



IMPORTANT CLINICAL REQUIREMENTS PRINCE ALBERT CAMPUS

The Health and Safety Clinical Requirements **must be completed** prior to entering a clinical setting. Full details and select forms can be found online at: nursing.usask.ca/clinical/health-and-safety.php.

Ensure your scan clearly shows your name, the certificate/document type, and date completed prior to sending. **Please name the file with your NSID (example: abc123). Please only send .pdf, .jpg, or .png files.**

PLEASE send all clinical requirement documents to: nursing.princealbertclinical@usask.ca or sherri.haleschuk@usask.ca

CONTACTS

- Kim Lavoie, RN, BSN, MN kim.lavoie@usask.ca (Clinical Coordinator)

Required Certificates & Records	Due Date	Example File Name Your NSID	Notes
<input type="checkbox"/> <i>Criminal Record Check (CRC) with Vulnerable Sector Search – must obtain both</i> <i>If your CRC-VSC is positive, please complete and send ASAP. Additional steps will be required.</i>	Sep 1	abc123 CRC	<p>Current within 6 months from your home community. Need a <u>Vulnerable Sector Search</u> letter? Please include name and birth date when contacting: nursing.princealbertclinical@usask.ca or sherri.haleschuk@usask.ca.</p> <p>Any CRC with an embossment/seal, you must provide an original copy.</p>
<input type="checkbox"/> <i>WHMIS – online through USASK only</i>	Sep 1	abc123 WHMIS	<p>Renew every 3 years. No cost - https://usask.ca-central.catalog.canvaslms.com/browse/safety?query=whmis</p>
<input type="checkbox"/> <i>Student Clinical Photo ID</i> <p>You will receive an email when your ID badge is ready and where you can pick-up</p>	Sep 1	abc123 Photo	<p>Please email a picture of yourself that meets the following parameters:</p> <ul style="list-style-type: none"> • 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 • Photo must be in a .jpg file format, less than 2MB • Provide your First name, Last name, and NSID <p>Headwear must be removed unless it is worn for medical or religious reasons.</p>



<input type="checkbox"/> <i>Phone Number</i>	Sep 1		Personal cell phone number required for SCM electronic charting set up prior to NURS 221 clinical
<input type="checkbox"/> <i>CPR & AED Certificate (required every 2 years)</i>	Sep 18	abc123 CPR	Recertification every 2 years. Must include theory and hands on skills training for choking, CPR, and AED for infant, child, and adult. Accepted: CPR-C with AED, CPR-B with AED, Heartsaver, BLS (HCP)
<input type="checkbox"/> <i>N95 Mask fitting</i> Note: <i>Respirator use waiver form is required for medical, personal and religious reasons</i> (https://nursing.usask.ca/documents/clinical/usask-fit-testing-waiver-form.pdf)	Sep 18	abc123 FIT	2 SHA approved mask sizes required. Re-fit every 2 years. FIT test dates at the PA Campus are: Aug 23, Aug 24, Aug 29, Aug 30, 2023. Select ONE date only from the Sign Up Genius - https://www.signupgenius.com/go/5080948A4AB29AAF58-bsnn953 Alternative Options available: A to Z Safety & Training Ltd. (PA), SK SIMS, Advanced First Aid Training
<input type="checkbox"/> <i>Transferring, Lifting, Repositioning (TLR) Certificate</i>	Sep 18	abc123 TLR	Recertify every 3 years. Register ASAP – courses accepted from Sask Polytech, SK SIMS, and SHA
Required Forms	Due Date	Example File Name	Notes
<input type="checkbox"/> <i>Immunization Consent Form & Immunization Records</i>	Aug 15	abc123 Consent abc123 IMM	READ INFORMATION BELOW Immunization Requirements
<input type="checkbox"/> <i>HSPnet Consent Form</i>	Sep 1	abc123 HSPnet	Information available online at: https://nursing.usask.ca/documents/programs/bsn/hspnet_consent.pdf
<input type="checkbox"/> <i>Student Confidentiality Agreement</i> <input type="checkbox"/> <i>SHA Confidentiality Agreement</i>	Sep 1	abc123 SCA abc123 SHACA	Links to the two forms online at: nursing.usask.ca/clinical/health-and-safety.php . under Requirements – Confidentiality . Witness signature required
<input type="checkbox"/> <i>WCB Agreement Schedule C</i>	Sep 1	abc123 WCB	Information available online at: https://nursing.usask.ca/documents/clinical/wcb-agreement-schedule-c.pdf . Witness signature required. Only the page with signatures needs to be provided



IMMUNIZATION REQUIREMENTS

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 6.3](#) (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 FORM BELOW:** 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 Specific Immunization Requirements below.
2. Locate your childhood and adult immunization records. If you do not have these records, contact your Public Health Unit or Family Doctor.
3. Send a **copy** of your **Consent Form (see pg 5) AND Immunization Records by August 15** (earlier is better if you can) to

Email – nursing.immunizations@usask.ca

4. You may choose to see your Family Physician to begin and/or complete your immunization review.



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

- Strongly recommended



Nursing 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 Information

Last Name: _____ Given Name: _____

DOB (dd/mm/yr): _____ Phone Number: _____

Health Card Number: _____ Province: _____ Exp: _____ M/F

Address & Postal Code: _____

Next of Kin (name/phone #/relation): _____

U of S Student Number: _____

USASK NSID & Email: _____

College/Campus	Location				
	Prince Albert	North	Regina	Yorkton	Lloydminster
BSN - Nursing					
√ off your campus/site					

Graduating Year: _____

Student Signature: _____ Date: _____

Don't forget to email this consent form and immunization records by August 15 to:

nursing.immunizations@usask.ca