First Nation and Inuit Health Branch-Alberta 2nd Annual Public Health Update: Well Child, School, and Postpartum Program

Public Health Nurse Consultant: Anju Singh BSc, BN, MPH

Contact: anju.singh@sac-isc.gc.ca

November 29, 2024







Land Acknowledgement

I am speaking to you from the Treaty 7 region. I respectfully acknowledge that I live and work on the traditional lands of the First Nation, Metis, and Inuit Peoples since time immemorial.

Today, I honor the Indigenous Peoples who cared for these sacred lands for *many generations*. I am dedicated to moving forward in partnership with Indigenous communities to optimize their public health and well-being.

Who is your Public Health Nursing Team?

Regional Nurse Educator

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Topic Overview

- ➤ Regional Review & Update
 - Mandatory Immunization Certification Policy
 - CDC Update
 - Safety Update
 - PHN Orientation Guide: Immunization and Well Child Program
 - Rourke Well Baby Assessments
- ➤ What's New?
 - Grade 6 and 9 School PowerPoints
 - Vaccines: A FINCH Video for Expectant Parents
 - PHN Orientation Guide: Community Postpartum Program
 - Checklist: The Role of a Well Child Clinic Orientation Nurse
 - New Nurse Orientation Checklists: Immunization, Well Child, Postpartum Skills
- What's Next?
 - Upcoming Telehealth Sessions
 - You tell us!

Review & Updates

Review: Mandatory Immunization Certification Policy

- All nurses immunizing under the FNIHB MOH must complete **mandatory** immunization certification
- **Initial** certification is competed with a FNIHB PH Nurse Advisor
- Renewal is every 3 years and can be completed by either a Nurse Advisor or a CHN in the community who:
 - is an RN
 - has 1-2 years well child clinic experience
 - a valid (unexpired) immunization certificate
- Nurses are responsible for maintaining and renewing their own certificates
- Nurses cannot provide immunization services under the FNIHB MOH with an expired certificate

Available on OneHealth



*also found under the 'CDC' tab >> 'CDC Education + Forms' subtab



Indigenous Services Canada

Services aux

First Nations & Inuit Health Branch Alberta Region

Policy Number: 3.1.9

Nursing Policies & Guidelines

Nursing Education

Mandatory Immunization Certification and Re-certification Program

Distribution: All Nursing Facilities

Issued: Septe	mber 01, 2017	Policy Number: 3.1.9	
Revised: May 2	24, 2023		
Approved by:	GRONO, SHAWN Resion: I am approving this document with my legally trinding signature but 2023-06.0 foli-62-1-0500	Effective Date: June 2023	
	Shawn Grono, Director of Nursing	Julie 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 Recertification 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

FNIHB-AB Nursing Policies & Guidelines

Immunization Certification Policy

CDC Update: Melissa Evans BScN, RN Laura Mah BN, RN







Today's Objective

- To provide clinical information related to Pertussis disease and immunization.
- To provide a review of seasonal respiratory infections and related immunizations.

What is Pertussis?

- Also known as whooping cough
- Highly communicable bacterial illness
 - Bordetella pertussis
- Occurs year round, worldwide
- 400,000 global deaths/ year
- Highest Pertussis rates in:
 - Unimmunized infants
 - Unimmunized adolescents



Pertussis in Alberta

Nov 30, 2022 to Nov. 20 2024:

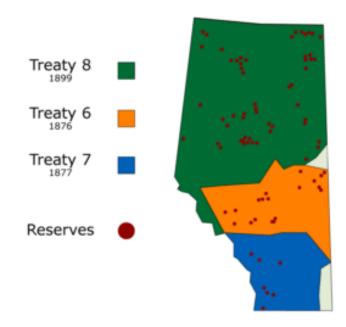
- 1438 cases total
- In 2024, there were 547 cases
 - 26 new cases in last 7 days of October
- 47 pertussis related hospitalizations
- 79.4% of cases are not immunized or partially immunized
- Overall provincial incidence rate has increased from:
 - 0.29 per 100,000 (13 cases in 2022)
 - 19.3 per 100,000 (887 cases in 2023)



Pertussis in Alberta First Nation Communities

Jan 1, 2023 to Nov. 20, 2024

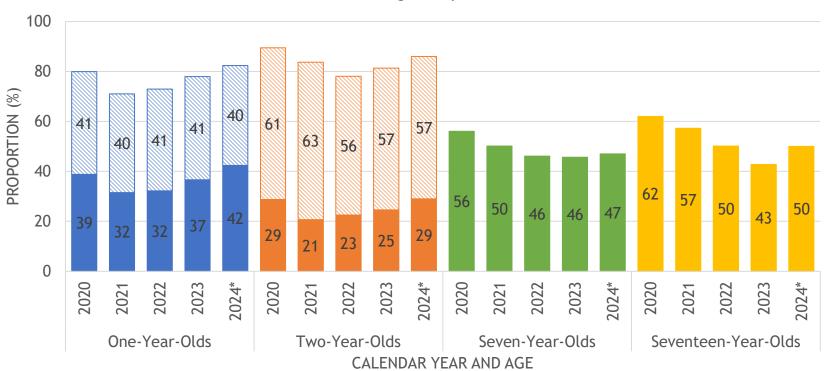
- 31 cases
 - Most cases identified at Emergency Department
 - 5 people hospitalized
 - o All under 1 years of age



Pertussis Immunization Rates in Alberta First Nation Communities

Pertussis Immunization Coverage and Uptake by Age and Year in First Nations in Alberta





Source: OKAKI CHIP Slice (Instats November 27, 2024) and ISC, FNIHB-Alberta Region, Communicable Disease Control Database.

*2024 only includes data up to November 27, 2024

Clinical Presentation of Pertussis

• 3 stages

- Catarrhal stage- most infectious
 - Cold-like symptoms
 - Lasts 1-2 weeks
- Paroxysmal stage
 - Paroxysmal cough
 - Lasts 4-6 weeks, sometimes up to 10 weeks
- Convalescent stage
 - Cough wanes over weeks to months



Hear the "whoop" that gives whooping cough its name.

Transmission of Pertussis

- Spread by respiratory droplets
- Highly communicable
 - 80% of susceptible household contacts become infected
- Incubation period 5-21 days
- Most infectious during catarrhal stage and first two weeks after onset of cough
- Length of communicability impacted by: Age, Immunization status, Antibiotic treatment, Previous infection.



Pertussis Follow-up

- Public Health Follow-up:
 - Exclusion of a case working with vulnerable persons may be required
 - Contact follow up for anyone with a significant exposure
 - Offer immunization if not up to date
 - Post Exposure Prophylaxis
 - Watch for symptoms for 21 days
- Most Vulnerable to Pertussis Infections
 - Infants less than 1 year- regardless of immunization status
 - Pregnant women in 3rd trimester



Pertussis Follow-up

- Post Exposure Prophylaxis(PEP) may be offered to close contacts of a confirmed case
 - Antibiotic- provincially funded
 - Given early can reduce symptoms
 - Treatment reduces communicability



Pertussis Immunization

Childhood and Adolescent Immunizations

○ 2, 4, 6 mo: DTaP-IPV-Hib-HB

○ 18 mo: DTaP-IPV-Hib

○ 4 yrs: Tdap- IPV

○ Grade 9: Tdap



Note: Children who have had pertussis infection should still continue with pertussis containing vaccines.

Pertussis Immunization

Adult

- Completion of Primary series
- Reinforcing dose every 10 years
- 1 dose of Tdap for individuals who have not had a pertussis containing dose, regardless of interval
- Additional doses:
 - After some injuries
 - Third trimester of every pregnancy



Tdap in Pregnancy

- Immunizing pregnant individuals helps protect both the mother and the newborn.
- Offer Tdap to all pregnant individuals- regardless of age.
- Ideally from 27 weeks up to 32 weeks
 - 13 weeks to time of delivery is acceptable
- See Immunization Program Standard Manual for more details

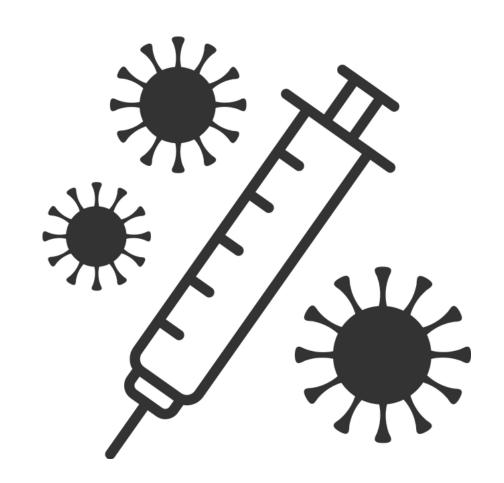


Documenting & immunization

- Document immunizations, refusals, and adverse reactions
- CHIP users:
 - Electronically submit immunization records in CHIP
 - Local immunization coverage rates for children, adolescents, and adults can be viewed in SLICE
 - (contact the Okaki help desk if you need assistance with these processes)

