



Practical Nurse Program Clinical Compass

Year 2024-2025

Student Name: _____

Student Number: _____

PN Program Clinical Compass Checklist

Your clinical compass should contain the following:

- ☐ HSPnet Consent Form
- ☐ Criminal Records Check with Vulnerable Sectors Check
- ☐ Police Information Check and Vulnerable Sector Search Waiver Form for Admission to the Practical Nurse Program
- ☐ Immunization Record
- ☐ Immunization and Placement Disclosure Waiver Form Health Career Program Admission
- ☐ Health Status Form
- ☐ Current CPR Certification
- ☐ Current N95 Mask-Fit Test
- ☐ CLPNA Self-Study Learning Modules Certificates of Completion
- ☐ CLPNA Restricted Activities Modules Certificates of Completion

PN Program Clinical Compass

As a student of the Practical Nursing program at Portage College, you will have the privilege of attending multiple off-campus clinical rotations which provide unique opportunities for you to apply your knowledge and solidify your nursing skills. In accordance with the basic requirements for nursing practice eligibility, it is essential that students have all requested documentation, prior to the start of any clinical rotation. The PN Program clinical compass is designed to help guide students through their preparation for clinical rotations throughout the entirety of the program.

Prior to the start dates of each clinical course, students will be required to have their clinical compass verified and signed off by program administration, in order to attend NPRT 155, NPRT 210, NPRT 215, and NPRT 230. Any student who has failed to meet the basic requirements, as stated in this document, and in the PN program student handbook, will not be eligible to attend clinical. It is imperative that students keep their clinical compass current, and to keep it secure for future use. For the duration of the program, students may be asked to provide updated versions of these documents, at any time, at the student's cost.

In this document, you will find sections that cover each of the separate areas of pre-practice requirements, including the following:

- A current (< 3 months from the first day of the program) Vulnerable Sector Screen, from RCMP.
- Proof of all immunizations, as detailed on the Portage College Immunization record.
- A current Health record, with Physician's signature.
- A current Heart and Stroke Foundation Basic Life Support Provider.
- Proof of a current N95 mask-fit test
- Proof of completion for CLPNA Restricted Activities Modules
- Proof of completion for CLPNA Self-Study Modules



Consent Form for Use and Disclosure of Student Information

Student Number: _____ Educational Program: _____

First Name: _____ Middle Initial: _____ Last Name: _____

1. Permission to Use and Disclose Your Student Related Personal Information and Personal Health Information

By signing this consent, you authorize your educational Program _____ to:

- Collect, use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practica, fieldwork, or preceptorship) as required by your educational program;
- Use your student related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.
- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

2. Consent Period

This consent is effective immediately and shall remain valid for up to six years, or shall be voided upon your completion of the Program, your formal withdrawal from the Program, or upon written request as described below.

3. Your Rights With Respect to This Consent

- 3.1 Right to Refuse Consent** - You have the right to refuse to sign this consent, and if you refuse your placement will be processed manually at the earliest convenience of the Program and Receiving Agency.
- 3.2 Right to Review Privacy & Security Policies** - A copy of the document entitled *Identified Purposes and Handling of Personal Information in HSPnet*, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security Policies may be amended from time to time, and you may obtain an updated copy by contacting privacy@hspcanada.net.
- 3.3 Right to Request Restrictions on Use/Disclosure** – You have the right to request that we restrict how we use and/or disclose your personal information or personal health information via HSPnet for the purpose of locating and coordinating a suitable placement experience. Such requests must be made in writing to the placement coordinator for your Program. If we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually at the earliest convenience of the placement coordinator and receiving agency.
- 3.4 Right to Revoke Consent** - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the placement coordinator for your Program. Note that your revocation of this consent, or the voiding of this consent upon your completion or withdrawal from the Program, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.
- 3.5 Right to Receive a Copy of This Consent Form** - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province. For more information visit <https://hspcanada.net/privacy-and-security/>

I hereby authorize my educational Program to use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by the curriculum.

