IMPORTANT CLINICAL REQUIREMENTS

The Health and Safety Clinical Requirements must be completed prior to entering a clinical setting. Full details can be found online at: nursing.usask.ca/clinical/health-and-safety.php. See page 2 for additional details on the documents.

**Due Aug 15:**
- Criminal Record Check with Vulnerable Sector Search
- HSPnet Consent Form
- CPR-C (or BLS) with AED (proof of registration)
- Transferring Lifting Repositioning (proof of registration)
- WHMIS (USask version only)
- Covid-19 Health and Safety Certificate (USask version only)
- Saskatchewan Health Authority WCB Form (‘schedule B’)
- Send your immunization documents and/or schedule an appointment for review per your sites guidelines (see nursing.usask.ca/clinical/immunization.php)

**Due Sep 15 (You cannot attend your clinical without these, in addition to the items previously due):**
- CPR-C with AED certificate
- Transferring Lifting Repositioning certificate
- Completed immunizations

Please send scanned copies (in PDF format) of the requirements by email to regina.clinical@usask.ca. Ensure your scan is in PDF format and clearly shows your name, the certificate/document type, and date completed prior to sending. Please name the file per naming conventions (see page 2 for naming conventions—substitute your last name instead of smith and first initial instead of j).

Please note we are not able to distribute copies of your certificates. Please ensure that you keep the original in your personal records for future use.
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Due Date</th>
<th>Example File Name</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Record Check (CRC) with Vulnerable Sector Search</td>
<td>Aug 15</td>
<td>Smith_J_CRC</td>
<td>From within 6 months. Any CRC with an embossment must also have a hard copy provided.</td>
</tr>
<tr>
<td>HSPnet Consent Form</td>
<td>Aug 15</td>
<td>Smith_J_HSPnet</td>
<td>Information available online at: <a href="https://nursing.usask.ca/clinical/health-and-safety.php">nursing.usask.ca/clinical/health-and-safety.php</a></td>
</tr>
<tr>
<td>CPR-C &amp; AED Proof of Registration</td>
<td>Aug 15</td>
<td>Smith_J_CPR</td>
<td>Proof of registration is only necessary if the course is after Aug 15.</td>
</tr>
<tr>
<td>CPR-C &amp; AED Certificate</td>
<td>Sept 15</td>
<td>Smith_J_CPR</td>
<td>The College of Nursing currently requires CPR recertification at least every 2 years.</td>
</tr>
<tr>
<td>Transferring, Lifting, Repositioning (TLR) Proof of Registration</td>
<td>Aug 15</td>
<td>Smith_J_TLR_reg</td>
<td>Proof of registration is only necessary if the course is after Aug 15.</td>
</tr>
<tr>
<td>Transferring, Lifting, Repositioning(TLR)</td>
<td>Sept 15</td>
<td>Smith_J_TLR</td>
<td>Recertify every 3 years. <strong>Register ASAP</strong> through Saskatchewan Polytechnic, at: <a href="https://saskpolytech.ca/programs-and-courses/part-time-studies/course/transfer-lift-repostntlrrc/SPCR-100CE/">https://saskpolytech.ca/programs-and-courses/part-time-studies/course/transfer-lift-repostntlrrc/SPCR-100CE/</a></td>
</tr>
<tr>
<td>Immunizations</td>
<td>Sept 15</td>
<td>Smith_J_Imm</td>
<td><strong>Note:</strong> if you do not currently have your Hepatitis B immunizations you should begin this series <strong>ASAP</strong>, as it takes several months to complete. Please refer to <a href="https://nursing.usask.ca/clinical/immunization.php">immunization document</a> for more information.</td>
</tr>
<tr>
<td>WHMIS</td>
<td>Aug 15</td>
<td>Smith_J_WHMIS</td>
<td>Renew every 3 years. <strong>USask only</strong> (no cost from Safety Resources).</td>
</tr>
<tr>
<td>Saskatchewan Health Authority WCB Form</td>
<td>Aug 15</td>
<td>Smith_J_WCB</td>
<td>Information available online at: <a href="https://nursing.usask.ca/clinical/health-and-safety.php">nursing.usask.ca/clinical/health-and-safety.php</a></td>
</tr>
<tr>
<td>COVID-19 Health &amp; Safety Certificate</td>
<td>Aug 15</td>
<td>Smith_J_COVID_Cert</td>
<td>Renew every year. <strong>USask only</strong> (no cost from Safety Resources)</td>
</tr>
</tbody>
</table>
CONTACTS
Raissa Berry raissa.berry@usask.ca (Clinical Coordinator)
Falyn Jarvis falyn.jarvis@usask.ca (clinical documents)

WHO TO LIST FOR WHMIS SUPERVISOR

<table>
<thead>
<tr>
<th></th>
<th>Regina &amp; Yorkton</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Raissa Berry</td>
</tr>
<tr>
<td><strong>Phone</strong></td>
<td>306-337-3822</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>100 - 4400 4th Ave Regina</td>
</tr>
</tbody>
</table>

CRIMINAL RECORDS CHECK & VULNERABLE SECTOR SEARCH
Please note your Criminal Record Check must be obtained from your home community. If your home community requires a letter to issue your CRC, please contact your Clinical Coordinator.

Please note any CRC’s from facilities where it states invalid without embossment or a seal is present (i.e. Saskatoon Police Services) must be provided as an original hard copy to your sites office as scanned copies from them are not valid.

IMMUNIZATION REVIEW
Margie Lockwood will contact you to schedule your review, if needed. Ensure your immunizations are complete prior to meeting her.

TLR CERTIFICATES
Ensure you send BOTH proof of registration and the certificate after completion. Register early for a course as they fill up quickly and you cannot attend clinical without this course. If you are unable to enroll in a course, or are put on a waitlist, please contact Raissa Berry as soon as possible for further instruction.
IMMUNIZATION REQUIREMENTS FOR 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 (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.
   
   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.

   For all other regions, contact your Home Public Health region. If you need to determine which region to contact, please visit: https://www.saskhealthauthority.ca/Services-Locations.

3. Where to send:
   
   For Regina and Yorkton students, send a completed copy (including tuberculin skin test) of your immunization records and your signed consent to margie.lockwood@usask.ca.

   You will be contacted to arrange a meeting within the first 2 weeks of September to review your immunization status.

You may choose to see your Family Physician to begin and/or complete your immunization review, however, please note that you are also still required to connect with Margie to ensure all your requirements have been met.
Your College requires you to have your immunizations complete by September 30 or it may prevent you from attending your clinical placement.

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 nonimmune (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
Required annually
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    ☐ Nursing Pharmacy & Nutrition    ☐ WCVM

Graduating Year: _______________

STUDENT INFORMATION

Last Name: ______________________________ Given Name(s): ______________________________

USask Student Number: ______________ DOB (dd/mm/yy): ______________ M/F

Health Card Number: ______________ Province: ______ Expiry Date: ____________

Address/Postal Code: _________________________________________________________

Telephone: (C) ____________________ (H) ____________________

USask NSID: _________________________

Emergency Contact (Name/Phone/Address): ____________________________________________

________________________________________________________

________________________________________________________