Seasonal Immunization Reminders

- Influenza
- COVID-19
- RSV
- Pneu-C20



Influenza in Alberta

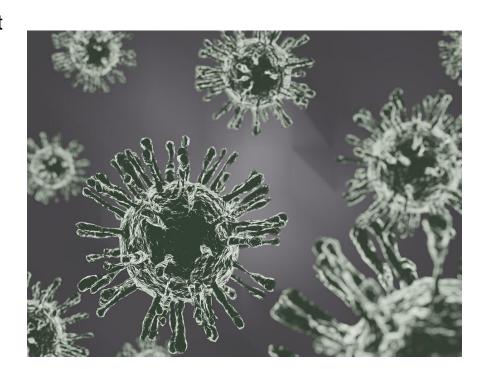
Influenza

	2022-2023	2023-2024	2024-2025*
Hospitalizations	2188	3348	78
ICU	222	364	7
Deaths	123	178	3

Source: Alberta Health Respiratory virus dashboard

Data generally runs from late August to August

*Aug 25, 2024- Nov 16, 2024



COVID-19 in Alberta

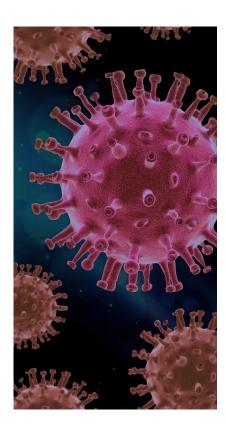
COVID-19

	2022-2023	2023-2024	2024-2025*
Hospitalizations	5918	6083	1684
ICU	462	380	89
Death	973	754	178

Source: Alberta Health Respiratory virus dashboard

Data generally runs from late August to August

*Aug 25, 2024- Nov 16, 2024



Respiratory Illness in First Nations in Alberta

Influenza

	2023-2024*	2024-2025**
Total	76	0
Hospitalizations	47	0
Deaths	7	0

COVID19

5	2023-2024*	2024-2025**
Total	174	24
Hospitalizations	54	17
ICU	Less than 5	Less than 5
Deaths	Less than 5	Less than 5

CHN Role and Seasonal Immunizations

- Offer both Influenza and COVID-19 to all clients
- Spacing reminders:
 - Influenza and COVID-19 can be co-administered
 - Pneu-C20 should be give at least one year after a Pneumo-P to be effective
 - RSV spacing
 - 2 weeks for Influenza and COVID-19
 - 6 weeks for all other vaccines, including Pneu-C20



Questions?

Equipecmtab-abcdedteam@sac-isc.gc.ca

Melissa Evans: 403-462-1650

Safety Update: Erin Wagner BScN, RN Senior Patient Safety Advisor



PATIENT SAFETY

Erin Wagner, Senior Advisor, Patient Safety and Quality Improvement





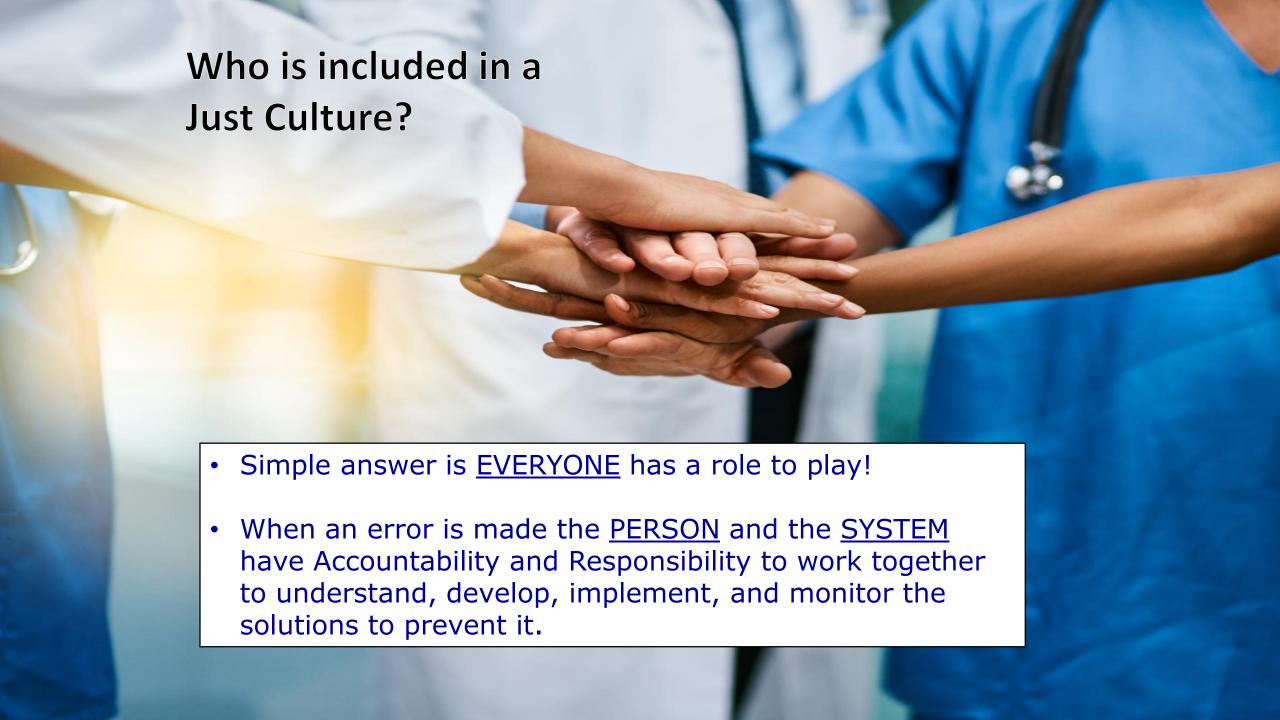


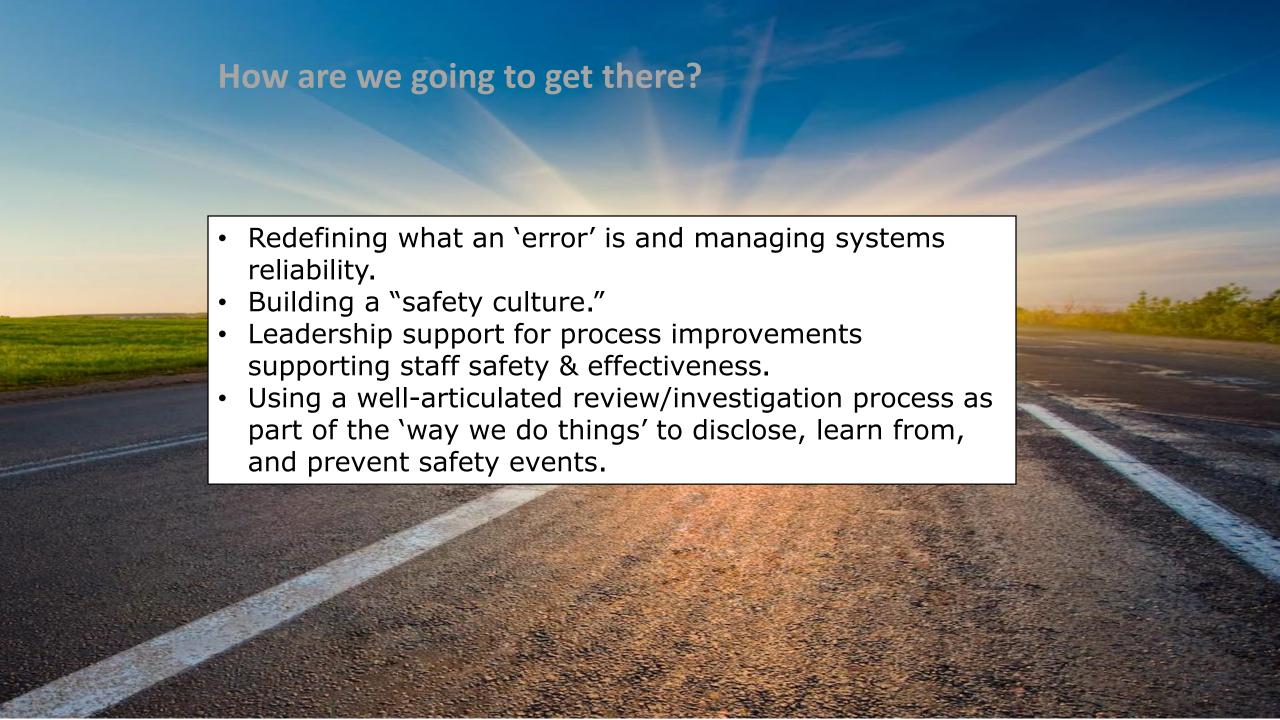
What is a Just Culture?