Signature of Student

Date (MMM/DD/YYYY)

Criminal Record Check with Vulnerable Sector Screen

In accordance with the local and provincial Health Authorities that govern the clinical sites students will attend, all students must have a current Criminal Record Check with Vulnerable Sector screen, conducted and provided by the Royal Canadian Mounted Police (RCMP). Students are required to provide this on admission to the PN program, and the CRC must have been obtained within 3 months prior to the start of the program. Students will sign waivers subsequently to verify that no changes have occurred to their CRC-VSS since its completion. Be advised that students may be asked to provide proof of eligibility at any time prior to attending clinical sites.

On admission: Stamp

NPRT 155: Student must show a copy of the original, and signed waiver form.

Stamp

NPRT 210: Student must show a copy of the original, and signed waiver form.

Stamp

NPRT 215: Student must show a copy of the original, and signed waiver form.

Stamp

NPRT 230: Student must show a copy of the original, and signed waiver form.

Stamp



Police Information Check and Vulnerable Sector Search Waiver Form for Admission to the Practical Nurse Program

Documents Required:

- ☐ Police Information Check (PIC – due Jan 15th following admission to program Year 1 or on admission to Year 2)
- ☐ Vulnerable Sector Search (VSS – to be obtained with the PIC)
- ☐ Other (please specify) _____

I am aware that there are placement course(s) and/or session(s) in the program.

I understand that:

- Submission of a Police Information Check and Vulnerable Sector Search is required by the first day of admission to the PN program. It must be dated no earlier than Oct 15th for Year 1 or 3 months prior to the start of Year 2.
- Submission of a Police Information Check and Vulnerable Sector Search is a requirement of the agencies hosting the Portage College students for placement.
- Agencies may reject any student with an unclear record.
- Full disclosure to the Program Advisor of any possible legal issues which may or may not mean having a criminal record must be discussed prior to registration.

I understand that an unclear Police Information Check and/or Vulnerable Sector Search:

- May prevent me from participating in the placement course in the program.
- May prevent me from obtaining employment.
- May prevent me from obtaining registration with the College of Licensed Practical Nurses of Alberta.
- May prevent me from meeting program requirements and obtaining my diploma.

I am aware that, if I have an unclear Police Information Check and/or Vulnerable Sector Search, I will have to:

1. Obtain a full Police Information Check and/or Vulnerable Sector Search on my own, at my own expense.
2. Forward the full Police Information Check and/or Vulnerable Sector Search to the Student Advisor prior to registration, or to the Program Coordinator and/or Placement Coordinator after registration.
3. The hosting agency will notify the Program Coordinator and/or Placement Coordinator of its decision. The Program Coordinator and/or Placement Coordinator will discuss the decision with me.
4. Take responsibility to disclose this information to my sponsor prior to registration. By signing this form, I provide consent to the Student Advisor and/or Coordinator to discuss this matter with my sponsor.

I am aware that, if I am not able to receive permission from the hosting agency to participate in the placement course at their location, the College will not provide an alternative placement location and I will be withdrawn from the program.

I am also aware that, if I am charged or convicted of a criminal offence at any time during my enrollment in the program, I am required to self-disclose this to the coordinator of my program.

I understand that, if I am withdrawn from the program:

- My academic transcript will show that I was required to withdraw from the program.
- Any refund of tuition will be subject to the tuition refund policy.

Please check one of the following:

- ☐ NO, I do not have any legal issues that may result in having a criminal record.
- ☐ YES, I may have legal issues (past or present) that may result in having a criminal record.

If YES, the above information has been discussed with me; I enter the **Practical Nurse Program** with a full understanding of the possible consequences of unclear criminal record and/or background checks.

Student Name (please print)

Student Signature

Date

I have discussed the above information with this student.

Program Representative or Designate
(please print)

Program Representative Signature

Date

Advisor to date and sign once a copy of the waiver is provided to the Program Area

Signature

Date

Re: Police Information Check and Vulnerable Sector Search Waiver Form

Dear Student,

Since your program requires you to complete practicum placements, it is necessary for you to provide, at your own expense, a recent Police Information Check and Vulnerable Sector Search and a signed Police Information Check and Vulnerable Sector Search waiver form prior to registration. All forms must be on your file prior to the commencement of your studies.

