BACHELOR OF NURSING
(COLLABORATIVE) PROGRAM

Student Pre-Clinical

Requirements

2019

Memorial University Faculty of Nursing

Centre for Nursing Studies

Western Regional School of Nursing

The student is responsible for completing all of these requirements as outlined in the document and at their own expense as per the timelines indicated. Students unable to meet these requirements may be delayed or prevented from completing the Nursing Program.
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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. 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. All documents submitted to the School of Nursing must be in English.

You are responsible for keeping copies of any documents submitted to the School of Nursing to prove that all requirements are met.

CONFIDENTIALITY

All information requested by the Bachelor of Nursing (Collaborative) Program 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 Faculty of Nursing at (709) 864-8352
Centre for Nursing Studies at (709) 777-8161
Western Regional School of Nursing at (709) 784-5489

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) 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 Personal Health Information Act (PHIA) 1000 - Health Privacy Law Course Home Page on Brightspace 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 Faculty 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.

Please see below for more information about these immunizations:

- **Hepatitis B** – If you have not been previously immunized, it is recommended that students of Memorial University Faculty 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 Hepatitis B surface antibody* 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.]

*Note: Hepatitis B surface antibody is post hepatitis B immunization blood work (anti-HBs or HBsAb titre).
• **Measles, Mumps, Rubella (MMR)** – You must have evidence of **two** doses of MMR vaccine after 1 year of age.

• **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** – You must have evidence of a varicella titre (see section on Titre/Serology Reports). If the titre result indicates that you are not considered protected to the varicella virus, you must have evidence of two doses of the varicella vaccine at least four weeks apart.

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**Please Note:**

Students who refuse immunizations must have supporting documentation from their health care provider to be kept on file. Students unable to meet the immunization requirements may be delayed or prevented from completing the nursing program.

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


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**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:

- Hepatitis B surface antibody which is post hepatitis B immunization blood work (Anti-HBs or HBsAb titre) and
- Varicella Zoster

You will need to book an appointment with your physician or nurse practitioner to request a requisition for blood work for the Hepatitis B surface antibody (anti-HBs or HBsAb) and Varicella Zoster titres. Please make sure you also book a follow up appointment with your physician or nurse practitioner to discuss your Hepatitis B surface antibody (anti-HBs or HBsAb) 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 injection date, the reading date, results in mm induration, and interpretation of results 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 and Accelerated Options MUST** complete the testing **no earlier than February 2019 but no later than August 23, 2019.**
- **LPN Bridging Option MUST** complete the testing **no earlier than October 2018 but prior to completion of the bridging course.**

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 an Allergy or Medical Condition

As applicable, students are accountable to inform faculty if they have:

- Allergies to any drug and/or material such as penicillin and/or latex
- Medical condition(s) that may require immediate treatment.

Basic Life Support (BLS) / Standard First Aid

You are required to successfully complete a Basic Life Support (BLS) and a Standard First Aid course. Other levels are generally not acceptable.

Examples of companies that provide these courses are St. John Ambulance, Canadian Red Cross, and Lifesaving Society.

A BLS (Provider) certificate, BLS Health Care Provider (HCP)/AED, or Cardio-Pulmonary Resuscitation-Health Care Provider (CPR-HCP) certificate is acceptable to meet the BLS requirement. Please ensure you register for the correct course required for the nursing program.

As a nursing student, you are required to update your BLS course every 12 months. Your BLS 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 BLS 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.
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 Faculty of Nursing and the Centre for Nursing Studies**

- **4-Year and Accelerated Options** MUST submit the documents dated between July 19, 2019 and August 23, 2019.
- **LPN Bridging Option** MUST submit the documents dated between March 30, 2019 and the date of completion of the bridging course.

**Western Regional School of Nursing**

- **4-Year and Accelerated Options** MUST submit documents dated between March 5, 2019 and August 23, 2019. The documents MUST be submitted on or before August 23, 2019.

**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.**
Memorial University Faculty of Nursing:
Clinical Program Administrator: 709-864-8352, nursingrecords@mun.ca
Student Wellness and Counselling Centre: 709-864-8500
School of Nursing, General Office: 709-864-2719
Academic Program Administrator: 709-864-4804
Associate Dean: 709-864-4626
Undergraduate Program Office: nursundergrad@mun.ca

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, baines@mun.ca
Associate Director: 709-777-8169

Western Regional School of Nursing:
School of Nursing: 709-784-5489, nursingschool@grenfell.mun.ca
General Office Fax: 709-637-5161
Associate Director: 709-784-5320
<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 (For Student Use only)</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  
-2 doses of varicella vaccine (if applicable, refer to page 5) | Submit a copy of your complete immunization record (including childhood immunizations) | Yes ___ No ___  
Kept copy for self ___ |
| Titre/Serology Reports                   | -Anti-HBs or HBsAb titre (post hepatitis B immunization blood work)  
-Varicella Zoster Titre | Submit a copy of your titre blood work reports | 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  
-Interpretation of results of both tests AND  
-Signature of health care provider completing the test(s) | Submit TB skin testing documents | Yes ___ No ___  
Kept copy for self ___ |
## Student Pre-Clinical Requirements Checklist
*(REMEMBER TO KEEP COPIES OF YOUR DOCUMENTS)*

<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>Basic Life Support (BLS)</td>
<td>Submit a copy of the certificate</td>
<td>Yes ___ No ___</td>
<td>Kept copy for self ___</td>
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<tr>
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<td>4-Year and Accelerated Options on or before Friday, August 23, 2019</td>
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<td></td>
<td>LPN Bridging Option on or before the date indicated by the BN Registrar, Centre for Nursing Studies</td>
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<tr>
<td>Standard First Aid</td>
<td>Submit a copy of the certificate</td>
<td>Yes ___ No ___</td>
<td>Kept copy for self ___</td>
</tr>
<tr>
<td></td>
<td>4-Year and Accelerated Options on or before Friday, August 23, 2019</td>
<td></td>
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<tr>
<td>Student Information Form</td>
<td>See Welcome Package for more information</td>
<td>Submit form</td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td></td>
<td>4-Year and Accelerated Options on or before Friday, August 23, 2019</td>
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</tr>
<tr>
<td>Certificate of Conduct</td>
<td>Submit original document (as per dates in this document)</td>
<td>Yes ___ No ___</td>
<td>Kept copy for self ______</td>
</tr>
<tr>
<td>Vulnerable Sector Check</td>
<td>Submit original document (as per dates in this document)</td>
<td>Yes ___ No ___</td>
<td>Kept copy for self ___</td>
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</tbody>
</table>
| HSPnet Consent Form   | See Welcome Package for more information                                     | Submit the consent form                                 | Yes ___ No ___  
Kept copy for self ___  |
|                       |                                                                             | 4-Year and Accelerated Options on or before Friday, August 23, 2019 |
|                       |                                                                             | LPN Bridging Option                                     |                                                                   |
|                       |                                                                             | on or before the date indicated by the BN Registrar, Centre for Nursing Studies |                                                                   |

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

If enrolled at Memorial University Faculty 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