

First Nation and Inuit Health Branch AB Public Health Update: Immunization, Well Child, & School Programs

Presented by:

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Indigenous Services
Canada

Services aux
Autochtones Canada

Canada

Welcome





Land Acknowledgement

We respectfully acknowledge that we live and work on the traditional lands of the First Nation, Metis and Inuit Peoples since time immemorial. Today we honor the Indigenous Peoples who have lived and cared for these lands for generations. We are dedicated to moving forward in partnership with Indigenous individuals and communities .

Who is your Nursing Education Team?

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Administrative Team:

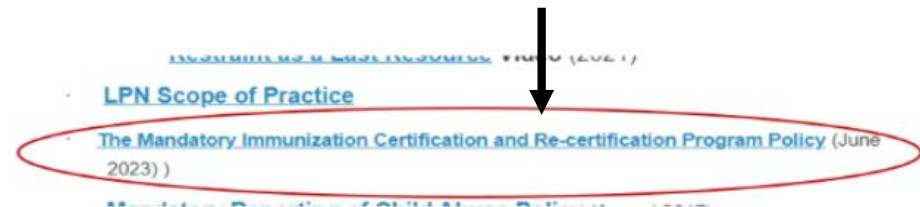
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Topic Overview

- Mandatory Immunization Certification and Recertification Policy
- Nurse Competency Assessment Forms
 - Part B: Nurse Immunization Competency Assessment
 - Part C: RN Well Child Skills Competency Assessment
- Student Consent Form for Immunization in Schools and the Letter to Parents
- The EPDS tool, scoring instructions, and referral flowcharts
- PHN Orientation Guide for New Onboarding Nurses
- Future Directions...
- Masking & Covid-19 update with Dr. Chris Sarin

Updated: Mandatory Immunization Certification and Recertification Policy



[immunization\Final- Mandatory Immunization Certification Policy May 24 2023 Signed SG \(1\).pdf](#)

First Nations & Inuit Health Branch Alberta Region Nursing Policies & Guidelines

Policy Number: 3.1.9

Section: **Nursing Education**
Subject: **Mandatory Immunization Certification and Re-certification Program**
Distribution: **All Nursing Facilities**

Issued: September 01, 2017	Policy Number: 3.1.9
Revised: May 24, 2023	Effective Date:
Approved by: GRONO, SHAWN Shawn Grono, Director of Nursing	June 2023

1. Purpose:

To provide instruction for immunization providers, including community health nurses (CHNs), Nation-employed nurses, and contracted healthcare professionals (HCPs) who provide immunizations under the First Nations & Inuit Health Branch Alberta Region (FNIHB-AB) Medical Officer of Health (MOH), on the Mandatory Immunization Certification and Re-certification Program and the competency requirements needed to provide *publically funded* immunization services.

2. Principles:

- 2.1 To standardize practices for all immunization providers across the FNIHB-AB Region for publically funded vaccines
- 2.2. To ensure that immunization providers achieve and maintain the recommended standards of knowledge, proficiency, and skill in the provision of immunization services based on the Public Health Agency of Canada's (PHAC) immunization competencies and national guidelines
- 2.3 To ensure immunization providers deliver safe, effective, and competent care to individuals residing in First Nation communities

Updated: Mandatory Immunization Certification and Recertification Policy

- Updated Spring 2023, available on OneHealth
- All nurses must complete 'Mandatory Immunization Certification' every 3 years
- **Initial** Certification must be completed by a Public Health Nurse Advisor and has 3 parts:
 - Part A: EPIC
 - Part B: Nurse Immunization Competency Assessment
 - Part C: RN Well Child Skills Competency Assessment (*where applicable*)
- **Renewal** every 3 years
 - Completed by a PH Nurse Advisor **or** a CHN in the community who is an RN, >2 years experience, and certified
- HCPs are responsible for identifying the upcoming expiry of their certificate (3-month grace period)
- HCPs whose immunization certificate has expired **shall not** deliver immunization services

Updated:

Part B- Nurse Immunization Competency Assessment

- Updated Spring 2023
- Form modernization, updated logos
- Used to complete sign off during initial certification and renewals
- Standardize immunization practices across FN communities in the province
- There are 3 different nurse immunization competency assessment forms: RN, LPN, and Adult Only
- Key updates include:
 - Clearer instructions for completion
 - Skills assessments are organized into categories and align with the greater health authority
 - A section for advisors to provide nursing feedback and areas for practice development
 - A section for advisors complete a 3-month follow-up after initial certifications
- Submit completed copy to **both** Manager/Designate and Nursing Education to receive official 'Immunization Provider Certificate'



Part B: Registered Nurse (RN) Immunization Competency Assessment
First Nation Inuit Health Branch (FNIHB)- AB Region

Initial Certification <input type="checkbox"/>		Re-certification <input type="checkbox"/> Date Certificate Expired:		Date EPIC Completed:	
RN Name				Email Address	
Community Health Center				Manager/ Designate	
Nurse Advisor/ Preceptor				Nurse Advisor/Preceptor Certificate Expiry Date	
Date Assessment Initiated				Date Assessment Completed	

