**Important Clinical Requirements – Prince Albert & Northern Campuses**

The following Health and Safety Requirements must be completed prior to entering a clinical setting. Full details can be found at [http://www.usask.ca/nursing/clinical/healthandsafety.php](http://www.usask.ca/nursing/clinical/healthandsafety.php).

Please send **scans/and or photos** of the requirements by **email** to Nursing.PrinceAlbertClinical@usask.ca. Ensure your **scan/and or photo** clearly states your name, the certificate/document type, and date completed.

**It is your responsibility to keep your clinical requirements up-to-date. PLEASE KEEP ALL YOUR ORIGINAL RECORDS.**

<table>
<thead>
<tr>
<th>Requirements</th>
<th>LastName_FirstName_Doc Name</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Criminal Record Check (CRC) &amp; Vulnerable Sector Search (VSC) – require both</td>
<td>LastName_FirstName_CRC-VSC</td>
<td>Current within 6 months. <strong>Please contact your home police department or RCMP detachment. Saskatoon Police Letter – embossment must be visible.</strong> Should they require a letter please email <a href="mailto:Nursing.PrinceAlbertClinical@usask.ca">Nursing.PrinceAlbertClinical@usask.ca</a>.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| ☐ CPR-C & AED | LastName_FirstName_CPR | Requires re-certification every 2 years. **PA:** Training centres:  
- React and Respond First Aid – please email Jan Cej at reactandrespond@sasktel.net  
**La Ronge & Ile a la Crosse:**  
contact Pearl Gardiner, University Coordinator, Northlands College – gardiner.pearl@northlandscollege.sk.ca or 306-425-4314 for information on locations and times |
| Due Date: Aug 15, 2021 | | |
| ☐ TLR – Transferring Lifting Repositioning | LastName_FirstName_TLR | Re-certify every 3 years. **PA:** Training available:  
- Saskatchewan PolyTech - register ASAP online [https://saskpolytech.ca/programs-and-courses/part-time-studies/course/transfer-lift-repostntlrrc/SPCR-100/](https://saskpolytech.ca/programs-and-courses/part-time-studies/course/transfer-lift-repostntlrrc/SPCR-100/)  
- (Saskatoon) SIMS (Saskatoon Institute for Medical Simulation) - register at TLR Provider - [Saskatoon Institute for Medical Simulation (sksim](sksim.ca)](sksim.ca)  
**La Ronge & Ile a la Crosse:**  
contact Pearl Gardiner, University Coordinator, Northlands College – gardiner.pearl@northlandscollege.sk.ca or 306-425-4314 for information on locations and times |
<table>
<thead>
<tr>
<th>Task</th>
<th>Due Date</th>
<th>ID/Consent Form</th>
<th>Notes</th>
</tr>
</thead>
</table>
**La Ronge & Ile a la Crosse:** contact Pearl Gardiner, University Coordinator, Northlands College – [gardiner.pearl@northlandscollege.sk.ca](mailto:gardiner.pearl@northlandscollege.sk.ca) or 306-425-4314 for information on locations and times |
| **Clinical Photo ID**                                                | Aug 15, 2021 (or upon acceptance) | Lastname_FirstName_NSID  | Please email a picture of yourself that meets the following parameters:  
- The photo must be a close-up of your head and shoulders shot on a **plain light-coloured background** with a direct view of your face – similar to a driver’s license photo  
- The photo must be in a .jpg file format and should be less than 2MB  
- Provide your **First name, Last name, and NSID**  
- Headwear must be removed unless it is worn for medical or religious reasons |
| **HSPnet Consent Form**                                             | Aug 15, 2021              | LastName_FirstName_HSPnet | Please complete HSPnet consent form: [https://nursing.usask.ca/documents/programs/bsn/hspnet_consent.pdf](https://nursing.usask.ca/documents/programs/bsn/hspnet_consent.pdf)  
email: Nursing.PrinceAlbertClinical@usask.ca |
| **Immunization Requirements**                                       | Aug 15, 2021              | LastName_FirstName_IMM Form | Please send signed consent form along with your immunization records (see below) [https://nursing.usask.ca/documents/clinical/Clinical RequirementsPA.pdf](https://nursing.usask.ca/documents/clinical/Clinical RequirementsPA.pdf)  
**Note:** Your records can be obtained from public health or through your doctor.  
**If you do not currently have your *Hepatitis B* immunizations you should begin this series ASAP, as it takes several months to complete.**  
**PA & Northern students:** email a completed copy of your immunization records to bonnie.fisher@usask.ca or Nursing.PrinceAlbertClinical@usask.ca.  
You will be contacted **ONLY** if you have outstanding immunizations. |