You will find a copy of the Police Information Check and Vulnerable Sector Search Waiver Form in this package. Read it carefully, sign it and email it to Terri.Vanaardt@portagecollege.ca and DawnAnn.Ollenberger@portagecollege.ca or mail it to:

Practical Nurse Program Administrative Support
Portage College
#101 7825-51 Street
Cold Lake, AB T9M 0B6

Portage College will not be responsible for students who are unable to complete the program requirements, obtain employment of a professional licensing, or become a member of professional association due to unclear Police Information Checks and Vulnerable Sector Searches. Please contact a Student Advisor at 1-866-623-5551 or Program Coordinator at 780-623-7112 for more information.

Sincerely,

Amy Warren MN, RN
Curriculum Lead Coordinator,
Practical Nurse Program
Portage College

Immunization Records

As per the PN program admission requirements, and in accordance with local and provincial health authorities, all students must have a complete immunization record prior to clinical practice. The form must be filled out by a physician, Nurse practitioner, or public health nurse. A complete form will include all dates of immunizations and all applicable titer information as requested. The completed record will be verified by the program administration.

On Admission: **Stamp**

NPRT 155: Student must show a copy of the original.

Stamp

NPRT 210: Student must show a copy of the original.

Stamp

NPRT 215: Student must show a copy of the original.

Stamp

NPRT 230: Student must show a copy of the original.

Stamp

The personal information collected on this form will be used to determine your eligibility for admission to a Health Career program at Portage College. It is collected under the authority of the Colleges Act and Section 33 (c) of the Freedom of Information and Protection of Privacy Act and is protected under the latter Act. If you have any questions about the collection of this information, please contact Student Services at 780-623-5580.

An Immunization Record is required prior to practicum in any Health Career program. To complete this form, please contact your local Public Health Clinic for an appointment; be sure to bring this form and any immunization records you may have with you.

Name <i>(Last, First):</i>	<input type="checkbox"/> M <input type="checkbox"/> F	DOB: DD/MM/YY
Mailing Address:		
City:	Province:	Postal Code:
Telephone Home:	Work:	Cell:

RECOMMENDATIONS: See Part 5 of the Alberta Immunization Manual

- | | |
|--------------------------------|---|
| • Diphtheria/Tetanus/Pertussis | History of primary series & dTap booster within past the 10 years |
| • Varicella | History of disease, lab evidence of immunity, or 2 doses of vaccine |
| • Measles/Mumps | History of 2 doses of measles/mumps containing vaccines or M.M.R |
| • Rubella | History of 1 dose of Rubella containing vaccine |
| • Tuberculin Skin Test (TST) | Single baseline TST, unless known positive |
| • Hepatitis B | Primary series and positive serology |
| • Influenza | * Recommended |
| • Covid Vaccine | * Recommended |
| • Meningococcal | * Recommended |

<input type="checkbox"/> Diphtheria/Tetanus/Pertussis	Date: _____		
<input type="checkbox"/> History of Varicella (Chicken Pox)	Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	OR
<input type="checkbox"/> Varicella Titer	Date: _____	Result: _____	OR
<input type="checkbox"/> Varicella Vaccine	Date: _____	Result: _____	
<input type="checkbox"/> Measles/ Mumps	Dose 1: _____	Dose 2: _____	OR
<input type="checkbox"/> M.M.R	Dose 1: _____	Dose 2: _____	
<input type="checkbox"/> Rubella	Date: _____		OR
<input type="checkbox"/> Rubella Titer	Date: _____	Result: _____	
<input type="checkbox"/> Tuberculin Skin Test	Date: _____	Result: _____	
	Date of X-ray, if TB positive: _____		
<input type="checkbox"/> Hepatitis B Vaccine	Dose 1: _____	Dose 2: _____	Dose 3: _____
<input type="checkbox"/> Hepatitis B Serology	Date: _____		
<input type="checkbox"/> *Influenza Vaccine	Dose 1: _____	Dose 2: _____	
<input type="checkbox"/> *Covid-19 Vaccination	Dose 1: _____	Dose 2: _____	Booster: _____
<input type="checkbox"/> *Meningococcal Vaccination	Dose 1: _____	Dose 2: _____	

Public Health Nurse (Signature)

Date

Public Health Clinic and Address

Telephone

Immunization and Placement Disclosure Waiver Form Health Career Program Admission

This Document Must Be Returned to Portage College (Please Print Clearly)

To participate in the placement component of your program, you must meet the immunization standards established for Alberta healthcare workers under the Public Health Act. A complete immunization record is an admission requirement to ensure these standards have been met.

