**Health Care Aide**

On behalf of the Nursing and Allied Health Studies Department at Keyano College, we want to extend our warmest welcome to you. By enrolling in the Health Care Aide Program, you have made a very important commitment to yourself and your future.

All students must comply with the mandatory list of requirements of the Health Care Aide Program below. You should apply for the CPR certification and Police Information Check as soon as possible because of the time-sensitive nature of the requests.

**REQUIRED DOCUMENTS TO BE SUBMITTED TO THE <u>NURSING AND ALLIED HEALTH STUDIES</u> <u>OFFICE</u> (CC186) BY January 26th, 2023:**

**Alberta Health Services Orientation & User Training**
- Click the link below that will direct you to the main Alberta Health Services webpage to do your orientation and user trainer (links are also in your documents checklist):

https://www.albertahealthservices.ca/careers/Page12728.aspx Ergonomics Training | Alberta Health Services

- Please submit a copy of your current Heart & Stroke Provider BLS. This is required to be able to attend clinical placements and dated no earlier than September 3rd, 2023.

**Police Information Check with Vulnerable Sector Check:**
- All students are required to provide a clear Police Information Check which must include:

- Vulnerable Sector Check and submit the original document directly to the Nursing and Allied Health Studies Department (Room CC 186). The Police Information Check <u>must be dated no earlier than January 4th, 2023</u> and the associated costs are your responsibility. <u>It is not to be given to the Office of the Registrar.</u>

- During enrollment 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 Faculty of Nursing to arrange all clinical placements for our students. Students should read the document identified_purposes_summary_all.pdf (hspcanada.net)and then sign and submit the HSPnet Privacy Rule Consent Form (hspcanada.net)

**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 <u>must</u> be printed and submitted. You only have 3 attempts to receive your certificate. Access to Moodle will be provided to students.

**NOTE:**

- 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 . **Immunizations, vaccinations, health assessment from and mask fit** are to go the Health Services Department (health.services@keyano.ca or room CC 142). 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.

**Sign and Submit the Following Forms:**
- Keyano College Student Consent
- Keyano College Code of Conduct
- **Personal Declarations for Nursing and Allied Health Studies.**
- AHS User Confidentiality Form

REQUIRED DOCUMENTS TO BE SUBMITTED TO **THE <u>COLLEGE NURSE IN THE HEALTH</u> <u>SERVICES DEPARTMENT</u>**

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

**Health Assessment Form and Mask Fit Test:**
- You are also required to complete the enclosed health assessment form and mask fit test. When you arrive on campus, you are to make an appointment with the College Health Nurse at Health Services to discuss your immunizations and medical form (health.services@keyano.ca phone: 780-792-5638).

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

**ADDITIONAL INFORMATION FOR STUDENTS**

### Textbook and Supplies
- Students will require the following textbook and supplies, which are available for purchase at Keyano College Bookstore:

Required:

- Sorrentino, S.A., Remmert, R., & Wilk, M.J. (2017). Mosby's Canadian textbook for the support worker (5th Ed.). Toronto, ON: Elsevier and workbook
- Lab Supplies Kit
- A minimum of two (2) sets of uniforms is recommended. In order to maintain continuity of color uniforms students must purchase standardized Caribbean blue uniforms from Keyano College Bookstore.
- Name tag: Ordered through the Nursing & Allied Health Studies Office.

Recommended Text:

- Palliative Care Text: Murray, L. (2014). *Integrating a Palliative Approach: Essentials for Personal Support Workers*. Saanichton, BC, Canada: Life and Death Matters

### Keyano General Orientation — August 28th & 29th
Important information will be provided at orientation and is **MANDATORY** for all students to attend. Details about orientation will be mailed out closer to the start date of your program.

We trust that you will find your experience at Keyano College both personally and professionally rewarding. We look forward to meeting you on January 4th!

If you have any questions or need any assistance, please do not hesitate to contact call 780.791.4889.