Required Prerequisites:

- o RNs are required to **complete Part B: Immunization Competency assessment within 3 months** of completing the online 'Education Program for Immunization Competencies' (EPIC) course (found here: <https://cps.ca/en/epic-pfci>)
 - o It is the responsibility of the RN to ensure these deadlines are adhered to
 - o For any concerns, consult the Education team immediately: santepublicuedgspniab-publichealthfnihbab@sac-isc.gc.ca
- o For **initial certification**, RNs are required to complete **2 to 3 weeks (i.e. 10 to 15 shifts) of orientation** with a preceptor in the community **before** a Nurse Advisor can complete their Part B: Immunization Competency Assessment
 - o If you anticipate difficulty obtaining the minimum # clients required to meet the competency assessment guidelines at your community health center; please let your manager know **ASAP** so that they can arrange for alternative community placement
 - o If the required orientation has not been completed, you may be asked to *reschedule* your sign off
- o The Nurse Advisor/Preceptor completing the Part B: Immunization Competency Assessment for staff: must be an RN, hold a current immunization certificate, and have at least 2 years of current public health nursing experience
 - o All **Initial certifications must** be completed by a Nurse Advisor
 - o **Re-certification** can be completed by either a Nurse Advisor or a Preceptor in the community

After Completion:

- o Submit an email copy of the Part B: Immunization Competency Assessment to:
 - a. the Manager/Designate,
 - b. cc' the Nursing Practice Consultant and/or
 - c. cc' the Education Team: santepublicuedgspniab-publichealthfnihbab@sac-isc.gc.ca

***NOTE: Successful completion of Part B is required before an RN may independently deliver publically funded immunization services with FNIHB-AB**



Clinical Skills/Actions	Preceptor Initial	Learning Needs
General Clinical Skills		
Demonstrates cultural sensitivity and respect for First Nation clients/communities/populations		
Demonstrates ability to navigate, interpret, and understand the EMR (i.e. Netcare and CHIP)		
Demonstrates ability to navigate, interpret, and understand the Immunization Program Standards Manual (IPSM) online		
Demonstrates understanding of FNIHB-AB policy/procedure for immunization service delivery		
Demonstrates understanding of the complexity of infant, child, school-age, and adult immunization schedules		
Understands the reporting process, documentation, and management of needle stick injuries		
Understands the CDC consultation process during/after work hours (i.e. CDC during work hours and the MOH after hours)		
Understands the difference between publically funded vs. for purchase/prescription vaccine delivery		
Anaphylaxis Preparation		
Completes anaphylaxis module and describes the emergency response in the event of an anaphylactic occurrence		
Ensures anaphylaxis procedure is posted in the area where immunizations are administered		
Identifies location of anaphylaxis kit and places it where it is readily available		
Checks the expiry date of drugs/equipment in the anaphylaxis kit		
Demonstrates understanding of the CDC reporting process in the event of an adverse event/anaphylaxis		
Pre-Vaccine Administration		
Demonstrates correct hand hygiene technique		
Introduces self and designation to the client and/or parent or guardian		
Verifies 'right client' using 2 unique personal identifiers (i.e. name, DOB, or AB Healthcare #) and compares it against the EMR		
Identifies any language/literacy barriers and makes appropriate accommodations (i.e. an interpreter, a support person)		
Asks about previous immunization experiences, supports any wellness goals, and explains the purpose of today's visit		
Reviews the immune system process, the vaccines the client is due for, and the recommended schedule		
Reviews the vaccine preventable disease(s)		
Reviews the vaccine(s) benefits, common side effects, and any rare side effects and/or risks		
Reviews the aftercare sheet and AB Health Link (811)		
Provides opportunity for questions, concerns, or inquiries		



Completes a 'Fit to Immunize' assessment		
Obtains informed consent from the client or parent/guardian for minors and verifies parent/guardian name		
Understands the 'mature minor' informed consent process and when to apply it		
Reviews the '15 minute' post-immunization wait and explains the rationale ('30 minutes' if hx of anaphylaxis)		
During Vaccine Administration		
Demonstrates correct hand hygiene technique		
Explains the immunization administration procedure to the client and/or parent/guardian		
Maintains a 'clean' vaccine preparation area		
Confirms right biological 'product', 'dose', 'route'/'site', and 'expiry date' 3x before administration		
Selects appropriate needle gauge and length, as well as the appropriate syringe		
Demonstrates understanding of appropriate site rotation where multiple injections are indicated		
Demonstrates appropriate positioning/stabilization of the client and seeks out support where required		
Demonstrates strategies for maximizing positive immunization experiences (i.e. distraction, breathing techniques, etc.)		
Post-Vaccine Administration		
Activates the needle safety lock after vaccine administration		
Immediately discards the needle/syringe into the sharps container		
Demonstrates correct hand hygiene technique		
Notifies client or parent/guardian when the next immunization is due and directs them to book an appointment		
Reinforces the 15 minute (or 30 minute) post-immunization wait		
Reinforces AB Health Link (811) as a resource		
Charts the immunizations administered into the EMR immediately afterwards		
Charts relevant nursing interventions/notes into the EMR (i.e. allergies, follow up, concerns, etc.)		
Vaccine Management		
Maintains cold chain recommendations (2 to 8 degrees) in the fridge/bag		
Checks the fridge temperature at the start and end of shift and bag temperature at least every 2 hours		
Successfully packs a vaccine bag where transport is required (i.e. number of ice packs, gel packs, thermometer etc.)		
Demonstrates proper handling/maneuvering/storage of biological product (i.e. closed boxes, prevents light exposure, etc.)		
Describes the process for a cold chain break, the documents that need to be filled out, and reporting requirements		
If relevant, understands the vaccine ordering process and consults the NIC accordingly		

