

IMPORTANT CLINICAL REQUIREMENTS SASKATOON PDBSN

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

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

PLEASE send all clinical requirement documents to: nursing.saskatoonclinical@usask.ca Mailing address: College of Nursing, Health Science Building 1A10 – Box #6, 107 Wiggins Road, Saskatoon, SK S7N 5E5

Required Certificates & Records	Due Date	Example File Name Your NSID	Notes
□ Phone Number	Jan 2	(Send in an email)	Personal cell phone number required in case of a clinical placement emergency
WHMIS – online through USASK only	Jan 2	abc123 WHMIS	Renew every 3 years. No cost - https://usask.ca- central.catalog.canvaslms.com/brow se/safety?query=whmis
 Criminal Record Check (CRC) with Vulnerable Sector Search – must obtain both If your CRC-VSC is positive, please complete and send to the CoN ASAP as additional steps will be required. 	Feb 2	abc123 CRC	Current within 6 months from your home community. Need a <u>Vulnerable Sector Search</u> letter? Please include full legal name and birth date when contacting: <u>nursing.saskatoonclinical@usask.ca</u> . Any CRC with an embossment, you must provide an original copy.



□ CPR & AED Certificate (required every 2 years)	March 15	abc123 CPR	Recertification every 2 years . Must include theory and hands on skills training for choking, CPR, and AED for infant, child, and adult. <u>Accepted</u> : CPR-C with AED, CPR-B with AED, Heartsaver, BLS (HCP)	
□ N95 Mask fitting <u>Note</u> : Respirator use waiver form is required if you cannot be FIT tested because of medical, personal and religious reasons (<u>https://nursing.usask.ca/</u> <u>documents/clinical/usask</u> <u>-fit-testing-waiver-</u> <u>form.pdf</u>)	March 15	abc123 FIT	2 SHA approved mask sizes required. Mask to be re-fit every 2 years Please sign-up for your fitting <u>here</u>	
□ Transferring, Lifting, Repositioning (TLR) Certificate	March 15	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	
Immunization Consent Form & Immunization Records sent to Student Wellness	Jan 31	N/A	<u>READ INFORMATION BELOW</u> Immunization Requirements for Nursing Students	
Immunization Report from Student Wellness sent to the <u>College of</u> <u>Nursing</u>	March 15	abc123 IMM	After your initial appointment with Student Wellness, you will be given an Immunization Record; please submit this to the College, even if your immunizations are still "in progress/incomplete"	



IMMUNIZATION REQUIREMENTS FOR NURSING STUDENTS SASKATOON PDBSN

GENERAL INFORMATION

- The University of Saskatchewan requires that all students attending a Health Science College provide documented proof of immunization.
- Please review <u>https://nursing.usask.ca/clinical/immunization.php</u> for the most up to date information
- All nursing students are required to complete the recommended immunizations for health care workers as outlined in the <u>Saskatchewan Immunization Manual, Chapter 7 Section 6.3</u> (available online at: <u>www.ehealthsask.ca/services/manuals/Pages/SIM.aspx</u>) 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 and provide this consent form to Student Wellness. <u>Please send your immunization records and consent form via **PDF format**.</u>

IMMUNIZATION INSTRUCTIONS

- 1. Review your immunization requirements.
- 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: <u>www.saskatoonhealthregion.ca/locations</u> <u>services/Services/Immunization/Pages/Immunizatio</u> <u>n-Record-Requests.aspx</u> or call the immunization record line at 306-655-4090. There is a 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 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:

https://www.saskhealthauthority.ca/facilities-locations



 Send a copy of your immunization records AND Consent Form (see below) <u>via PDF format</u> by January 31st, 2024 (earlier is better if you can) to:

Email: Student.wellness@usask.ca OR Fax: Pam Komonoski at 306-966-5786

- a. Note: Your documents **must** be submitted to Student Wellness before your appointment.
- b. The TST (tuberculin skin test) requires results read 48-72 hours after it is administered. Student Wellness charges \$40 payable by debit or credit. This means two appointments, two days apart, for most students.
- 4. Please contact Student Wellness directly to schedule your appointments with them after sending in your immunization records: <u>https://students.usask.ca/health/centres/wellness-centre.php</u>.
- 5. For additional questions and immunization review inquiries, contact 306-966-5768.

Important: You must have an appointment.

The College of Nursing requires your immunizations to be reviewed by Student Wellness and submitted to the College of Nursing **by March 15th, 2024.** We recognize this may be "in progress/incomplete" as of this date. New or updated immunizations may be required, but <u>we require the initial review to be complete, and the report submitted to the College</u>, or this may prevent you from attending your clinical placement. Once all immunizations are **complete**, please submit your completed report to the College of Nursing via email: <u>nursing.saskatoonclinical@usask.ca</u>. This submission date may vary depending on how many new or updated immunizations you may need.



SPECIFIC IMMUNIZATION REQUIREMENTS

Tetanus/Diphtheria (Td):

□ Primary series of 3-5 doses, then a booster every 10 years

Pertussis:

D Primary series and Tdap or Tdap – Pertussis booster

Polio:

□ Primary series, booster if travelling in endemic areas

Measles, mumps, rubella (MMR):

□ Proof of vaccination (2 doses) OR proof of immunity by serological evidence

Tuberculin skin test (TST):

□ Two step TST required prior to client contact

Hepatitis B:

- □ Two or three doses followed by an antibody check
- □ If you have already received the series, lab evidence of immunity is required
 - If the Hepatitis B Surface Antibody is non-immune, Student Wellness will provide further direction
 - <u>Note</u>: if you do not currently have your Hepatitis B immunizations you should begin this series <u>as soon as possible</u>, as it takes several months to complete.

Varicella (Chickenpox)

□ Serological evidence of immunity OR proof of two doses of varicella vaccination

Influenza

□ Strongly recommended

Covid-19

□ Strongly 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 Information

Last Name: DOB (dd/mm/yr):		Given Name:				
		Phone Number:				
Health Card Number:		Province: _		Ехр:	M/F	
Saskatoon Address & Pos	stal Code:					
Next of Kin (name/phone	e #/relation):					
U of S Student Number:						
USASK NSID & Email:						
Previous visit to Student						
	Saskatoon Cam]		
Dentistry				1		
Dental Assisting						
Nutrition						
Pharmacy						
Masters of Public Health						
Physical Therapy						
Veterinary Medicine						
Medicine						
Nursing						
Nursing Post Degree						
Nurse Practitioner						

Graduating Year: _____

Student Signature: _____

Date: _____