Refers to a values-supportive system of **shared accountability** in which **organizations are accountable** for the systems they have designed and for responding to the behaviors of their employees in a fair and just manner.

Employees are accountable for the quality of their choices and for reporting errors and system vulnerabilities – knowing that as humans we cannot be perfect, but we can strive to make the best possible choices.





Near Miss



- Close calls happen at a rate of 300 times that of harm events
- Close calls do not result in harm because they were identified, and addressed or eliminated
- Close calls include errors, mistakes, problems, violations or unsafe conditions

Why do we want a 'Just Culture' at ISC?

- We know that creating a safe and transparent environment encourages reporting of mistakes and hazards and ultimately improves the care we provide to our patients.
- The goal in implementing Just Culture is to create a strong culture of safety where staff are managed fairly when involved in an error, mistake or adverse event.



Developing a Reporting Culture

REPORT

Report all errors and near misses Involve the whole team

LEARN

Identify and investigate causes of errors Use them as learning opportunities

SHARE

Discuss with others and promote learning

ACT

Make changes to practice

REVIEW

Review changes to practice



What is an incident?

 any unexpected occurrence/event or circumstance not consistent with the routine safe operation of the organization or the safe and acceptable standards of client care; an error or situation that could have or has resulted in harm to the client, to staff, or to a member of the public; and/or a loss of cash or damage to an asset such as owned, rented, or leased property or equipment

Immunization Errors

Immunization/Vaccine related errors have specific reporting requirements but should also follow an incident reporting process

Consideration of transferred communities is unique as they are still required to report



WHEN DO YOU REPORT?



WHAT DO YOU REPORT?



WHO DO YOU REPORT TO?



TRANSFERRED COMMUNITY REPORTING



PATIENT DISCLOSURE



FOLLOW UP

Incident Immediate Response Report

- ❖ The initial report, which is an online, fillable PDF form, located on ONEhealth
- ❖ The initial report is completed by the healthcare provider online in the community where the incident occurred.
- ❖ If there is a rational for using a paper version, it must be completed in a legible format so the information can be easily read.
- All information should be factual and succinct, and there should be no names, assumptions or emotive statements.
- ❖ A copy of the document or reference to the document should not be placed/recorded in the patient file; however, if there is treatment required related to the incident, appropriate charting should be done in the patient chart as to the care provided.
- ❖ The completed checklist is then submitted to the Nurse Manager, who will fill in any actions taken by them during the incident.
- ❖ If the incident involved a patient the form will go to the Regional Incident Manager who will follow up with the persons involved to hear their stories and start building the timelines.

Initial Report

Appendix B

INCIDENT IMMEDIATE RESPONSE REPORT FORM 1 TO BE COMPLETED AS SOON AS POSSIBLE AFTER INCIDENT AND SUBMITTED TO NURSE MANAGER

Time of Incident [нн:мм]	OCISM CONTACTED	
	O YES	
Date of Incident _{yyyy-mm-dd}	Community	Name of Health Care Providers Involved
Name of Contact [pe	rson completing form]	
Describe Incident [do	o not include names or identifiers o	of patients]

Patient Safety or Non Patient Safety

- Patient Involved YES [completed rest of Form before submitting to Regional Nurse Manager]
- O Patient not Involved NO Submit form to Regional Nurse Manager immediately

PATIENT INVOLVED PLEASE COMPLETE APPLICABLE PARTS OF FORM

R.E.S.P.O.N.D		
Respond to immediate situation with patien	nt needs	
☐ Environmental safety and security for patie	ent and other staff	
Secure and remove any product or equipm	nent involved, note location be	elow
Protect other patients and staff, and ensure of incident	e measures are in place to pr	revent recurrence
Offer support to those involved, if necessa	ry provide quiet space and co	ounselling
☐ Notify Nurse Manager/Patient Safety Office	er	
☐ Disclosure: Did it happen, if so fill out secti	ion below. Documentation.	
DISCLOSURE: to whom/by whom	Date yyyy-mm-dd	Time нн:мм
Date Form completed yyyy-mm-dd Time Form	Completed мм:нн	
Regional Office to Complete		
Date form received.[yyyy-mm-dd] Time form re-	ceived[нн:мм] Name of pe	erson receiving form
FORM SENT TO OCISM by NM		
O YES		
O NO		
Nurse Manager Report		

Disclosure

- Research supports that patients want to know that something has happened.
- They want to hear an apology. An apology done sincerely is not an admission of guilt or liability, it is an acknowledgement that an error occurred.
- The words "I am sorry that this happened and we want to review the situation to determine how to prevent this happening again."
- In some situations the provider cannot apologise and this is when the manager or designate from the organisation steps in and meets with the patient/family.
- In all incidents there is the patient and the care giver, and the care giver is a victim too.
- Unless there is a criminal intent, no one goes to work intending to harm a patient, everyone is human and mistakes happen.

Patient Safety Updates

- Move towards an Incident Management Electronic Reporting System is occurring at the National Level
- A more holistic view of harm has been embraced by Patient Safety community and more recently Healthcare Excellence Canada
- Harm is not solely physical and can be psychological, social, spiritual, cultural
- Harm is defined by the individual who experienced it

Conclusion

- Patient safety is the corner stone to quality improvement and the basis for accreditation standards.
- Involving everyone in reporting and quality improvement.
- Embracing a just culture and work towards system improvement.

Questions?



Review:

PHN Orientation Guide: Immunization and Well Child Program

- Developed Summer 2023, available on OneHealth
- Step-by-step guide designed to facilitate **new nurse orientation** to the Immunization and Well Child Clinic program
- There is a 'full guide' as well as a one-page 'summary sheet' available
- Composed of 5 key steps (see next slide)

Public Health Nurse Orientation - Immunization & Well Child Clinic Sign-off Summary Sheet (FNIHB-AB)

STEP 1: Complete Part A- EPIC Course

Course access for FNIHB Nurses:

Access will be arranged and provided during onboarding

Course access for First Nation employed Nurses:

There is a cost associated with EPIC. Contact your employer for access.

EPIC course website: https://cps.ca/en/epic

Email your 'certificate of completion' to the Public Health Nursing Team: santepubliquedgspniab-publichealthfnihbab@sac-isc.gc.ca

Note: All Nurses must complete the EPIC Modules at least one time

Total time to complete: 11.5 hrs

STEP 3: Orientation with a CHN to Well Child Clinic

Well child clinic is a specialized area of nursing practice and content is comprehensive. For practical experience, orientation with a CHN in your community is important.

Connect with your manager to schedule 2 weeks of orientation with a CHN doing Well Child Clinic (note: this timeframe can vary depending on previous nursing experience and/or individual learning needs)

New nurses are encouraged to orientate to:

- 4 visits <2 years of age</p>
- > 2 visits between 2-5 years of age
- 2 School-age visits
- 2 Adult visit + 1 Tuberculin Purified Protein Derivative (PPD) skin test)

Note: Immunizations completed with the CHN during orientation <u>do not</u> count towards the formal sign off requirements in Step 4

Total time to complete: 75 hrs

STEP 2: Online Education with a Nurse Advisor

After onboarding, new nurses will complete an **online education component** with a FNIHB Nurse Advisor to review:

- 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: www.healthyparentshealthychildren.ca
- A Million Messages-Injury Prevention and Health Promotion: https://www.albertahealthservices.ca/injprev/Page7607.aspx
- AHS MyAbsorb Learning Modules: https://ahs.myabsorb.ca/
- > Immunization workbook and practice scenarios
- CHIP and nursing charting expectations
- Incident reporting process and the role of the FNIHB CDC team

Total time to complete: 37.5 hrs

STEP 4: Official Sign off with a FNIHB Nurse Advisor (Nurse Competency Assessment)

Connect with a FNIHB Nurse Advisor to schedule official Part B + C sign off:

Part B: Immunization Competency Assessment

Part C: Well Child Clinic Skills Assessment (RN only)

Usually completed within 1 week but may vary depending on previous nursing experience and/or individual learning needs

Email the completed 'Part B + C' forms to the Public Health Nursing team to receive an official 'Immunization Provider Certificate': santepubliquedgspniab-publichealthfnihbab@sac-isc.gc.ca