Minimum # of Clients to be Observed				
*the total number of clients observed will be determined at the discretion of the Nurse Advisor/Preceptor and the RN's learning needs				
Age Category	Initial Certification	Re-certification	# of Clients Observed	Preceptor Initials
<12 months	3	2		
12 to 18 months	2	1		
19 to 48 months	1	1		
4 to 6 years	1-2	1		
School Age (grades 1 to 12)	1	1		
Adult (>18 years)	1	1		
Mantoux Skin Test (TST) <small>*if no opportunity presents, the RN must be observed before administering independently</small>	1	1		

RN PRACTICE SUMMARY (use bullet points; add extra pages if needed)

Nursing Strengths		Learning Goals/Areas for Development	
Nurse Advisor/Preceptor	Signature	Date	

3 MONTH FOLLOW-UP (required during initial certification ONLY—submit **updated** copy to Manager/Designate and Nursing Education after completion)

Nursing Strengths		Learning Goals/Areas for Development	
Nurse Advisor/Preceptor	Signature	Date	

New!

Part C: RN Well Child Skills Competency Assessment

- Developed Spring 2023
- Only for RNs delivering Well Child Services (not required by LPNs or primary care nurses)
- Focus on health promotion, disease prevention, and injury prevention in the 2 – 59 month populations
- Completed in congruence with Part B: Immunization Competency Assessment form
- Allows for consistency and standardizes practice across First Nations communities in AB
- Skills are organized by age group and well child assessment area
- Criteria align with the AHS well child recommendations



**Part C: Registered Nurse (RN) Well Child Skills Competency Assessment (2 months-preschool age)
First Nation Inuit Health Branch (FNIHB)- AB Region**

RN Name		Email Address	
Community Health Center		Manager/ Designate	
Nurse Advisor/ Preceptor		Nurse Advisor/Preceptor Certificate Expiry Date	
Date Assessment Initiated		Date Assessment Completed	

Required Prerequisites:

- o RNs are required to complete Part B: Immunization Competency assessment within **3 months** of completing the online 'Education Program for Immunization Competencies' (EPIC) course (found here: <https://cps.ca/en/epic-pfci>)
 - o It is the responsibility of the RN to ensure these deadlines are adhered to
 - o For any concerns, consult the Education team immediately: santepublicuedgspniab-publichealthfnihbab@sac-isc.gc.ca

- o RNs delivering well child services are required to complete Part C: Well Child Competency Assessment **congruently** with their Part B: Immunization Competency Assessment

- o RNs are required to complete **2 to 3 weeks (i.e. 10 to 15 shifts)** of orientation with a preceptor in the community **before** a Nurse Advisor can complete their Part C: Well Child Competency Assessment
 - o If you anticipate difficulty obtaining the minimum # clients required to meet the competency assessment guidelines at your community health center; please let your manager know **ASAP** so that they can arrange for alternative community placement
 - o If the required orientation has not been completed, you may be asked to *reschedule* your sign off

- o The Nurse Advisor/Preceptor completing the Part C: Well Child Competency Assessment for staff: must be an RN, hold a current immunization certificate, and have at least 2 years of current public health nursing experience immunization certificate, and have at least 2 years of current public health nursing experience
 - o All Initial certifications **must** be completed by a Nurse Advisor
 - o Re-certification can be completed by either a Nurse Advisor or a Preceptor in the community

After Completion:

- o Submit an email copy of the Part C: Well Child Competency Assessment to:
 - a. the Manager/Designate,
 - b. cc' the Nursing Practice Consultant and/or
 - c. cc' the Education Team: santepublicuedgspniab-publichealthfnihbab@sac-isc.gc.ca

***NOTE: Successful completion of Part C is required before an RN may independently deliver well child services within the FNIHB-AB region**