**Immunization Requirements**

- **Tetanus/Diphtheria (Td):** Primary series of 3-5 doses, then a booster every 10 years.
- **Pertussis:** Primary series and adults are encouraged to have a Td booster with the pertussis component once in their adult lifetime.
- **Polio:** Primary series, booster if travelling in endemic areas.
- **Measles, mumps, rubella (MMR):** Proof of immunity by serological evidence (please attach) OR by documented proof of vaccination with 2 doses of measles, mumps and rubella.
- **Tuberculin skin test (TST):** Initial base line skin test required prior to client contact. If there is...
a history of a positive Tuberculin, a CXR is required.

*Hepatitis B:*
A series of two or three doses followed by an antibody check. If you have already received the series, lab evidence of immunity is required (please attach). If the Hepatitis B Surface Antibody is non-immune (0 mIU/ml), a Hepatitis B surface antigen test must be done. If the antigen test is positive, consult your Health Care Provider. Refer to your specific College Policy for guidelines regarding clinical practice. If the antigen test is negative, (and antibody non-immune); revaccination and reassessment for immunity must be done.

**Varicella (Chickenpox):**
Serological evidence of immunity (please attach) OR proof of one or two doses of varicella vaccination.

**Influenza:** Recommended annually

**COVID-19 Vaccine:**
Recommended

<table>
<thead>
<tr>
<th>Due Date: Aug 15, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 Health &amp; Safety Training</td>
</tr>
<tr>
<td>LastName_FirstName_COVID</td>
</tr>
</tbody>
</table>

**Must be taken on-line from the USASK website.** Recertify every year. Register here: [https://safetyresources.usask.ca/services/training/index.php](https://safetyresources.usask.ca/services/training/index.php)

Email your completed certificate to: Nursing.PrinceAlbertClinical@usask.ca.

<table>
<thead>
<tr>
<th>Due Date: Sept 15, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHMIS 2015</td>
</tr>
<tr>
<td>LastName_FirstName_WHMIS</td>
</tr>
</tbody>
</table>

**Must be taken on-line from the USASK website.** Recertify every 3 years. Register here: [http://safetyresources.usask.ca/services/training/index.php](http://safetyresources.usask.ca/services/training/index.php) (list your Clinical Coordinator as supervisor – Kim Lavoie, telephone 306-765-3877). Email your completed certificate to: Nursing.PrinceAlbertClinical@usask.ca.

<table>
<thead>
<tr>
<th>No proof required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniforms &amp; Supplies</td>
</tr>
</tbody>
</table>

https://nursing.usask.ca/uniforms/overview.php for locations

<table>
<thead>
<tr>
<th>Due Date: Sep 15, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Confidentiality Agreement</td>
</tr>
<tr>
<td>LastName_FirstName_SCA</td>
</tr>
</tbody>
</table>

**Form will be forwarded to your USASK email account.** Fill out, sign, and return to: Nursing.PrinceAlbertClinical@usask.ca.
<table>
<thead>
<tr>
<th><strong>Patient Confidentiality Agreement (Saskatchewan Health Authority)</strong></th>
<th><strong>Due Date:</strong> Sep 15, 2021</th>
<th><strong>LastName_FirstName_SHACA</strong></th>
<th><strong>Form will be forwarded to your USASK email account.</strong> Fill out, sign, and return to: <a href="mailto:Nursing.PrinceAlbertClinical@usask.ca">Nursing.PrinceAlbertClinical@usask.ca</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WCB Coverage Form (SHA)</strong></td>
<td><strong>Due Date:</strong> Sep 15, 2021</td>
<td><strong>LastName_FirstName_WCB</strong></td>
<td><strong>Form will be forwarded to your USASK email account.</strong> Fill out, sign, and return to: <a href="mailto:Nursing.PrinceAlbertClinical@usask.ca">Nursing.PrinceAlbertClinical@usask.ca</a></td>
</tr>
</tbody>
</table>

Should you have any questions regarding clinical requirements or clinical placements during your program, please contact your Clinical Coordinator at the Prince Albert Campus, Nursing.PrinceAlbertClinical@usask.ca.
IMMUNIZATION REQUIREMENTS

