



Practical Nurse Program Clinical Compass

Year 2022-2023

Student Name: _____

Student Number: _____

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 first day of 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.

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 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 copy of original, and signed waiver form.

Stamp

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

Stamp

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

Stamp

NPRT 230: Student must show copy of 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 offense 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 on 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 copy of waiver 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 Nicole.Pshyk@portagecollege.ca and DawnAnn.Ollenberger@portagecollege.ca or mail 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 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 program administration.

On Admission: **Stamp**

NPRT 155: Student must show copy of original
Stamp

NPRT 210: Student must show copy of original
Stamp

NPRT 215: Student must show copy of original
Stamp

NPRT 230: Student must show copy of 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 (Last, First):	<input type="checkbox"/> M <input type="checkbox"/> F	DOB: D/M/Y
Mailing Address:		
City:	Province:	Postal Code:
Telephone Home:	Work:	Cell:

RECOMMENDATIONS: See Part 5 of Alberta Immunization Manual

- Diphtheria/Tetanus History of primary series & booster within past 10 years
- Varicella History of disease or positive titer or vaccination
- Measles History of measles vaccine or M.M.R., if born after 1969
- Rubella History of Rubella vaccine or positive Rubella titer
- Tuberculin Test Two step skin testing, unless known positive
- Hepatitis B If no history of immunization series, will be available at local Public Health Clinic

<input type="checkbox"/> Influenza Vaccine	Date: _____
<input type="checkbox"/> COVID-19 Immunization	Date: Dose 1 _____ Date: Dose 2 _____
<input type="checkbox"/> Tuberculin Test	Date: 1. _____ Result: _____ Date of X-ray, if TB positive
<input type="checkbox"/> Diphtheria/Tetanus	Date: _____
<input type="checkbox"/> Hepatitis B Vaccine	Date: 1. _____ Date: 2. _____ Date: 3. _____
<input type="checkbox"/> Hepatitis B Serology to determine Baseline Immunity	Date: _____
<input type="checkbox"/> Rubella Titer	Date: _____ Result: _____
<input type="checkbox"/> Measles	Date: _____
<input type="checkbox"/> Rubella	Date: _____
<input type="checkbox"/> M.M.R.	Date: _____
<input type="checkbox"/> History of Varicella (chicken pox)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
<input type="checkbox"/> Varicella Titer	Date: _____ Result: _____
<input type="checkbox"/> Varicella Vaccine	Date: _____ Result: _____

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 health care 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 that 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 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 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 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 lack of immunization records or issues that may impact completion of 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 waiver 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 program administration.

On Admission: **Stamp**

NPRT 155: Student must show copy of original
Stamp

NPRT 210: Student must show copy of original
Stamp

NPRT 215: Student must show copy of original
Stamp

NPRT 230: Student must show copy of 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 copy of waiver 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 May of 2023. Recertification will be provided by the program prior to departure for clinical placements in April.

On Admission: Stamp

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Stamp

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NPRT 230: Student must show copy of original
Stamp

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. This testing will be administered by program staff, prior to departure for the first clinical rotation, NPRT 155. Students must be aware of their mask size while in clinical placement, for use as the need arises. This product number will be determined by the aforementioned mask fit testing, and provided to the student for their records.

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Stamp

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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. 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 the CLPNA website via the following link:

<https://www.clpna.com/members/continuing-education/study-with-clpna/>. Students are encouraged to familiarize themselves with the many educational opportunities available through CLPNA throughout the PN program duration.

Year 1: Modules for completion prior to NPRT 155

Required:

- 1) Health Assessment Self-study Course
- 2) Nursing Documentation 101
- 3) Pressure Ulcers eCourse

Optional:

- 1) Medical Language and Terminology Self-study Course
- 2) Medication Administration Self-study Course

Year 2: Modules for completion prior to NPRT 210

Required:

- 1) Infusion Therapy Self-study Course
- 2) Diagnostic Tests and Laboratory Values Self-study Course
- 3) Medication Drug Calculations Self-study Course
- 4) Relational Practice Self-study Course

Optional:

- 1) Anaphylaxis Self-study Course
- 2) * **Prior to NPRT 230:** students are advised to complete the Jurisprudence Exam Study Guide-this will support student preparation for the Jurisprudence exam that is required by CLPNA for licensure upon successful completion of the program.

Please place all of your self-study modules HERE

CLPNA Restricted Activities Modules

Restricted Activities Modules:

- 1) Understanding Restricted Activities
- 2) Ear Syringing
- 3) Administering Blood and Blood Products: Transfusion
- 4) Dispensing of Medications
- 5) Administration of Nitrous Oxide
- 6) Immunization
- 7) Administering Diagnostic Imaging Contrast Agents
- 8) Non-Ionizing Radiation
- 9) Fetal Heart Monitoring
- 10) Administering Medications via Central Venous Catheter, Peripherally Inserted Central Catheter, and Implanted Venous Access Device
- 11) Administering Parenteral Nutrition

Please place all of your certificates of completion [HERE](#)