Well Child Assessment Area √ = meets expectations * = needs development Refer to HPHC: www.healthyparentshealthychildren.ca and Rourke Baby Guide: www.rourkebabyrecord.ca	2 month	4 month	6 month	12 month	18 month	Preschool	Adult
Demonstrates cultural sensitivity and respect for First Nation clients/communities/populations							
Application of Client/Family Centered Care Principles <ul style="list-style-type: none"> - Asks about previous appointments and how they went - What concerns/questions do you have today? - Explains the purpose of the visit and supports any wellness goals 							
Growth Measurements <ul style="list-style-type: none"> - Weight - Height - Head Circumference - Plot growth chart, interprets percentiles/trends, & reviews results 							
Head to Toe Physical Assessment <ul style="list-style-type: none"> - Head (fontanelles, suture lines, eyes, ears, nose, mouth) - Facial/Developmental features (i.e. FASD screening, etc.) - Hands/Feet/Fingers/Toes (i.e. extra digits, webbing, etc.) - Abdomen (i.e. masses, hernias, etc.) - Genitals/Anus/Sacrum (i.e. diaper rashes, sacral dimple, etc.) - Integument (i.e. Mongolian spots, rashes, etc.) 							
Auscultation <ul style="list-style-type: none"> - Heart sounds - Lung sounds - Bowel sounds 							
Infant Reflexes <ul style="list-style-type: none"> - Moro/Startle reflex - Root/Suck reflex - Tonic neck/Archer reflex - Grasp reflex - Step reflex - Babinski/Foot reflex 							
General Development Assessment (age appropriate- roll, crawl, walk, etc.)							
Nutrition/Feeding Assessment (i.e. breastfeeding, formula, solids, etc.)							
Vitamin D intake Recommendations (i.e. 400IU supplement daily)							
Safe Infant Sleep and SIDS prevention <ul style="list-style-type: none"> - Separate sleep space for infant (i.e. crib/basinet) - Back to sleep, no blankets, no pillows, etc. 							



RN PRACTICE SUMMARY (use bullet points; add extra pages if needed)

Nursing Strengths		Learning Goals/Areas for Development	
Nurse Advisor/ Preceptor		Signature	Date

3 MONTH FOLLOW-UP (required during initial certification ONLY—submit updated copy to Manager/Designate and Nursing Education after completion)

Nursing Strengths		Learning Goals/Areas for Development	
Nurse Advisor/ Preceptor		Signature	Date

Updated: Student Consent Form for Immunization in School Settings

- Updated Spring 2023, available on OneHealth
- Form Modernization, updated Logos
- Thoroughly reviewed by Legal & Privacy teams
- Terminology kept as simple as possible (some terms unavoidable)
- Back of the consent form intended for staff use if required (i.e. telephone consent, refusals, etc.)
- Organized into 3 steps for parents:
 - Childs demographic information
 - Childs health information
 - Consent

Community Health Nursing DDC

- [Order Form for Nursing Stations](#) (pdf version) – April 2021
- [Order Form for Nursing Stations](#) (Excel version) – April 2021
- [TDG Supplies Order Form](#) – sharps containers, biohazard waste boxes/bags
- [Emergency Drugs Check](#) – **Prescriptions ONLY**

- [CH-004 Maternal Assessment](#) (March 2011)
- [CH-005 Infant Assessment](#) (December 2011)
- [CH-003 Student Consent for Immunization in the school setting](#) (June 2023)
- [Letter to Parents- The School Immunization Program](#) (June 2023)
- [CH-013 Child Immunization Reminder](#) – March 2023
- [CH-015 Client Referral](#) – March 2010
- [CH-025 Statement of Refusal of Service](#) - April 2018
- [HC-027 Admission Home Care Program and Chronic Care Program](#)

New!

Letter to Parents re: School Immunization Program

- Developed Spring 2023, available on OneHealth
- Informative letter intended for Parents/Guardians of students in FN schools
- Explains the school immunization process and contents of the package (i.e. consent form, vaccine information sheets, etc.)
- Emphasizes *'your child will not be vaccinated without your consent'*
- Includes contact information for the CHC for any parent questions



Dear Parent/Guardian,

Each year, your community health center offers immunization (vaccines) to students at the school. This means that a public health nurse attends the school to give your child their immunization (only if you consent to them receiving it).


In the envelope, you will find a vaccine consent form and also vaccine information sheets for you to review. On the 'Student Consent Form for Immunization in the School Setting', the *nurse has indicated an arrow*, such as this one ➡, beside the vaccine(s) that your child needs based on the Alberta provincial immunization guidelines.

To consent to your child being immunized, please review all the handouts and **complete and return** the 'Student Consent Form for Immunization in the School Setting' to the school as soon as possible. **Your child will NOT be immunized without your consent.**

Your child will only receive the vaccines you consented to on the form. This consent will continue until one of the following occurs:

1. The child receives all required vaccine doses (this can take more than one school year), or
2. The child's health changes (please call the nurse to let them know), or
3. You withdraw or cancel (take back) your consent for your child to receive the immunization(s)

Questions? Concerns?