I am aware that there are placement course(s) and/or sessions in the program. I understand that;

- ***I am expected to travel for placements and am responsible for all placement costs.***
- Submission of a complete immunization record will be required before I will be able to participate in any placement courses.
- Submission of a complete immunization record is a requirement of the health service organization hosting the placement students from Portage College and the health service organization may decline any students without an immunization record.
- While on placement, I am governed by the guidelines and policies of the health service organization in which the placement is taking place.

Full disclosure of any issues related to the completion of scheduled placement hours must be discussed with a Student Advisor and/or Program Coordinator prior to registration (i.e. religious holidays, childcare issues, etc.).

I understand that not providing a complete immunization record or having issues that may prevent the completion of placement within scheduled timelines;

- may prevent me from participating in the placement course in the program
- may prevent me from meeting program requirements and obtaining my certificate or diploma
- may prevent me from obtaining a license to practice
- may prevent me from obtaining employment

I am aware that, if I am denied access to a placement site by a health service organization for immunization reasons, the College will be unable to provide the placement training and I will be withdrawn from the program.

I am aware that, if I am withdrawn from the program;

- my academic transcript will show that I was required to withdraw from the program
- any refund of tuition will be subject to the tuition refund policy

Please check one of the following;

- ☐ **NO**, I do not have any issues related to immunization or scheduled placement completion
- ☐ **YES**, I do have issues related to immunization or scheduled placement completion

If YES, the above information has been discussed with me; I enter a Health Career program with a full understanding of the possible consequence of a lack of immunization records or issues that may impact the completion of the scheduled placement.

Student Name (please print)

Student Signature

Date

I have discussed the above information with this student.

Program Representative or Designate (please print)

Program Representative Signature

Date

Advisor to date and sign once copy of the waiver is provided to the Program Area

Signature

Date

Health Status Form

In order to be eligible for clinical practice, students must show proof of physical abilities, as detailed on the Portage College HEALTH STATUS FORM for Health Career Programs. The form must be completed by both the student and a Physician/Nurse Practitioner. The personal information collected on this form is used for the sole purpose of ensuring readiness for practicum work and is protected under the authority of the Colleges Act, and Section 33(c) of the Freedom of Information and Protection of Privacy Act. The completed form will be verified by the program administration.

On Admission: Stamp

NPRT 155: Student must show a copy of the original
Stamp

NPRT 210: Student must show a copy of the original
Stamp

NPRT 215: Student must show a copy of the original
Stamp

NPRT 230: Student must show a copy of the original
Stamp

HEALTH STATUS FORM for Health Career Programs

The personal information collected on this form will be used to determine your eligibility for admission to a Health Career Program at Portage College. It is collected under the authority of the Colleges Act and Section 33 (c) of the Freedom of Information and Protection of Privacy Act and is protected under the latter Act. If you have any questions about the collection of this information, please contact Student Services at 780-623-5580.

Name:				
Mailing Address:				
City:		Province:	Postal Code:	
Telephone:		Work:	Cell:	

The Health Career programs at Portage College are both physically and academically challenging. As a student in our program, you need to be in good physical and emotional health in order to be successful in the program and to ensure patient safety while on clinical/ambulance placements.

Student Declaration:

- I am aware that a good state of health is required to participate in the lab and clinical/ambulance placement courses in the program.
- I have no outstanding conditions/illnesses that would prevent progress in the program and/or jeopardize patient safety.
- I understand that if my health status is a concern to program staff, a medical clearance will be required to enroll/continue in laboratory and/or the clinical/ambulance placements.

Signature: _____ Date: _____

Physician's Statement:

To the best of my knowledge, this applicant can perform the duties of a Health Care Provider, not limited to but including the following:

- Lifting and moving immobile clients or heavy items
- Lifting and carrying a loaded stretcher with a partner and appropriate equipment
- Maneuvering in a confined space
- Working with hazardous materials and exposure to communicable diseases
- Working under conditions that may include evenings, nights or extended shifts
- Performing fine motor skills
- Operating medical equipment and/or an emergency vehicle, and
- Managing stressful and traumatic situations
- There are no medical or physical conditions that will inhibit this applicant from performing these duties.