Sincerely,

Candi Muise, BscN, RN, MN EdD
Chairperson
Nursing and Allied Health Studies
Candi.muise@keyano.ca

Abby Boychuk, LPN
Coordinator, PN and HCA Programs
Nursing and Allied Health Studies
Abby.Boychuk@keyano.ca

# Document Checklist for Nursing and Allied Health Studies Students

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

Name: _____

Program: _____ACP _____BScN ____HCA ____PCP ____PN

| | | |
|---|---|---|
| 1. | Police Information Check with Vulnerable Sector Clearance **(Original copy only)** | □ Enclosed |
| 3. | Heart and Stroke Foundation – Basic Life Support **(Accept Heart & Stroke only, copy of certificate)** | □ Enclosed |
| 4. | Keyano College Code of Conduct Form | □ Enclosed |
| 5. | Keyano College Student Consent Form | □ Enclosed |
| 6. | Personal Declarations for Nursing & Allied Health Studies Students Form | □ Enclosed |
| 7. | HSPnet Consent Form and Disclosure of Student Information | □ Enclosed |
| 8. | Alberta Health Services Confidentiality and User Agreement Form | □ Enclosed |
| 9. | 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>• Respectful Workplaces and Prevention of Harassment and Violence Policy <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> Scroll down the page until you see "WHMIS for Students on the left side." Select this. <br> Even if you have taken WHMIS training elsewhere, you must complete this course on a yearly basis. <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* |

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*

# 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:_____

**KEYANO COLLEGE**

**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 # <br> *(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 Liaison)* <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.

**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*

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

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**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**

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Clinical or practicum placement agencies expect post-secondary students who are in practicum in facilities to be immunized in accordance with Alberta Health Services Immunization Program standard #08.302.
Information about vaccines and immunizations is available at **http://immunizealberta.ca**
Immunizations will:
- Reduce the transmission of vaccine preventable communicable diseases in health care facilities
- Reduce the morbidity and mortality related to vaccine preventable diseases

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

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

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

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

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

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

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

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

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

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

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

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

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**STUDENTS WHO WERE BORN IN CANADA** – Hepatitis B Serology Bloodwork

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

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

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

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

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

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

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

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

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

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

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

---

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

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

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

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

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

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

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

| DISEASE | IMMUNIZATION STANDARD |
|---|---|
| Tetanus, Diphtheria | Primary series and booster every 10 years |
| Pertussis | Once dose of acellular pertussis-containing vaccine (dTap) at age 18 years of age regardless of interval since last dose of dTap. |
| Measles | Two documented doses of measles-containing vaccine after 12 months of age regardless of year of birth<br>OR<br>Documented laboratory evidence of immunity |
| Mumps | Two documented doses of mumps-contacting vaccine after 12 months of age regardless of year of birth<br>NOTE: Mumps IgG serology is not an acceptable indicator of immunity |
| **Rubella** | **\*\*Legislated Requirement\*\***<br>One dose of rubella-containing vaccine after 12 months of age<br>OR<br>Documented laboratory evidence of immunity |
| Varicella (Chicken Pox) | Documented history of valid age-appropriate varicella vaccine<br>Two doses with a minimum 3-month interval in between<br>OR<br>Two doses of varicella vaccine if negative or indeterminate IgG<br>OR<br>Documented laboratory evidence of immunity or physician diagnosis of shingles<br>**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<br>AND<br>Documented laboratory evidence of immunity by HBs AB levels >10<br>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<br>OR<br>Chest x-ray if TST results are >10mm or history of BCG<br>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:**<br><br>_____/_____/_____<br>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<br><br>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<br><br>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<br><br>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**<br><br>**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

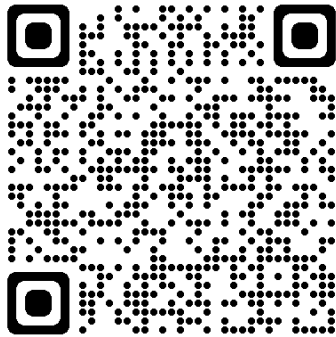## Submitting Your Immunizations

**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