responder and has not followed up with a physician. There must be a physician's letter explaining the lab results attached to the form.
- Students who do not develop positive Anti-HBs results after 6 doses of vaccine results are considered non-responders. No further doses of vaccine are given. They are required to inform their program of this result. There must be a physician's letter explaining the lab results attached to the form.
- Students who are HBsAg positive are required to inform their program/professional organization of their test result. There must be a physician's letter explaining the lab results attached to the form.

**B) Students At High-Risk**

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

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

2. Follow up is required if:

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

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

# Respirator Fit Test (mask fit testing)

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

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

- Dental work
- Face surgery
- Weight loss or gain

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

You are responsible for scheduling your own mask fit test with a qualified service provider. Ensure they test you with a mask that is supplied at the Northern Lights Regional Health Centre-AHS Fort McMurray, AB (1870+, 8210, 8110s, 9105-vflex, 9105s vflex).

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

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

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

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

The day of your test please prepare by:

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

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

Pam McPherson, RN
Health Services Keyano College

**PERSONAL DECLARATIONS FOR NURSING & ALLIED HEALTH STUDIES STUDENTS**


FITNESS TO PRACTICE

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


POLICE INFORMATION CHECK

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


Name: (print)  _____

Signature: _____

Keyano College Student ID Number:  _____

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


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

**PN**    Year 1 ☐   Year 2 ☐

**HCA** ☐

**PCP** ☐

**ACP** ☐