 **Community Health Center Contact:**

Updated: EPDS Screening & Scoring Tools

- Updated Summer 2023, available on OneHealth
- Form modernization, updated logos
- Updates include clearer Instructions for:
 - clients on how to fill out the form and alternate options if unable to fill it out
 - HCP on how to score the form and complete referrals if required
- Old EPDS form had the scoring instructions on it (this has been removed)
 - HCP are directed to a scoring sheet that is separate from the EPDS tool

ALBERTA / NWT - FIRST NATIONS
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Home Community Health **Forms** Alberta Region Calendars Resource Library WebMail

Forms Community Health Communicable Disease Control (CDC)
Community Health

Community Health Nursing
DDC
Home and Community Care
Maternal and Child Health
Resource Library
Tuberculosis Program

- [Order Form for Nursing...](#)
- [Order Form for Nursing...](#)
- [TDG Supplies Order For...](#)
- [Emergency Drugs Check...](#)

...g Stations (pdf version) – April 2021
...g Stations (Excel version) – April 2021
...s, sharps containers, biohazard waste boxes/bags
...ions ONLY

scroll down to find:

[**EPDS Screening Tool- FNIHB-AB**](#)

[**EPDS Scoring Instructions**](#)

[**EPDS Appendix A: PPD referral flowchart**](#)

[**EPDS Appendix B: PPD Alternate Questions referral flowchart**](#)

[**EPDS Appendix C: PPD Suicide Risk referral flowchart**](#)



Edinburgh Postnatal Depression Scale [EPDS]

Patient Name			DOB	
AB Healthcare #			Treaty #	
Family Physician			Phone #	
Health Provider			Date	

Instructions: Please choose ONE answer to each of the questions below, that that best describes how you have felt in the past 7 days, not just how you feel today. Be as honest as possible in your responses.

If **unable to complete the written EPDS** (i.e. due to physical inability to self-administer, limited comprehension or literacy, etc.) refer to **Appendix B: Postpartum Depression- Alternate Questions**

- | | |
|--|--|
| <p>1. I have been able to laugh and see the funny side of things.</p> <p><input type="radio"/> As much as I always could</p> <p><input type="radio"/> Not quite as much now</p> <p><input type="radio"/> Not so much now</p> <p><input type="radio"/> Not at all</p> | <p>6. Things have been too much for me.</p> <p><input type="radio"/> Yes, most of the time I haven't been able to cope at all</p> <p><input type="radio"/> Yes, sometimes I haven't been coping as well as usual</p> <p><input type="radio"/> No, most of the time I have coped well</p> <p><input type="radio"/> No, I have been coping as well as ever</p> |
| <p>2. I have looked forward with enjoyment to things.</p> <p><input type="radio"/> As much as I ever did</p> <p><input type="radio"/> Somewhat less than I used to</p> <p><input type="radio"/> A lot less than I used to</p> <p><input type="radio"/> Hardly at all</p> | <p>7. I have been so unhappy that I have had difficulty sleeping.</p> <p><input type="radio"/> Yes, most of the time</p> <p><input type="radio"/> Yes, sometimes</p> <p><input type="radio"/> Not very often</p> <p><input type="radio"/> No, not at all</p> |
| <p>3. I have blamed myself unnecessarily when things went wrong.</p> <p><input type="radio"/> No, not at all</p> <p><input type="radio"/> Hardly ever</p> <p><input type="radio"/> Yes, sometimes</p> <p><input type="radio"/> Yes, very often</p> | <p>8. I have felt sad or miserable.</p> <p><input type="radio"/> Yes, most of the time</p> <p><input type="radio"/> Yes, quite often</p> <p><input type="radio"/> Not very often</p> <p><input type="radio"/> No, not at all</p> |
| <p>4. I have been anxious or worried for no good reason.</p> <p><input type="radio"/> Yes, often</p> <p><input type="radio"/> Yes, sometimes</p> <p><input type="radio"/> No, not much</p> <p><input type="radio"/> No, not at all</p> | <p>9. I have been so unhappy that I have been crying.</p> <p><input type="radio"/> Yes, most of the time</p> <p><input type="radio"/> Yes, quite often</p> <p><input type="radio"/> Only occasionally</p> <p><input type="radio"/> No, never</p> |
| <p>5. I have felt scared or panicky for no good reason.</p> <p><input type="radio"/> Yes, often</p> <p><input type="radio"/> Yes, sometimes</p> <p><input type="radio"/> No, not much</p> <p><input type="radio"/> No, not at all</p> | <p>10. The thought of harming myself has occurred to me.</p> <p><input type="radio"/> Yes, quite often</p> <p><input type="radio"/> Sometimes</p> <p><input type="radio"/> Hardly ever</p> <p><input type="radio"/> Never</p> |

TOTAL SCORE: _____

Scoring Instructions: refer to the EPDS Scoring Instructions available on the OneHealth Portal