PRINCE ALBERT & NORTHERN NURSING STUDENTS

GENERAL INFORMATION

- The University of Saskatchewan requires that all students attending a Health Science College provide documented proof of immunization.
- All nursing students are required to complete the recommended immunizations for health care workers as outlined in the Saskatchewan Immunization Manual, Chapter 7 Section 6.4 (available online at: www.ehealthsask.ca/services/manuals/Pages/SIM.aspx) prior to any contact between students and patients/clients.
- Students are required to submit to the College of Nursing proof of immunizations prior to participation in clinical experience.
- Failure to maintain recommended immunizations may delay a student’s progress in their studies.
- Specific immunizations will be required for certain clinical placements and in specific circumstances, such as disease outbreaks. Students who refuse or are unable to comply with this requirement may be at risk of not being able to complete required components of their program.
- Any applicable costs of immunization are the responsibility of the student.
- **CONSENT:** Immunization records and/or serology results will be shared from Student Wellness and/or the Nurse reviewing your records with your College and clinical placements throughout your studies as required – this is to ensure your safety and the safety of your clients. You are required to sign a consent form to authorize sharing of this information.

IMMUNIZATION INSTRUCTIONS

1. Review your immunization requirements (see page 3).
2. Locate your childhood and adult immunization records. If you do not have these records, contact your Public Health Unit or Family Doctor.
   a. If you were immunized in and around the Saskatoon area, please visit this website: www.saskatoonhealthregion.ca/locations_services/Services/Immunization/Pages/Immunization-Record-Requests.aspx or call the immunization record line at 306-655-4090. There is $25.00 charge to get your records.
   b. If you were immunized in and around the Regina area, call the Immunization Office at 306-766-7904. There is a $25.00 charge to get your records.
   c. For all other regions, contact your Home Public Health region. If you need to determine which region to contact, please visit: www.saskhealthauthority.ca/services-locations/Pages/Home.aspx.
3. Where to send:
   a. For **Prince Albert and Northern students**, send a **completed copy** (including tuberculin skin test) of your immunizations to bonnie.fisher@usask.ca or Nursing.PrinceAlbertClinical@usask.ca. You will be contacted **ONLY** if you have outstanding immunizations. **Note:** The Immunization Requirements Consent form must be completed.

4. You may choose to see your Family Physician to begin and/or complete your immunization review, however please note the following:
   a. For **Prince Albert and Northern students**, you are responsible for ensuring your immunizations are fully complete prior to submitting them.
SPECIFIC IMMUNIZATION REQUIREMENTS

Tetanus/Diphtheria (Td):
- Primary series of 3-5 doses, then a booster every 10 years

Pertussis:
- Primary series and adults are encouraged to have a Td booster with the pertussis component once in their adult lifetime. Some colleges mandate this.

Polio:
- Primary series, booster if travelling in endemic areas

Measles, mumps, rubella (MMR):
- Proof of immunity by serological evidence (please attach) OR by documented proof of vaccination with 2 doses of measles, mumps and rubella.

Tuberculin skin test (TST):
- Initial base line skin test required prior to client contact
- If there is a history of a positive Tuberculin, a CXR is required.

Hepatitis B:
- A series of two or three doses followed by an antibody check
- If you have already received the series, lab evidence of immunity is required (please attach).
- If the Hepatitis B Surface Antibody is non-immune (0 mIU/ml), a Hepatitis B surface antigen test must be done. If the antigen test is positive, consult your Health Care Provider. Refer to your specific College Policy for guidelines regarding clinical practice.
- If the antigen test is negative, (and antibody non-immune); revaccination and reassessment for immunity must be done.
- **Note:** if you do not currently have your Hepatitis B immunizations you should begin this series as soon as possible, as it takes several months to complete.

Varicella (Chickenpox)
- Serological evidence of immunity (please attach) OR proof of one or two doses of varicella vaccination

Influenza
- Recommended annually

COVID-19
- Recommended
IMMUNIZATION REQUIREMENTS CONSENT

I agree to comply with all immunization requirements of the University of Saskatchewan. I give consent for my immunization records and/or serology results to be shared with my college, clinical placements and administrative staff, as appropriate.

Student Signature: __________________________________________________________

Name (please print): __________________________________________________________

Date: __________________________________________

College of:   ☐ Dentistry  ☐ Medicine  X Nursing  ☐ Pharmacy & Nutrition  ☐ WCVM

Graduating Year: _____________

STUDENT INFORMATION

Last Name: _______________________________ Given Name(s): ______________________

U of S Student Number: ________________ DOB (dd/mm/yr): _______________________ M/F

Health Card Number: ___________________ Province: _____ Expiry Date: _____________

Address/City/Postal Code: _________________________________________________________

Telephone: (C) ____________________ (H) ____________________

U of S NSID: _________________________________

Emergency Contact (Name/Phone/Address): ____________________________________________

________________________________________________________________________________

________________________________________________________________________________