BACHELOR OF NURSING
(COLLABORATIVE) PROGRAM

Student Pre-Clinical

Requirements

2017

Memorial University School of Nursing

Centre for Nursing Studies

Western Regional School of Nursing
INTRODUCTION TO STUDENT PRE-CLINICAL REQUIREMENTS .................................................. 3

CONFIDENTIALITY .................................................................................................................. 3

OVERVIEW OF STUDENT PRE-CLINICAL REQUIREMENTS ................................................ 3

Personal Health Information Act (PHIA) 1000-Health Privacy Law Training .................................. 3

Vaccinations .......................................................................................................................... 4

Titre / Serology Results ........................................................................................................ 5

Two-Step TB Skin Testing ................................................................................................... 6

Student Information Form .................................................................................................... 6

Protocol for Students with Identified Allergies ..................................................................... 6

Cardiopulmonary Resuscitation (CPR)/ Standard First Aid ................................................ 6

Certificate of Conduct and Vulnerable Sector Check .......................................................... 7

Child Protection Record Check ............................................................................................ 7

IMPORTANT CONTACT INFORMATION ............................................................................. 8

STUDENT PRE-CLINICAL REQUIREMENTS CHECKLIST ................................................ 9

CONTACT INFORMATION FOR DOCUMENT SUBMISSION ............................................. 11
INTRODUCTION TO STUDENT PRE-CLINICAL REQUIREMENTS

The purpose of this document is to provide the nursing student with a concise and organized way of collecting and maintaining all of the basic requirements necessary for entry into the clinical setting. The School of Nursing has an obligation to protect the safety and well-being of both its students and the public. To ensure this, there are several criteria the clinical agencies require of the student. It is recommended you use this document as a guide for you to meet these requirements. **The student is responsible for completing all of these requirements as outlined in the document and at their own expense. Students unable to meet these requirements may be delayed or prevented from completing the Nursing Program.** All students must have the relevant documentation submitted to the School of Nursing as per the timelines indicated in this document.

**You are responsible for keeping copies of any documents submitted to the School of Nursing to prove that all requirements are met.** All documents submitted to the School of Nursing must be in English.

CONFIDENTIALITY

All information requested by the School of Nursing will be used solely for the administration and management of the program. Personal information is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7), under the authority of Sections 61 and 62 of the Access to Information and Protection of Privacy Act, 2015 and the Personal Health Information Act. This is used and disclosed for the purposes of facilitating your clinical placement, academic administration and program planning and will not be otherwise disclosed except as authorized by law. Questions about this collection, use and disclosure of personal information and personal health information may be directed to:

Memorial University School of Nursing at (709) 777-8819

Centre for Nursing Studies at (709) 777-8161

Western Regional School of Nursing at (709) 637-5489

OVERVIEW OF STUDENT PRE-CLINICAL REQUIREMENTS

**Personal Health Information Act (PHIA) 1000-Health Privacy Law Training**

The Personal Health Information Act (PHIA) 1000 - Health Privacy Law Course is mandatory and is required to be completed prior to beginning any clinical placements in Newfoundland and Labrador. This course is offered in the Fall semester through online learning (Brightspace (D2L)) at MUN. Students have to register for this course through MUN Self-Service registration. Please see the course offerings for the course reference number (CRN). Students should review the Home Page on Brightspace (D2L) before completing the 45 minute track for health care providers. Following completion of the course, print the **Record of Achievement** form and the **Oath/Affirmation of Confidentiality** form.

The Oath/Affirmation of Confidentiality form has to be signed in the presence of a Commissioner for Oaths. During the Fall semester a time will be arranged for witnessing your documents. The Commissioner for Oaths is required to view your Memorial University Student Identification card. Following the Oath, you will be required to submit the original copies of the documents to:

**Memorial University School of Nursing:** Clinical Program Administrator

**Centre for Nursing Studies:** BN Registrar

**Western Regional School of Nursing:** General Office

**Keep a copy of the Record of Achievement for your records.**
**Vaccinations**

All students **MUST** submit a copy of their **complete immunization record (including childhood immunizations)**. These are clinical agency requirements. This information may be obtained through your local community health office.