EPDS (Edinburgh Postnatal Depression Scale) Scoring Instructions

- | | |
|--|--|
| <p>1. I have been able to laugh and see the funny side of things.</p> <p>0 As much as I always could</p> <p>1 Not quite as much now</p> <p>2 Not so much now</p> <p>3 Not at all</p> | <p>6. Things have been too much for me.</p> <p>3 Yes, most of the time I haven't been able to cope at all</p> <p>2 Yes, sometimes I haven't been coping as well as usual</p> <p>1 No, most of the time I have coped well</p> <p>0 No, I have been coping as well as ever</p> |
| <p>2. I have looked forward with enjoyment to things.</p> <p>0 As much as I ever did</p> <p>1 Somewhat less than I used to</p> <p>2 A lot less than I used to</p> <p>3 Hardly at all</p> | <p>7. I have been so unhappy that I have had difficulty sleeping.</p> <p>3 Yes, most of the time</p> <p>2 Yes, sometimes</p> <p>1 Not very often</p> <p>0 No, not at all</p> |
| <p>3. I have blamed myself unnecessarily when things went wrong.</p> <p>0 No, not at all</p> <p>1 Hardly ever</p> <p>2 Yes, sometimes</p> <p>3 Yes, very often</p> | <p>8. I have felt sad or miserable.</p> <p>3 Yes, most of the time</p> <p>2 Yes, quite often</p> <p>1 Not very often</p> <p>0 No, not at all</p> |
| <p>4. I have been anxious or worried for no good reason.</p> <p>3 Yes, often</p> <p>2 Yes, sometimes</p> <p>1 No, not much</p> <p>0 No, not at all</p> | <p>9. I have been so unhappy that I have been crying.</p> <p>3 Yes, most of the time</p> <p>2 Yes, quite often</p> <p>1 Only occasionally</p> <p>0 No, never</p> |
| <p>5. I have felt scared or panicky for no good reason.</p> <p>3 Yes, often</p> <p>2 Yes, sometimes</p> <p>1 No, not much</p> <p>0 No, not at all</p> | <p>10. The thought of harming myself has occurred to me.</p> <p>3 Yes, quite often</p> <p>2 Sometimes</p> <p>1 Hardly ever</p> <p>0 Never</p> |

TOTAL SCORE: _____

Scoring Instructions: Add up the numbers associated with the clients selected answers. A score of 10 or > indicates that depression is *likely* and further assessment is recommended. If any response, other than 'never', is selected for item #10, a suicide risk assessment and referral to the most responsible provider is required. Refer to the EPDS appendices for further clinical guidance (*available on OneHealth*): **Appendix A: PPD Referral Flowchart**; **Appendix B: Alternate PPD Questions**; and **Appendix C: Suicide Risk Assessment Referral Flowchart**

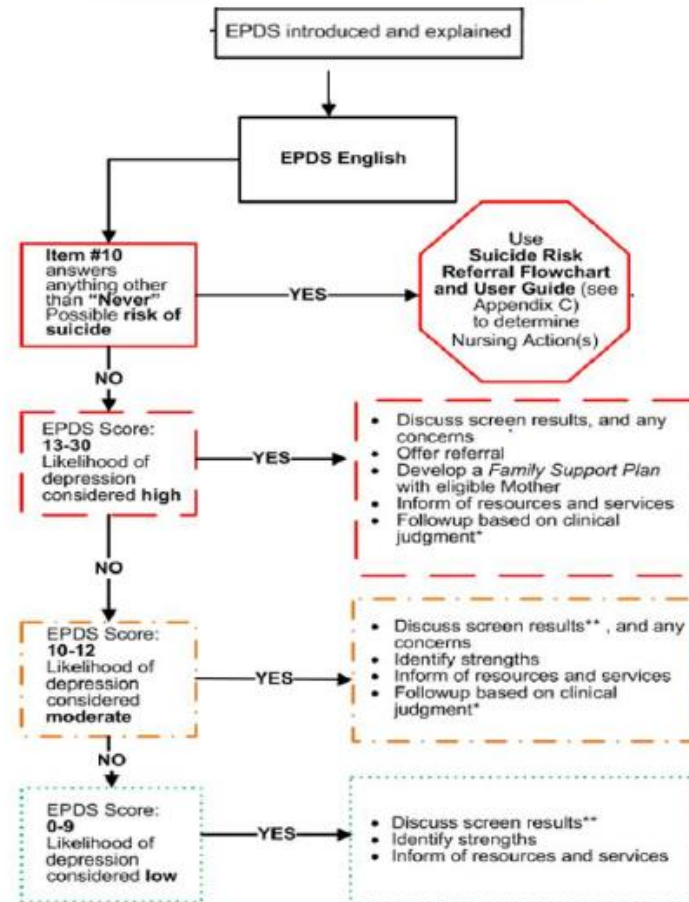
New!