Physician's Name: _____

Physician's Address: _____

Date of Examination: ____/____/____ Physician's Signature: _____

Advisor to date and sign once a copy of the waiver is provided to the Program Area

Signature: _____ Date: _____

Date Discussed with Student: _____
 Follow-up Required: _____
 Program Coordinator's Signature: _____
 Date: _____

CPR Certification

As per the admission requirements detailed in the Practical Nurse Application package, students must show proof of current Heart and Stroke Foundation (HSF) BLS (Basic life support) Provider status. The certification must be from HSF, and be current until August. Yearly recertification each August is the responsibility of the student.

August:

Stamp

NPRT 155: Student must show a copy of the original

Stamp

NPRT 210: Student must show a copy of the original

Stamp

NPRT 215: Student must show a copy of the original

Stamp

NPRT 230: Student must show a copy of the original

Stamp

N95 Mask Fit Test

As per the local and provincial Health Authorities, and Occupational Health and Safety requirements, all students must have a current Mask Fit Test. It is the responsibility of the student to have this mask fit test completed prior to their first clinical. Students must be aware of their mask size while in clinical placement, for use as the need arises.

NPRT 155: Student must show a copy of the original.

Stamp

NPRT 210: Student must show a copy of the original.

Stamp

NPRT 215: Student must show a copy of the original.

Stamp

NPRT 230: Student must show a copy of the original.

Stamp

CLPNA Self-study Learning Modules

In congruence with preparation for the clinical rotation's students will be participating in, there are a variety of self-study modules provided by CLPNA (College of Licensed Practical Nurses of Alberta) that will be required to be completed prior to the start of the clinical course. The selected modules are specific to supporting concepts obtained in the pre-requisite nursing foundation courses and have been organized to the associated clinical courses, according to student year. These modules can be found under the myCLPNA account that you purchased at the beginning of the first year of your program (see <https://www.clpna.com/lpn/apply-to-be-an-lpn/student-membership/> for details on how to apply). All modules provide a certificate of completion, of which students will be required to provide as proof of completion prior to the start of clinical. Certificates of completion must be **confirmed** by the program administrator at least **2 weeks** prior to the official start of clinical.

Year 1: Self-Study Modules for completion prior to NPRT 155

Required:

- ☐ Health Assessment
- ☐ Documentation
- ☐ Medication Management
- ☐ Medication Drug Calculations
- ☐ Cognitive Impairment
- ☐ Continence and Mobility
- ☐ Understanding and Communicating with Older Adults
- ☐ Privacy Legislation Micro-Module

Please place all of your self-study modules HERE

CLPNA Restricted Activities Modules

In congruence with the preparation for the clinical rotation's students will be participating in, there are a variety of restricted activities modules purchased from CLPNA that will be required to be completed prior to the start of the clinical course. The selected modules are specific to supporting concepts obtained in the pre-requisite nursing foundation courses and have been organized to the associated clinical courses, according to student year. All modules provide a certificate of completion, of which students will be required to provide as proof of completion prior to start of clinical. Certificates of completion must be **confirmed** by the program administrator at least **2 weeks** prior to the official start of clinical. All modules can be accessed via your myCLPNA account from the student membership purchased at the beginning of year 1: <https://www.clpna.com/applicants/student-membership/>

Year 1: Restricted Activities Modules for completion prior to NPRT 155 required:

- ☐ Understanding Restricted Activities
- ☐ Ear Syringing
- ☐ Dispensing: Administration of Pass and Bridge Medications

Year 2: Restricted Activities Modules for completion prior to NPRT 210 required:

- ☐ Administering Blood and Blood Products: Transfusion
- ☐ Administration of Nitrous Oxide
- ☐ Immunization
- ☐ Administering Diagnostic Imaging Contrast Agents
- ☐ Non-Ionizing Radiation
- ☐ Fetal Heart Monitoring
- ☐ Administering Medications via Central Venous Catheter, Peripherally Inserted Central Catheter, and Implanted Venous Access Device
- ☐ Administering Parenteral Nutrition

Please place all of your certificates of completion HERE