The following immunizations are required with the exception of Hepatitis B which is strongly recommended prior to attending clinical:

- **Hepatitis B** – If you have not been previously immunized, it is recommended that students of Memorial University School of Nursing and the Centre for Nursing Studies contact the Memorial University Student Wellness and Counselling Centre to arrange to have the Hepatitis B immunizations. Western Regional School of Nursing recommends that you receive these immunizations from a Community Health Nurse. Upon completion of the Hepatitis B vaccine series you are required to provide a copy of your Anti-HBs titre result (see section on Titre/Serology Reports) to the school.

**What is Hepatitis B?**

Hepatitis B is one of several viruses that can cause hepatitis. Hepatitis B is found mainly in the blood and bodily fluids of an infected person.

**How Can I Become Infected with Hepatitis B?**

Hepatitis B infection can be spread through having contact with the blood and body fluids of someone who already has a hepatitis B infection.

**Who Is at Risk for Becoming Infected with Hepatitis B?**

Health care workers who will be repeatedly exposed to blood or blood products or to the risk of needle stick injury will be at risk for infection with the Hepatitis B virus.

The current Canadian Immunization Guide recommends the following:

1. **Receive 3 doses of the Hepatitis B vaccine:**
   - Second dose is given 1 month after the first dose and the third dose is given 5 months after the second dose.

2. **After receiving 3 doses of the Hepatitis B vaccine:**
   - Check anti-HBs level 1-6 months after the 3rd dose. [If the anti-HBs value is at least 10 IU/L, submit a copy of the blood work report to the School of Nursing.]

3. **What do I do if my anti-HBs level is less than 10 IU/L after 3 doses of the hepatitis B vaccine?**
   - If the anti-HBs titre was completed 1-6 months after the 3 dose series and the value is less than 10 IU/L, the 3 dose series should be completed again, following the schedule outlined in # 1 and 2.
   - If the anti-HBs titre was completed greater than 6 months after the 3 dose series and the value is less than 10 IU/L, obtain 1 dose of the hepatitis B vaccine and check the anti-HBs level in 1-6 months. If the value is still less than 10 IU/L complete the vaccine series and check the anti-HBs level 1-6 months after completing the series. [If the anti-HBs value is at least 10 IU/L, submit a copy of the blood work report to the School of Nursing.]

- **Measles, Mumps, Rubella (MMR)** – You must have evidence of **two doses of MMR vaccine after 1 year of age**. If you have only had one dose of MMR, it is recommended that you have the second dose of the vaccine prior to the start of the program.
• **Diphtheria/Tetanus/Polio** - Documentation of a primary series of three doses of a combined tetanus, diphtheria, and inactivated polio vaccine. This may be noted on your immunization record from childhood.

A booster dose of Tetanus/Diphtheria (Td) is recommended every ten years in adulthood.*

*Tetanus, Diphtheria, and acellular Pertussis (Tdap) - One dose of Tdap vaccine is now recommended in adulthood (18 years of age and older). If you have not received a dose of pertussis-containing vaccine within the last ten years and are due for a tetanus booster, you should receive Tdap vaccine to meet this requirement.

• **Varicella** – If you have been exposed to the varicella (chicken pox) virus, you must provide documentation (signed by a health care provider) to confirm the exposure. If you are unable to obtain this documentation, it is recommended that you have blood work for a varicella zoster titre. If your results indicate that you do not have protective immunity, or if you have not been exposed to the varicella virus, you are required to obtain 2 doses of the varicella vaccine at least six weeks apart.

**Please Note:**

Students who refuse immunizations must have supporting documentation from their health care provider to be kept on file.

In addition to the above immunizations, you are strongly encouraged as a future health professional to obtain an annual influenza (flu) shot.

For further information on immunizations please refer to the Public Health Agency of Canada Canadian Immunization Guide [here](http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php)

**Titre / Serology Reports**

Titres are blood tests to determine if you are considered immune to a certain disease. You are required to submit titre results to the School of Nursing for the following:

- Anti-HBs (post hepatitis B immunization blood work) and
- Varicella Zoster

You will need to request a requisition for blood work, from your physician or nurse practitioner, for the anti-Hbs (post hepatitis B immunization blood work) and Varicella Zoster titres. Please make sure you also book a follow up appointment with your physician or nurse practitioner to discuss your anti-Hbs and Varicella Zoster titre blood work results and to retrieve a copy of these reports.
Two-Step TB Skin Testing

You are required to submit documentation of the dates and results (in mm induration) of both Step 1 and Step 2 of the TB skin test. Each step consists of an intradermal injection and skin reading for a total of 4 visits. Your Public Health Clinic or Student Health Clinic can do this for you. This does not need to be ordered by a physician. This is a clinical agency requirement and you will NOT be permitted to enter the clinical setting without meeting the below requirements.