Total time to complete: 37.5 hrs

STEP 5: 3-month follow-up with a PH Nurse Advisor

A PH Nurse Advisor will connect with the nurse to complete a 3-month check in





Review: Rourke Baby Assessments

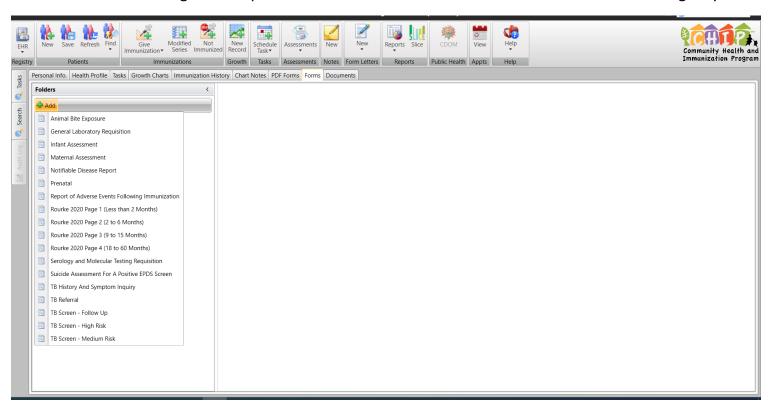
Nurse Advisor Robyn Lourens BScN, RN

Explore the Well Child Visit Using the Rourke Baby Record

Rourke Baby Record - home

The Rourke Baby Record (RBR) is a guide for preventive healthcare of infants and young children up to 5 years of age. The RBR consists of visit GUIDES along with relevant and concise notes pertaining to each well baby/well child visit. Each visit includes evidence informed recommendations on growth and nutrition monitoring, developmental surveillance, physical examination parameters, and immunizations. It also includes anticipatory guidance on injury prevention, family functioning, and health promotion issues.

The RBR functions as a tool to help keep current with the overwhelming amount of evolving relevant research findings. It has become a Canadian standard to guide the preventive health care of infants and children from birth to age 5 years.



Corrected age should be used up to 24 to 36 months of age for premature infants born at <37 weeks. Weigh baby with dry diaper. Record weight and length on the growth chart.

Breast milk is the optimal food for infants. and breastfeeding may continue for up to two years and beyond. Breastfeeding is associated with better health outcomes (e.g. fewer gastrointestinal and respiratory illness, lower incidence of SIDS). Vitamin D-400 IU/day (800 IU/day in high-risk infants)

discuss injury prevention, harm reduction, family functioning and environmental health. Approach these topics in a non-judgmental manner.

Many of these can be observed in clinic.

Head to toe assessment. Jaundice. Fontanelles: The posterior fontanelle is usually closed by 2 months and the anterior by 18 months. Vision Screening-red reflex/corneal light reflex. Hearing Inquiry. Inspect tongue/palate. Umbilicus. Hips. Muscle tone/symmetrical movement/reflexes. Spine. Heart/lungs.



Stroking of the infant's

turns in the direction of the touch, and the infant



Gripping

infant grasps the item and

can hold on very well-

Something that is placed Stroking of the inner or in the infant's hand outer sole of the infant's

inner sole is stroked, the infant curls his or her toes. If the outer sole is stroked the toes spread out.

Toe curling



or startle Sudden noise or

infant throws his or her head back and arms and



Stroking of the infant's lower back, next to the spinal cord

What the infant does The infant curves toward the side that was strokedand looks like a fencer when doing so.

R Rourke Baby Record: 2024







NAT	IONAL	GUIDE	I: 0-1 n

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Head Circ. (og 35 cm)	Length Weight (regains EW 1-3 works)		Length	Weight Head Circ.		
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			Test			
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	or food insecurity ²			my time while awake ¹		
			O No OTC cough/cold medicine ¹ O Inquiry on complementary/alternative medicine ¹ O Fever advice/Thermometers ¹			
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	o ingli inclinate contra actus.					
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			O Caims when comforted O No parent/caregiver concerns ²			
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			O Heart/Lungs/Abd			
			O Hips (Ortolani) ² O Muscle tone ²			
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NOTES 1: Growth, Natrition, Injury Prevention, Environment, Other 2 NOTES 2: Family Behaviour, Development, P/E, Investigations 3 NOTES 3: Immunication 4 NOTES 4: ECD Resources System and Table Disclaimer: Given the evolving nature of evidence and changing recommendations, the Rounko Baby Record is recent to be used as a quide only. Financial support provided by the Enventure of Ortato. For fair our authorization, we want counterfair to be used as a quide only. Financial support provided by the Enventure of Ortato. For fair our authorization, we want counterfair to be used as a quide only. Rourke Baby Record - Rourke Baby Record - Well Baby Information: 2 Months Rourke Baby Record - Rourke Baby Record - Well Baby Information: 4 Months Rourke Baby Record - Rourke Baby Record - Well Baby Information: 6 Months

Continue to measure weight and height. Recording on growth chart.

breast/formula feeding. Vitamin D-400 IU/day (800 IU/day in high-risk infants). Introducing solids at 6 months. Hand out supporting documents. Discuss how to introduce solids.

discuss injury prevention, harm reduction, family functioning and environmental health.

Check all that you have observed and ask parent/guardian about ones you cannot observe. Months: Growth & Development - Healthy Parents Healthy Children

Head to toe assessment.
Fontanelles: The posterior fontanelle is usually closed by 2 months and the anterior by 18 months.
*Vision Screening-red reflex/corneal light reflex.
Hearing Inquiry. Inspect tongue/palate. Hips.
Muscle tone/symmetrical movement/reflexes.
Spine. Heart/lungs.

Pediatric Vital Sign Normal Ranges

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1				
		10		
1U	NEQUAL REF	RACTION		
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1		1		
RED RE	FLEX ABSEN	(CATARAC	1)	
1		×		
10		A		
		-		

Age Group	Respiratory Rate	Heart Rate	Systolic Blood Pressure	in	Weight in pounds
Newborn	30 - 50	120 - 160	50 - 70	2 - 3	4.5 - 7
Infant (1-12 months)	20 - 30	80 - 140	70 - 100	4 - 10	9 - 22
Toddler (1-3 yrs.)	20 - 30	80 - 130	80 - 110	10 - 14	22 - 31
Preschooler (3-5 yrs.)	20 - 30	80 - 120	80 - 110	14 - 18	31 - 40
School Age (6-12 yrs.)	20 - 30	70 - 110	80 - 120	20 - 42	41 - 92
Adolescent (13+ yrs.)	12 - 20	55 - 105	110 - 120	>50	>110

Vision Screening: Check red reflex for serious ocular diseases such as retinoblastoma and cataracts. Corneal light reflex/cover-uncover test & inquiry for strabismus(when one eye is turned in a different
direction than the other eye): With the child focusing on a light source, the light reflex on the cornea
should be symmetrical. Each eye is then covered in turn, for 2–3 seconds, and then quickly uncovered.
The test is abnormal if the uncovered eye "wanders".