EPDS Referral Algorithms (Appendix A – C)

- Added summer 2023, available on OneHealth
- 3 Referral Flowcharts adapted from AHS:
 - Appendix A: Postpartum Depression Referral Flowchart
 - Appendix B: Postpartum Depression Alternate Questions Referral Flowchart
 - Appendix C: Postpartum Depression Suicide Risk Referral Flowchart
- Enhanced clinical guidance and support for HCPs when assessing EPDS scores and when clients answer 'yes' to item #10 (i.e. thoughts of self harm)
- Clear and easy to follow algorithms



Appendix A: Postpartum Depression Referral Flowchart



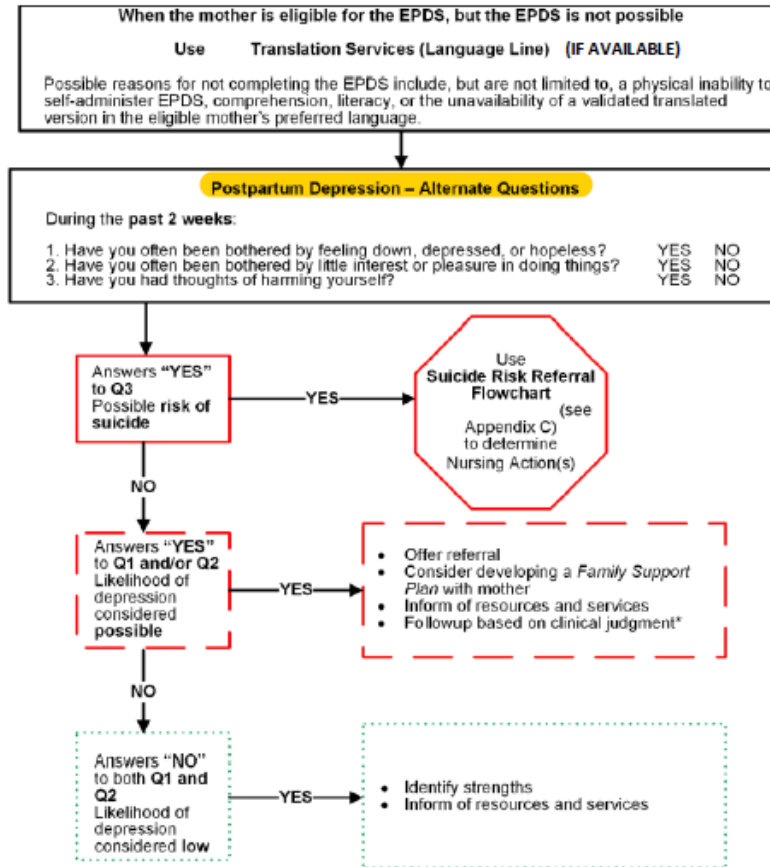
Note:

*Use nursing judgement in conjunction with the EPDS score and interaction with the client to guide nursing actions such as re-screening, follow up time frames, assessment, and referral

**A referral for further assessment maybe considered if interaction with the client indicates that depression maybe be more likely than the score indicates. A referral should be offered if the score is 13 or greater.



Appendix B: Postpartum Alternate Questions Referral Flowchart



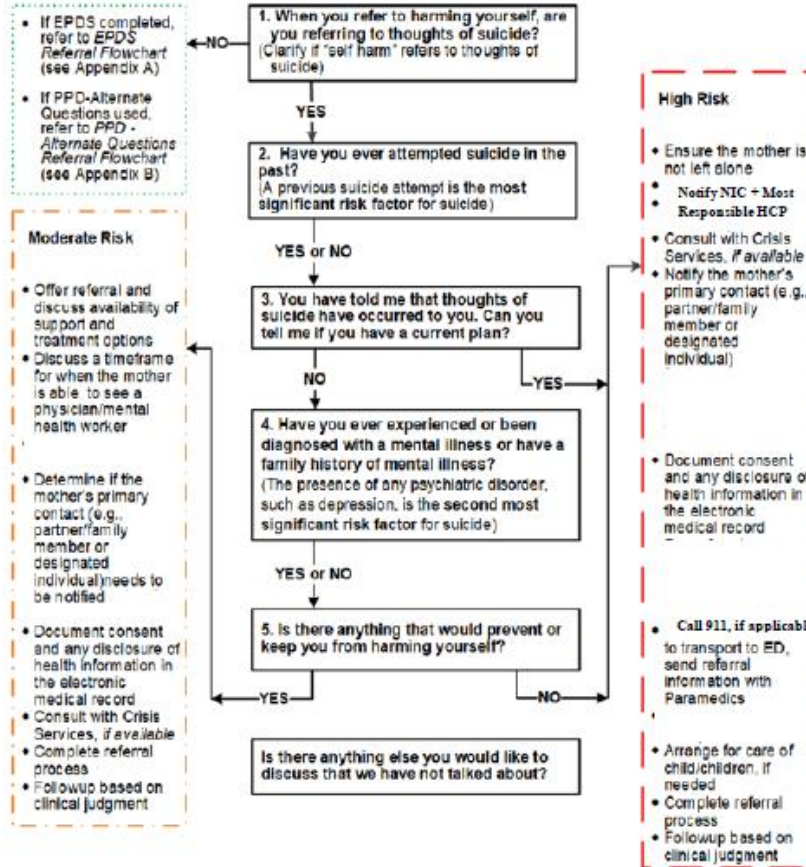
Note:

*Use nursing judgement in conjunction with screening and interaction with the client to guide nursing actions such as re-screening, follow up, assessment, and referral. A referral for further assessment maybe considered if interaction with the client indicates that depression maybe be more likely than the screen indicates



Appendix C: Postpartum Depression Suicide Risk Referral Flowchart

For mothers who answer:
 1. anything but 'never' on EPDS question #10 OR
 2. 'yes' to Risk of Harm question on PPD-Alternate Questions



Note:

*Use nursing judgement in conjunction with the postpartum depression screening, risk for suicide, and interaction with the client to guide nursing actions such as re-screening, follow up time frames, assessment, and referrals

New!

PHN Orientation Guide for New Nurses

- Developed September 2023
- Intended to support new nurses during the PH onboarding process
- Step by step guide that includes clear orientation expectations, time frames, and involves the manager/designate in the process
- Organized into 5 steps :
 1. Part A: EPIC Modules (12h)
 2. Theory Session with a Nurse Advisor (1 week)
 3. Orientation to Well Child Clinic with a Buddy Nurse (2 weeks)
 4. Part B + C Competency Assessments (1 week)
 5. 3-month Follow up with Nurse Advisor

One Page Summary Sheet

Public Health Nurse Orientation - Immunization & Well Child Sign-off Pathway

<p style="text-align: center;">STEP 1: Complete Part A (EPIC Course)</p> <p>Course access for FNIBH Nurses: Access will be arranged and provided during onboarding</p> <p>Course access for First Nation Transferred Nurses : There is a cost associated with EPIC. Contact your employer for course access.</p> <p>Send your certificate of completion to the Nursing Education Team: santepubliquespniab-publichealthfnihbab@sac-isc.gc.ca</p> <p>Course website: https://cps.ca/en/epic</p> <p style="text-align: right;"><i>Total time to complete: 11.5 hrs</i></p>	<p style="text-align: center;">STEP 2: Theory Week</p> <p>In week 3 of the ISC onboarding, all CHNs will be required to attend a virtual theory training component with a Public Health Nurse Advisor to complete and review the following:</p> <ul style="list-style-type: none"> ➤ AHS IPSM: Immunization Program Standards Manual Alberta Health Services ➤ One Health & E-Learning Portal ➤ Rourke Baby Record: www.rourkebabyrecord.ca ➤ Healthy Parents and Healthy Children website: www.healthyparentshealthychildren.ca ➤ AHS MyAbsorb site: https://ahs.myabsorb.ca/ ➤ An immunization workbook, engage in practice scenarios, participate in group discussion and review charting expectations <p style="text-align: right;"><i>Total time to complete: 37.5 hrs</i></p>
<p style="text-align: center;">STEP 3: Orientation to Well-Child Clinic</p> <p>The well child clinic is a specialized area of nursing practice. Mentorship is essential for success.</p> <p>The CHN will connect with their manager to request 2 weeks of buddy shifts (minimum) with a CHN in the community. This must be completed prior to Step 4.</p> <p>Nurses are encouraged to observe <i>at least</i>:</p> <ul style="list-style-type: none"> ➤ <4 years of age (6 visits) ➤ >4 years of age (4 visits) ➤ School program (4 visits) ➤ Adult (2 visits) ➤ Tuberculin Purified Protein Derivative (PPD) skin test (1 visit) <p style="text-align: right;"><i>Total time to complete: 75 hrs</i></p>	<p style="text-align: center;">STEP 4: Complete Part B + C (Nurse Competency Assessment)</p> <p>Part B: The Nurse Immunization Competency Assessment Part C: The Well Child Clinic Skills Competency Assessment</p> <p>The CHN will connect with a PH advisor to schedule Part B + C sign-off (can take 1-2 weeks depending on learner specific needs and experience)</p> <p>Submit completed Part B + C forms to the Nursing Education Team to receive an official 'Immunization Provider Certificate': santepubliquespniab-publichealthfnihbab@sac-isc.gc.ca</p> <p style="text-align: right;"><i>Total time to complete: 37.5 – 75 hrs</i></p>
<p style="text-align: center;">STEP 5: 3-month Follow up with a PH Nurse Advisor</p> <p style="text-align: center;">A PH nurse advisor will connect with the CHN to complete a 3-month follow-up, Explore further learning goals and provide ongoing mentorship.</p> <p style="text-align: right;"><i>Total time to complete: 1 hr</i></p>	

What's Next? Future Directions...

- Community postpartum training and competency assessment development (aka Part D!)
- Look forward to an *in-person* Annual PH Update (...late 2024?)
- What do you want to Learn? Practice? Develop?....

Complete our Poll!



Email us: santepubliquespniab-publichealthfnihbab@sac-isc.gc.ca

Masking & Covid-19 Update:

Dr. Chris Sarin