The following dates MUST be followed for TB Skin Testing. Students entering the:

- **4-Year Option MUST** complete the testing no earlier than May 2017 but no later than August 25, 2017.
- **Fast Track Option MUST** complete the testing no earlier than February 2017 but no later than August 25, 2017.
- **LPN Bridging Option MUST** complete the testing no earlier than October 2016 but no later than August 25, 2017.

If you ever had a 2-step TB Skin test performed, you will need a 1-step done no earlier than the date mentioned above for your respective stream of the program. In this case, you will need to provide documentation for both sets of testing (previous 2-step and recent 1-step). Some students may have had TB exposure or have received a BCG vaccine and this may cause the TB test to be positive. If the TB test is positive, the student will need to submit a copy of chest x-ray results verified by a physician along with quantiferon bloodwork results. The chest x-ray report must be dated within 12 months prior to the start of clinical.

Student Information Form

Upon admission to the School of Nursing, you are sent a Student Information Form to complete and return. This form requires that you read the document, ‘Requisite Skills and Abilities for Entry-Level Registered Nurse Practice’.

Protocol for Students with Identified Allergies

Students are accountable to inform faculty if they have allergies to any drug and/or material such as penicillin and/or latex.

Cardiopulmonary Resuscitation (CPR) / Standard First Aid

You are required to successfully complete a CPR Level – Health Care Provider (HCP) course and a Standard First Aid course. Other levels are generally not acceptable.

As a nursing student, you are **required to update** your CPR Level – HCP course **every 12 months**. Your CPR Level-HCP certificate MUST be current prior to entering clinical. It is your responsibility to ensure that this is done **annually** and to **forward a copy of your card to the School for your file**. Students will not be permitted to attend clinical practice if the CPR requirement is incomplete.

Although the School of Nursing does not require you to update your Standard First Aid course, it is only valid for a three-year period. Examples of companies that provide these courses are St. John Ambulance, Canadian Red Cross and the Lifesaving Society.
Certificate of Conduct and Vulnerable Sector Check

The Certificate of Conduct is a check for a criminal record. The Vulnerable Sector Check is to determine if a person has received a pardon for a criminal offence of a sexual nature. It is completed in addition to the criminal record check. For a Vulnerable Sector Check you may need to complete a separate application or a specific component on the criminal record check application form. Both documents are obtained through the RCMP, RNC or other Municipal Police Departments. You are responsible for the costs. **Note: A Court Record Check alone is not acceptable; it must accompany a Certificate of Conduct and Vulnerable Sector Check.**

The original documents MUST be submitted and the following dates MUST be adhered to for the certificate of conduct and vulnerable sector check. For students entering:

**Memorial University School of Nursing and the Centre for Nursing Studies**

- **4-Year Option** MUST submit the documents dated between October 31, 2017 and February 26, 2018.
- **Fast Track Option** MUST submit the documents dated between July 31, 2017 and October 11, 2017.

**Western Regional School of Nursing**

- **4-Year and Fast Track Options** MUST submit documents dated between March 6, 2017 and September 6, 2017. The documents MUST be submitted on or before September 6, 2017.

Keep a copy of the documents for your records.

**After admission, and any time prior to completing the program, students charged with or convicted of a criminal offence, or listed on the Child Abuse Registry, are required to report this information to the Dean /Director or the Associate Director/Dean of the School of Nursing.**

Failure to report a criminal offense may result in dismissal from the program. Criminal offences will be reviewed by the Administrative Team of the School of Nursing for implications of the conviction in view of the professional and ethical mandate to protect the public and the requirements of health agencies and Association of Registered Nurses of Newfoundland and Labrador re: conduct standards. A listing on the Child Abuse Registry, or failure to report the listing, will result in dismissal.**

**Child Protection Record Check**

Currently, the child protection record check is not required for all incoming nursing students. The School of Nursing reserves the right to request a child protection record check, if necessary.