RBR 2024 NAT-EN-1vpp-May 18-BLACK-Oct 17.pdf

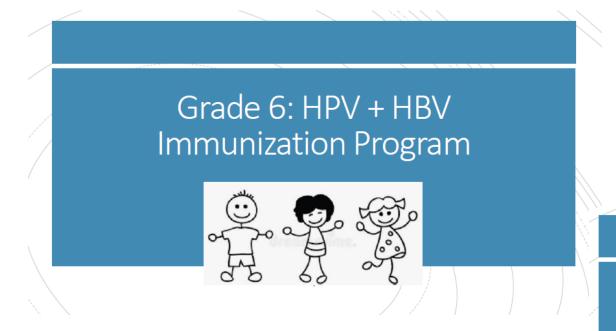
		ac and J Kourks. Revised Ma	16, 3036		Past problems/Risk	factors: Famil	ly history:	
ME	,	Birth Day (d/m/y		M 🗆 F 🗆	Z.		Alio CONG-1	
stational Age: Birth Lengt	th:cm	Birth Weight:	g Birth	HC:cm				
MONTHS		4 MONTHS			6 MONTHS			
DATE OF VISIT//20		DATE OF VISIT .			DATE OF VISIT _		/20	
SROWTH ¹ use WHO growth charts, Correct	THE PERSON NAMED IN COLUMN				I management	7		
ength Weight	Head Circ.	Length	Weight	Head Circ.	Length	Weight (s2 IIW)	Head Circ.	
PARENT / CAREGIVER CONCERNS For a	each 🧿 item discuss	od below, indicate "v	" for no concerns, or "	X' if concerns.				
NUTRITION 1								
D Breastfeeding (exclusive) ¹ O Vitamin D 400 IU(day) ¹ O Vitamin D 400 IU(day) ¹ O Fermals (soling)reparation ¹ [600–900 ml. (20–30 oz.)/day] O Acholic zarods ²	Breastfeeding (exclusive) ¹ O Vitamin D 400 IU/day ² Formula feeding/preparation ¹ [750-1030 m.l. (25-36 0x)/day] Discuss future attroduction of solids, with emphasis on iron containing and allergenic foods ¹			Breastfeeding ¹ - introduction of solids ¹ O Vitamin D 400 IU/day ¹ Dermida feeding/preparation ¹ [750-1080 m.1 (25-50 ralyday) I ron containing foods (meat, wild game, fish, legumes, tof whole eggs, from-fortified infant cereal) ¹ Alfergenic foods (especially eggs and peanut products) ¹ Freits, vegtables, and mike products (vogue, these) A void juice and food/breverages high in sugar or sall ² C hokiogy Safe food ⁴ O No hours ³ O No hours ¹ O No hours ¹ O No hours ² O No				
COMMENTS:		COMMENTS:			COMMENTS:	egetarian, vegan and	other diets*	
EDUCATION AND ADVICE Repeat discuss selections and routines that promote early re	ssion of items is base	d on perceived need	Practice inclusive, and	i-racist, culturally safe ca	re. Observe, discuss,	model, and praise sp	pecific parenting	
hinter Prevention! Motorized vehicle safety/Car seat! Safe sleep (position, room sharing, avoid bed sharing, crib safety)! Poisons/Ingestions!; PCCs! Firearm safety! Put/Ser un! Hat vater <49 **C/Bath safety! Selectric plage/Cords Fall (stairs, change table, awatable farmiture/TV, no walkers)! Choling/Safe toys! Choling/Safe toys!		Family functioning & Rehardour issue2 O Earling Seep habits 3/8ajk waking2 O Earling Soothability/Colis2 O Parental fatigue/Depression2 O Family Stress/Inquire re: difficulty making ends meet or food insecurity2 O Parent-infant interaction/Parenting skills programs2 O Family and interaction/Parenting skills programs2 O Family healthy active leving/Sodentary behaviour/Screen time2 O Child cure/Return to work Assess home visit need2			Environmental Health 2 and hand smoke/E-cigs/Cannabis exposure ¹ Pesticide exposure ¹ San exposure/Sunsierens/Insect repellent ¹ Ohnr Issue ² Supervised tummy time while awake ² Teething-Thenstal cleaning/Flooride ¹ No OTC cough/cold medicine ² Chryshemather/salternative restircts ² Fever advice/Thermometers ²			
	A	below in the follows	ing order: gross motor,	fine motor, communicate the absence of any mile	stone, loss of attained	milestones or paren	stal concern.4	
Tasks are set after the time of typical mileston	me acquisition, Furth	er assessment of dev stal familiarity with	particular milestones o	nay be culturally depende	ent. NB-Correct for a		weeks restation.	
Tasks are set after the time of typical milestor instance milestones have been achieved for an O Lifts head up while lying on tummy O Fedines non-ement with eyes O Terms hand treamle stands O Semiles responsively O Case the conforted of calmed by trusching/ru O No parent/caragiver ameersa ²	me acquisition. Furth ny missed visits. Pare	otal familiarity with O Life head and c O Holds an object O Fallows a movin O Responds to pro vocalizing) O Coos responsive O No parent/careg	particular milestones n hest in prone position briefly when placed in og toy or person with ey ple with excitement (leg	nay be culturally depend	O Rolls from back O Sits with suppor O Reaches/grasps o O No persistent del O Hears sounds de O Vocalizes pleasu O No parent/careg	to side t with head and neck objects with both han sedifisted hands laughs when spoken or and distiluture w	control ds/no hand preference to	
Tasks are set after the time of typical milestor finance milestones have been achieved for an O Lifts head up while lying or transmy O Fediness traversest with eyes O Torna head thesends sunds O Smiles responsively O Can be conforted by calend by traveling/ra O No parent/carregiver concerns ²	ne acquisition, Furth y missed visits, Pare ocking	otal familiarity with Lifts head and c Holds an object Follows a movie Responds to pro- vocalizing) Coss responsive No parent/careg COMMENTS:	particular milestones o hest in prone position briefly when placed in i og tay or person with ey ple with excitement (leg by her concerns ²	say be culturally dependental as past midline movement/panting/	O Rolls from back O Sits with support O Reaches/grasps o O No persistent clo O Hears sounds ci- O Vocalizes pleasus O No parent/careg COMMENTS:	to side t with head and neck objects with both han seal/fisted himils lengths when spoken ne and displeasure wither concerns?	control ds/no hand preference to ith good eye contact	
Tasks are set allier, the time of typical milestore Bissure midistones have been a kineved for an O Lifts head up while lying on turning O Follows movement with eyes O Terms hand tuesants sounds O Smiles responsively O Caus he conforted of calmud by touching/ras O No parent/caregiver ameering COMMENTS: PHYSICAL EXAMINATION ² An appropria O Secution injuries (bruising, subconjunctiva intra-orial) ² O Footnameller ² O Footnameller ³ O Side (jamudac ³) O Neck/Toeriscollin ² O Mear/Lings/Abdomen O Heart/Lings/Abdomen O Higo (Ortolami) ² O Muscle tone ²	ne acquisition, Furth y missed visits, Pare ocking outer age-specific physi d hemorrhages,	otal familiarity with Lifts head and e Holds an object Fullows a mosis Responds to pre- vocalizing) Coos responsive No parentleavey COMMENTS: cal examination is n	particular milestones or heat in prone position beat in prone position of top or person with ego play with excitement (lag ly prer concerns ² ecommended at each w (brussing, subconjun- uelle ² Q Eyes/Red of selectioning ² 2 ² polyment (lag of the person of the selection of the person of the person of the person of the selection of the person of the person of the person of the selection of the person of the person of the person of the selection of the person of the person of the person of the person of the selection of the person of the selection of the person	any be culturally depends and a part midline movement/parting/ isit. Evidence-based scree tival bemorrhages,	O Rolls from back O Sits with support O Roschedgraups of No partial mode O Wordings please O Wordings please O Wordings please O Wordings please O Wordings O Wording	to side to with head and neck with head and neck which with head and welf fisted frame temple when spoken no and displeasure we were concerne? ditions is highlighter (bruising, subconju elle? Eyes (serousing? dispense which Eyes (serousing.) Eyes (serousing? dispense which Eyes Eyes (serousing? dispense which Eyes Eyes (serousing? dispense which Eyes Eyes Eyes (serousing? Eyes E	control de/no hand preference to the good eye contact d. nectival hemorrhages, w/Red reflex ²	
○ Fontanelles² ○ Skis (jamulio²²) ○ Hoaring inquiry/. ○ Nock/Torticollis² ○ Heart/Lungs/Abdomen ○ Hips (Ortolani)² ○ Muscle tone² COMMENTS:	ne acquisition. Furth y missed visits, Pare ocking sate age-apecific physi al hemorrhages, 'acreening'	and familiarity with 2 Lifts head and c 3 Hidds are object 5 Fallows a most 6 Reportal to pee vecukizing 6 Cass responsive 9 No parentiaring Cost responsive 10 No parentiaring 10 Auterior finitari 10 Sentinel injuries 11 Auterior finitari 12 Sentinel injuries 13 Neck Torticolin 14 Heart Lungs/Al 15 High (limited b 16 Minacle beneze	particular miliosiones in heat in prome position in heat in prome position with the profession of the wide academent (leg lyper concernus ² eccommended at each with the profession of the prof	any be culturally depends and respect missione movement/parting/ init Evalence-based screenival hemorrhages, effex ²	O Ralls from back O Sits with support O Rachelygrups o No persistent of O No persistent of O No desire please O No parent carp COMMENTS. Comment of O Sential injuries intra-oral] O Anterior fontas Hearing injury Corneal light to Teth/Cornes risi O Hearing injury O Corneal light to Teth/Cornes risi O Heart(Langs/Al O Massel tone ² /N COMMENTS.	to side with head and neck with head and neck with head and neck ingles when spoken to and displeasure we were concerned ditions is highlighte (bruising, subcomja elic ² (accounting) effect/over-uncover & discounting didinent in and displeasure in and displeasure ditions is highlighte (bruising, subcomja elic ² (accounting) effect/over-uncover & discounting) didente in High in head lag/Develope	control de/no hand preference to the good eye contact d. nctival hemorrhages, w/Red reflex ² r test & inquiry ² s (limited hip abd'n) ² mental reflexes gone ²	
Tasks are set after the time of typical milestor instance milistones have been achieved for an O Lifts head up while lying on tummy O Estimes movement with eyes O Terns head tensorife sunds O Sonites responsively O Case he conforted of calental by trusching/res O No parent/caragiver ameeras ² O No parent/caragiver ameeras ² O Sonites injuries (bruising, subconjunctiva intra-oral) O Sonites (injuries (bruising, subconjunctiva intra-oral) O Sonites (injuries (bruising, subconjunctiva intra-oral) O Sonites (injuries O Skin (inmulace) O Syes/Red erflex O Hearing injury) O Neck/Toeticollis O Stear(Lings/Abdomen O Heps (Ortolani) O Muscle tone ²	ne acquisition. Furth y missed visits. Pare ocking sate age-specific physic al hemorrhages, 'acreening* AND NEW REFERI	nal familiarity with 2 Lifts head and c 3 Hidds are object 5 Fallows a movis 6 Responds to per 9 Responds to per 9 An area 10 Case responsive 9 No parent/area COMMENTS. 20 Anterior feature 9 Anterior feature 10 Heart Langel Al 11 High (limited th 2 Minich tone 2 Minich tone 1 High (limited th 2 Minich tone 2 COMMENTS. 1 High (limited th 2 Minich tone 2 COMMENTS. RALS ⁴ E.g. medicals	particular milicatores in heart in prome position in heart in prome position with the profession of the with excitement (leg by primer concernus ² eccommended at each v (bruising, subconjunctille ² O Eyes/Red v (servening ²) obtained by abdula of the profession	any be culturally dependent or part misline movement/parting/ list. Evalence-based scre- tival hemorrhages, effex ²	Rells from back Sis with support Reaches/graups of Reaches/graups Reaches/graups Sentined injuries intra-orally Sentined injuries Interior forestar Reaches/graups	to side to with head and neck of with head and neck that have seed fisted have seed to see and displeasare with the seed fisted fis	control dd/no hand preference to thin good eye contact td. nctival hemorrhages, w/Red reflex ² r test & inquiry ² s (limited hip abd'n) ² mental reflexes gone ² ial determinants resources	
lisks are set align the time of typical mileston instance milestones have been achieved for an O Lifth head up while lying on tummy. I Fediness remement with eyes. 2 Lifth head up while lying on tummy. I Term head teamed semade. 3 Ministranjanistrely. 3 Ministranjanistrely. 3 Ministranjanistrely. 3 Ministranjanistrely. 3 Ministranjanistrely. 3 Ministranjanistrely. 3 Contined injuries (bruising, subconjunctive intra-oral). 3 Secution injuries (bruising, subconjunctive intra-oral). 5 Secution injuries (bruising, subconjunctive intra-oral). 5 Secution injuries (bruising, subconjunctive intra-oral). 5 Secution injuries (bruising). 5 Ministranjanistrely. 5 Ministranjanistrely. 5 Ministranjanistrely. 5 Ministranjanistrely. 5 Ministranjanistrely. 6 Ministranjanistrely. 6 Ministranjanistrely. 6 Ministranjanistrely. 6 Ministranjanistrely. 7 Munistrely. 6 Ministranjanistrely. 7 Munistrely. 6 Ministranjanistrely. 7 Munistrely. 6 Ministranjanistrely. 7 Munistrely. 7 Ministrely. 7 Ministrely. 7 Ministrely. 8 Ministrely. 8 Ministrely. 8 Ministrely. 9 Munistrely. 8 Ministrely. 9 Munistrely. 9 Ministrely. 9 Ministrely.	ne acquisition. Furth y missed visits. Pare ocking sate age-specific physic al hemorrhages, 'acreening* AND NEW REFERI	nal familiarity with 2 Lifts head and c 3 Hidds are object 5 Fallows a movis 6 Responds to per 9 Responds to per 9 An area 10 Case responsive 9 No parent/area COMMENTS. 20 Anterior feature 9 Anterior feature 10 Heart Langel Al 11 High (limited th 2 Minich tone 2 Minich tone 1 High (limited th 2 Minich tone 2 COMMENTS. 1 High (limited th 2 Minich tone 2 COMMENTS. RALS ⁴ E.g. medicals	particular milicatores in heart in prome position in heart in prome position with the profession of the with excitement (leg by primer concernus ² eccommended at each v (bruising, subconjunctille ² O Eyes/Red v (servening ²) obtained by abdula of the profession	any be culturally dependent or part misline movement/parting/ list. Evalence-based scre- tival hemorrhages, effex ²	Salls from back Sits with support Reaches/groups a No persistent of o Note State Vision of St	to side to with head and neck of with head and neck that have seed fisted have seed to see and displeasare with the seed fisted fis	control dd/no hand preference to thin good eye contact dd notival hemorrhages, w/Red reflex ² r test & inquiry ² ((imited hip abd'n) ² mental reflexes gone ² ial determinants resources	

		cord: 2024 t/Child Health Maintena d.ca 02024 Dv. L Rourle, D Led		Medical P Lincheston Manager P	an affiliation to Carolin			IDE III: 9–15 mo:
AME			Birth Day (d/m/y	y):/ 20_	M 🗆 F 🗆	Past problems/Ris	k factors: Fan	nily history:
estational Age:	Birth	Length: cm	Birth Weight:	y/:				
9 MONTHS (OPT	TIONAL)		12-13 MONTHS	5		15 MONTHS (OPTIONAL)	
DATE OF VISIT		/20	DATE OF VISIT	//20		DATE OF VISIT		_/20
GROWTH ¹ use W		orrect age until 24-36 mo	nths if < 37 weeks ge					
Length	Weight	Head Circ.	Length	Weight (x3 BW)	Head Circ.	Length	Weight	Head Circ.
DADENT / CADE	CIVED CONCERNS	For each O item discuss	of below to discuss the	(* for an annual or **)	(avg 47 cm)			
PARENT / CARE	GIVEN CONCERNS	For each O item discuss	ed below, indicate *	for no concerns, or A	. ii concerns.			
NUTRITION1								
O Breastfeeding ¹ / O Formula feeding	Vitamin D 400 IU/day	y ¹	O Breastfeeding ¹ /	Vitamin D 400 IU/day ¹ milk – max 500-600 mLs	(16.20 oz)/dwł	O Breastfeeding	g ¹ /Vitamin D 400 IU/d	lay ¹ 0 mLs (16-20 cx)/day ¹
[720-960 mLs ([24-32 oz)/day]		 Avoid juice and 	food/beverages high in s	ngar or salt ¹	O Avoid juice a	nd food/beverages hig	th in sugar or salt ¹
 Avoid juice and 	food/beverages high	foods ¹ , fruits, vegetables in sugar or salt ¹	O Choking/Safe for O Promote open of	rup instead of bottle		O Choking/Safe O Promote oper	n cup instead of bottle	e
O At 9-12 mos, ad (16-24 oz)/day	dd 3.25% MF cow mil	lk - max 500-720 mLs	O No bottles in be	ed M-feeding/Family meals ¹		 No bottles in 	bed /self-feeding/Family n	
Choking/Safe fo	oods ¹		 Eats family food 	ds with a variety of textur		O Inquire about	/seit-teeding/ramily n t vegetarian, vegan an	d other diets ¹
O Encourage chan	nge from bottle to cup	No bottles in bed	O Inquire about v	egetarian, vegan and othe	r diets ¹			
 Independent/sei 	df-feeding/Family me	rals ¹						
COMMENTS:	egetarian, vegan and	count coccs	COMMENTS:			COMMENTS:		
		discussion of items is base early relational health (ER		Practice inclusive, anti-	racist, culturally safe o	are. Observe, discus	ss, model, and praise	specific parenting
Injury Prevention ¹		early retational nearth (ER		g & Behaviour issues ²		Environmental I	Health ¹	
O Motorized vehi	icle safety/Car seat 1	sed sharing, crib safety)1	O Healthy sleep I O Crying/Soothal	g & Behaviour issues ²		O 2nd hand sm O Pesticide ex	oke/E-cigs/Cannabis	exposure ¹
O Poisons/Ingest	ions (e.g. safe stora)	ge of cannabis)1; PCC#1	O Parantal fatigue	(Depression2		O Sun exposure	posure- r/Sunscreens/Insect re	pellent1
O Firearm safety O Pacifier use 1	1		O Family Stress/I or food insecu	inquire re: difficulty mak rity ²	ing ends meet	Other Issues ¹		
○ Bath safety 1/Burns 1			○ Parent-infant interaction/Parenting skills programs ²			○ Teething ¹ /Dental cleaning/Fluoride/Dentist ¹ ○ No OTC cough/cold medicine ¹		
 Bath safety*/Bu. 	rns ¹		O Parent-infant i	nteraction/Parenting sk	ills programs ²	O Teething 1/De	ental cleaning/Fluori	de/Dentist ¹
O Carbon monoxi	ide/Smoke detectors ¹		O Encourage read	nteraction/Parenting sk	ills programs ²	O No OTC cou O Complemente	gh/cold medicine ¹ sry/alternative medicis	
 Carbon monoxi Childproofing, incl Falls (stairs, cha 	ide/Smoke detectors ¹ luding: inge table, unstable fu	rniture/TV, no walkers) ¹	O Encourage read O Family healthy: O Child one 2/Rets	nteraction/Parenting sk ding, telling stories, sing active living/Sedentary be urn to work	ills programs ²	O No OTC cou O Complemente O Fever advice/	gh/cold medicine ¹ sry/alternative medicis	
○ Carbon monoxi Childproofing, incl ○ Falls (stairs, cha ○ Electric plugs/Ci	ide/Smoke detectors ¹ luding: inge table, unstable fu	rniture/TV, no walkers) ¹ ing/Safe toys ¹	O Encourage read	nteraction/Parenting sk ding, telling stories, sing active living/Sedentary be urn to work	ills programs ²	O No OTC cou O Complemente	gh/cold medicine ¹ sry/alternative medicis	
O Carbon monoxi Childproofing, incl O Falls (stairs, cha O Electric plugs/Ci COMMENTS: DEVELOPMENT	ide/Smoke detectors ¹ inding: inge table, unstable fu ords • Choki Tallinquiry and obser	ing/Safe toys ¹ vation of milestones, listed	O Encourage read O Family healthy: O Child care ² /Reti O Assess home vi	nteraction/Parenting sk ling, telling stories, sing active living/Sedentary be arn to work sit need ² ing order: gross motor, fi	ills programs ² ing to/with child ² haviour/Screen time ² ne motor, communica	O No OTC cou O Complemente O Fever advice/ O Footwear ¹ tion, cognitive, soci	gh/cold medicine ¹ try/alternative medicis Thermometers ¹ ial-emotional	ne ¹
O Carbon monosi Childproofing, incl O Falls (stairs, cha O Electric plugs/Ci COMMENTS: DEVELOPMENT Tasks are set after	ide/Smoke detectors ¹ inding: inge table, unstable fu ords • Choki Call Inquiry and obser the time of typical re	ing/Safe toys ¹ evation of milestones, lister nilestone acquisition. Furth	O Encourage read O Family healthy O Child care ² /Rets O Assess home vi	nteraction/Parenting sk ding, telling stories, sing active living/Sedentary be arm to work sit need ² ing order: gross motor, fi elopment is merited by	ills programs ² ing to/with child ² haviour/Screen time ² ne motor, communica the absence of any mile	O No OTC cou O Complemente O Fever advice O Footwear ¹ tion, cognitive, sociestone, loss of attain	gh/cold medicine ¹ rry/alternative medicin Thermometers ¹ ial-emotional ned milestones or par	ental concern. ⁴
O Carbon monoxi Childproofing, incl O Falls (stairs, cha COMMENTS: DEVELOPMENT Tasks are set after Ensure milestones O Stands with supp	ide/Smoke detectors ¹ uding: unge table, unstable fu ords O Choki Call Inquiry and obser the time of typical re have been achieved part when helped into	ing/Safe toys ¹ vation of milestones, listed nilestone acquisition. Furth for any missed visits. Pare	O Encourage read O Family healthy: O Child care ² /Ret O Assess home vi I below in the following assessment of deviated familiarity with	nteraction/Parenting sk ding, telling stories, sing scrive living/Sedentary be are to work sist need ² ing order: gross motor, fi elopment is merited by particular milestones me talks holding en 200	ills programs ² ing to/with child ² haviour/Screen time ² ne motor, communica the absence of any mile	O No OTC cou O Complement O Fever advice/ O Footwear! tion, cognitive, sociestone, loss of attain dent. NB-Correct fe	gh/cold medicine ¹ ary/alternative medici Thermometers ¹ ial-emotional ted milestones or par or age until 2 yrs if <	ne ⁴ ental concern. ⁴ 37 weeks gestation.
O Carbon monoxi Childproofing, inch Fitall (stairs, cha Flectric phage/G COMMENTS: DEVELOPMENT Tasks are set after: Ensure milestone Stands with supp O Sits without rap O Sits without rap	ide/Smoke detectors ¹ uding: uge table, unstable fu ords O Choki ² Inquiry and obser the time of typical n bave been achieved part when helped into part	ing/Safe toys ¹ vation of milestones, listed nilestone acquisition. Furth for any missed visits. Pare	○ Encourage reac ○ Family healthy: ○ Child care ² /Rets ○ Assess home vi I below in the following assessment of devental familiarity with ○ Pulls to stand/s ○ Use both hands	nteraction/Parenting sk ding, telling stories, sing active living/Sedentary be are to work sit need ² ing order: gross motor, fi elopment is merited by I particular milestones in walks holding or () ()	ills programs ² ing to/with child ² haviour/Screen time ² me motor, communics the absence of any mile by be culturally depen cravels or 'bum' shuffles	No OTČ cou Complement Fever advice Footwear	gh/cold medicine 1 try/alternative medicit Thermometers 1 ial-emotional sed milestones or par or age until 2 yrs if < 1 one	ne ⁴ ental concern. ⁴ 37 weeks gestation.
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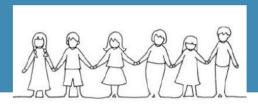
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DATE OF VISIT	//20		DATE OF VISIT		/20		DATE OF VISIT		/20
GROWTH ¹ use W	HO growth charts. Correct								
Length	Weight	Head Circ.	Height	Weight	Head Circ. if prior abN	BMI	Height	Weight	BMI
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O 3.25% MF cowr	Vitamin D 400 IU/day ¹ milk – max 500-600 mLs (food/beverages high in sug	(16-20 oz)/day ¹	O Breastfeeding ¹ / O Cow's milk or u – max 500-600	Vitamin D 400 nawestened for	tified soy beverage		O Cow's milk or unsy - max 500-600 ml.	s (16-20 oz)	rtified soy beverage //day ¹
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Q Independent/sel	f-feeding/Family meals ¹	and I	D. Canada's Front	saturated fats, a	dded sugars and salt. I scals I		Canada's Food Gui	de/Family n	neals ¹
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O Healthy sleep ha	abits ² O Parental	l fatigue/Depression ²	O Parent-child in	teraction/Pare	nting skills programs	2	curity-		•
or food insecuri	ity ²	ag caus ances	O Family healthy:	active living/Sec	lentary behaviour/Scri	child.* At 5 yrs cen time?	, Identify risk for readin	ng difficultier	1.4
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What's New?