**Please see the section above “Certificate of Conduct and Vulnerable Sector Check” regarding further information on the child abuse registry.**
IMPORTANT CONTACT INFORMATION

Memorial University School of Nursing:
Clinical Program Administrator: 709-777-8819, nursingrecords@mun.ca
Student Wellness and Counselling Centre: 709-864-8500
School of Nursing, General Office: 709-777-6695
Academic Program Administrator: 709-777-6272
Associate Dean: 709-777-6679
Undergraduate Program Office: nursundergrad@mun.ca
Undergraduate Program Office Fax: 709-777-7403

Centre for Nursing Studies:
BN Registrar: 709-777-8171, dwaterman@mun.ca
BN Registrar’s Fax: 709-777-8177
MUN Student Wellness and Counselling Centre: 709-864-8500
School of Nursing, Business Officer: 709-777-6644
Associate Director: 709-777-8169

Western Regional School of Nursing
School of Nursing: 709-637-5489, nursingschool@grenfell.mun.ca
General Office Fax: 709-637-5161
Associate Director: 709-637-5000, ext.5320
<table>
<thead>
<tr>
<th>Item</th>
<th>To Include:</th>
<th>Date Documents to be Submitted to the School of Nursing</th>
<th>Document Submitted to the School of Nursing</th>
</tr>
</thead>
</table>
| **Complete Immunization Record (including childhood immunizations)** | -3 doses of the hepatitis B vaccine  
-2 doses of MMR vaccine after 1 year of age  
-Primary series (3 doses) of tetanus/diphtheria and inactivated polio vaccine  
-Td or Tdap booster (if applicable) vaccine documentation | Submit a copy of your complete immunization record (including childhood immunizations) on or before Friday, August 25, 2017. | Yes ___  
No ____  
Kept copy for self ___ |
| **Titre/Serology Reports** | -Anti-HBs titre (post hepatitis B immunization blood work)  
-Varicella Zoster Titre | Submit a copy of your titre blood work reports on or before Friday, August 25, 2017. | Yes ___  
No ____  
Kept copy for self ___ |
| **Two-Step TB Skin Testing** | TB skin testing documentation for Step 1 and Step 2 to include:  
-Dates both tests were administered  
-Dates both tests were read  
-Results of both tests in mm induration  
AND  
-Signature of health care provider completing the test(s)  
Note: If you previously had a 2-step TB skin test or a positive TB skin test refer to “Two-Step TB Skin Testing” on page 6 for information on the documents required to be submitted | Submit TB skin testing documents on or before Friday, August 25, 2017 | Yes ___  
No ____  
Kept copy for self ___ |
| **CPR-Level HCP** | | Submit a copy of the certificate on or before Friday, August 25, 2017 | Yes ___  
No ____  
Kept copy for self ___ |
<table>
<thead>
<tr>
<th>Item</th>
<th>To Include</th>
<th>Date documents to be Submitted to the School of Nursing</th>
<th>Document Submitted to the School of Nursing (For Student Use Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard First Aid</td>
<td></td>
<td>Submit a copy of the certificate on or before Friday, August 25, 2017</td>
<td>Yes ___</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No ____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Kept copy for self ___</em></td>
</tr>
<tr>
<td>Student Information Form</td>
<td>See welcome package for more information</td>
<td>Submit form on or before Friday, August 25, 2017</td>
<td>Yes ____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No ____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Kept copy for self ___</em></td>
</tr>
<tr>
<td>Certificate of Conduct</td>
<td></td>
<td>Submit original document (as per dates in this document)</td>
<td>Yes ____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No ____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Kept copy for self ___</em></td>
</tr>
<tr>
<td>Vulnerable Sector Check</td>
<td></td>
<td>Submit original document (as per dates in this document)</td>
<td>Yes ____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No ____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Kept copy for self ___</em></td>
</tr>
<tr>
<td>HSPnet Consent Form</td>
<td>See welcome package for more information</td>
<td>Submit the consent form on or before Friday, August 25, 2017</td>
<td>Yes ____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No ____</td>
</tr>
</tbody>
</table>

*Keep copies of all your documents submitted to the School of Nursing*
All documents are to be submitted to:

If enrolled at Memorial University School of Nursing:
Memorial University
School of Nursing
300 Prince Philip Drive
St. John’s, NL Canada
A1B 3V6
Attention: Clinical Program Administrator

If enrolled at Centre for Nursing Studies:
Centre for Nursing Studies
100 Forest Road
St. John’s, NL Canada
A1A 1E5
Attention: BN Registrar
Denise Waterman

If enrolled at Western Regional School of Nursing:
Western Regional School of Nursing
P.O. Box 2005
Corner Brook, NL Canada
A2H 6J7
Attention: General Office

Keep copies of all your documents submitted to the School of Nursing