New: Grade 6 + 9 School Immunization PowerPoints



Grade 9: Tdap + Meningococcal Immunization Program



New: Grade 6 + 9 School Immunization PowerPoints

- Developed Summer 2024, available on OneHealth (CDC Page)
- Presenter: School Nurse and Target Audience: Grade 6 and 9 students
- For schools nurses to share with their students at the start of the school immunization program
- Standardizes immunization information being shared by nurses in First Nation schools across the province
- Provide an overview of:
 - Immune system function
 - Vaccines offered to target grades
 - Diseases protected against
 - How students can prepare for immunization day
 - Student consent form process
- 'Student Consent Form for Immunization in the School Setting' is available on OneHealth (CDC Page)

Found on the OneHealth Portal



Vaccines: A FINCH Video for Expectant Parents

- In partnership with Maskwacis Health Center and AiMM (applied immunization research to inform best practice), the First Nations Childhood Immunization (FINCH) project created a short video in 2023: Vaccines: A Finch video for expectant parents
- The video addresses vaccine hesitancy in First Nation communities and opens with an introduction in the 'Cree' language



- Answers common question First Nation parents may have:
 - Are vaccines safe?
 - Why does my child need vaccines?
 - How serious are the side effects?
 - What happens at a clinic visit?
 - How do vaccines work?





New: PHN Orientation Guide Community Postpartum Program (0 – 2 months)

- Developed Fall 2024, available on OneHealth
- Step-by-step guide designed to support new nurse orientation to 'community postpartum' practice
- There is a 'full guide' as well as a 'summary sheet' available to nurses
- Composed of 4 key steps (see next slide for details)
 - **Step 1**: Independent study and review
 - Step 2: Education session with a FNIHB PH Nurse Advisor
 - **Step 3**: Orientation with a CHN working 'community postpartum' clinic
 - **Step 4**: Final follow-up with a Nurse Advisor

Public Health Nurse Orientation - Community Postpartum Clinic (0-2 months) Summary Sheet (FNIHB-AB)

STEP 1: Independent Study and Review

New nurses are recommended to review and/or complete the following materials:

- > AHS Public Health Nursing, Maternal/Newborn Practice Manual (0-2 months)
- > Alberta Jaundice Guideline
- Weight Velocity in Healthy Infants
- Alberta Newborn Screening Program (ANSP): https://www.albertahealthservices.ca/services/newbornscreening.aspx
- The 20h Breastfeeding Course: https://www.albertahealthservices.ca/info/Page16993.aspx
- Postpartum <u>Depression</u>: https://www.albertahealthservices.ca/services/page15072.aspx
- Alberta Pregnancy Pathways: https://www.albertahealthservices.ca/scns/Page13655.aspx
- Modules on the 'MyAbsorb Primary Health Care Learning Portal'
- FNIHB-AB 'Community Postpartum Nursing Workbook'

Note: Learning pace varies on in individual learning styles/needs, however, these materials can typically be completed within 1-2 months

Time to complete: 1-2 months

STEP 2: Online Education with a Nurse Advisor

New nurses will complete an **online education session** with a FNIHB Nurse Advisor to review:

- The OneHealth Portal: https://www.onehealth.ca/ab/
- Rourke Baby Record and Newborn Assessment: www.rourkebabyrecord.ca
- > Healthy Parents and Healthy Children: www.healthyparentshealthychildren.ca
- Alberta Newborn Screening Program (ANSP)
- Alberta Infant 'Notice of Birth' (NOB)
- Infant Feeding (breastfeeding and/or formula)
- Perinatal Mental Health (Postpartum Depression)
- Hyperbilirubinemia (Jaundice)
- > CHIP, Netcare, and electronic charting expectations
- > The FNIHB-AB 'Community Postpartum Nursing Workbook'
- The 'New Nurse Checklist: Postpartum Assessment Skills'

Time to complete: 22.5-37.5h

STEP 3: Orientation with a CHN to Postpartum Clinic

Community Postpartum Nursing is a specialized area and content is comprehensive. For practical experience, **orientation with a CHN** in your community is important.

Connect with your manager to organize 3 to 5 orientation shifts with a CHN doing community postpartum clinic (note: this timeframe can vary depending on previous nursing experience and/or individual learning needs)

New nurses are asked to complete the 'New Nurse Checklist: Postpartum Assessment Skills' with their CHN and orientate to:

- 2-5 initial maternal newborn assessments
- > 1-2 follow-up maternal newborn assessments

Note: if you require support finding a postpartum CHN to orientate with, please contact Public Health Nursing Team

Time to complete: 22.5-37.5h

STEP 4: Final Follow-up with a FNIHB Nurse Advisor

After orientation with a CHN is complete, organize a follow up session with a your FNIHB Nurse Advisor to review:

- Your 'New Nurse Checklist: Postpartum Assessment Skills'
- > Personal learning goals and/or areas for development
- Any practice related questions/inquiries

For ongoing public health nursing education support, please contact us at: santepubliquedgspniab-publichealthfnihbab@sac-isc.gc.ca

Time to complete: as needed

*for full orientation details refer to the 'PHN Orientation Guide: Community Postpartum Nursing Program (0-2 months)'



New Checklist: 'What does a Well Child Clinic Orientation Nurse Do?'

What does a Well Child Clinic 'Orientation Nurse' do?



- Welcomes the new nurse and Introduces them to clinic staff
- o Provides a tour of the community health center
- Reviews daily clinic responsibilities (i.e. shift times, clinic hours, break schedules, fidge/temp checks, administrative duties, chart room, keys, etc.)
 "daily clinic responsibilities are unique to each health center
- o Role models cultural awareness and sensitivity for First Nation communities
- o Supports and guides the new nurse to becoming a successful CHN:
 - Creates a positive learning environment
 - Encourages curiosity, questions, and critical thinking
 - Collaborates and empowers
- Orientates the new nurse to immunization & well child clinic by reviewing:
 - The 2, 4, 6, 12, 18 month, and preschool visits
 - Head to toe assessments (2 month preschool age)
 - Age appropriate health promotion messages
 - Local community resources and important referral pathways
- o Orientates the new nurse to the school immunization program by reviewing:
 - Grade 6 + 9 immunizations and the consent process
 - Age appropriate health promotion messages
 - School health promotion initiatives unique to their community
- o Provides feedback that is direct, constructive, and objective:
 - Focuses on nursing strengths
 - Suggests areas for development
 - Avoids critiques
- Engage in 'Watch One, Do One' model of training (use the 'New Nurse Checklists', on page 2, to facilitate the new nurses learning)
 - Step 1: Have the new nurse watch you complete clinic visits
 - Step 2: Have the new nurse complete clinic visits while you watch
 - Step 3: Provide feedback + direction
 - Step 4: Gradually have the new nurse complete all clinic visits, <u>under your supervision</u> (the nurse is now ready for formal sign off with a Nurse Advisor)

*Note: Immunizations completed with a CHN during orientation <u>do not</u> count towards the formal sign off requirements that are completed with a Nurse Advisor

- Developed Fall 2024

- Available on OneHealth

 Designed to support CHNs who are orientating 'new nurses' to Well Child and Immunization clinic at their community health center

New: 'New Nurse Checklists'

- Available on OneHealth
- 3 'New Nurse Checklists' developed Fall 2024:
 - Immunization Skills Checklist
 - Well Child Assessment Skills Checklist
 - Postpartum Assessment Skills Checklist
- Designed for new nurses to use as a tool to facilitate their learning during orientation with a CHN in the community
 - Note: these checklists are **not** formal documents and do not need to be submitted for review (they are for learning purposes only). Except for the 'Postpartum Assessment Skills', which will be reviewed with a Nurse Advisor

New Nurse Checklist: Immunization Skills

NOTE: this checklist is designed for new nurses to use as a tool to facilitate their learning during orientation. This is <u>not</u> a formal document and does not need to be submitted for review. If you choose, you can share with the Nurse Advisor and/or manager.

	neral Clinical Skills
	Demonstrates cultural sensitivity and respect for First Nation clients/communities/populations
	Navigates, interprets, and understands the EMR (i.e. Netcare and CHIP)
	Navigates, interprets, and understands the Immunization Program Standards Manual (IPSM) online
	Understands FNIHB-AB policy/procedure/protocol for immunization service delivery
	Understands the complexity of infant, child, school-age, and adult immunization schedules
	Understands the reporting process, documentation, and management of vaccine administration err
	Understands the CDC consultation process during/after work hours
	Understands the difference between publically funded vs. for purchase/prescription vaccine deliver
	Demonstrates the 3 moments of correct hand hygiene technique during a visit
۱na	aphylaxis Preparation
	Completes anaphylaxis education and describes the emergency response in the event of an anaphyl
	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/anaph
re	-Vaccine Administration
	Introduces self and designation to the client and/or parent or guardian
	Verifies 'right client' using 2 personal identifiers (i.e. name, DOB, or healthcare #) and compares it
	Identifies any language/literacy barriers and makes appropriate accommodations (i.e. an interprete
	Asks about previous immunization experiences, supports wellness goals, and explains the purpose
	Reviews the immune system process, the vaccines the client is due for, and the recommended scho
	Reviews the vaccine preventable diseases
	Reviews the vaccine benefits, common side effects, and any rare side effects
	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
	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 any ana
)u	ring Vaccine Administration
	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 syringe and needle gauge and length

New Nurse Checklist: Well Child Assessment (2-59 months)

NOTE: this checklist is designed for new nurses to use as a tool to facilitate their learning during orientation. This is <u>not</u> a formal document and does not need to be submitted for review. If you choose, you can share with the Nurse Advisor and/or manager.

Well Child Assessment Area	2	4	6	12	18
	month	month	month	month	month
Demonstrates cultural sensitivity and respect for First Nation clients/communities/populations					
Application of Client/Family Centered Care Principles					
Asks how previous appointments went					
Addresses any concerns/questions they have					
- Explains the purpose of the visit					
Growth Measurements					
- Weight					
- Height					
- Head Circumference					
 Plot growth chart and reviews percentiles/trends 					_ NO
Head to Toe Physical Assessment					Nu
 Head (fontanelles, sutures, eyes, ears, nose, mouth) 					ivui
 Facial/Developmental features (i.e. FASD screening) 					Ne
 Hands/Feet (i.e. extra digits, webbing, etc.) 					IVE
 Abdomen (i.e. masses, hernias, etc.) 					Orie
 Genitals/Anus/Sacrum (i.e. diaper rashes, sacral 					UII
dimple, etc.)					
 Integument (i.e. Mongolian spots, rashes, etc.) 					
Auscultation					
 Heart, lung, and bowel sounds 					
Infant Reflexes					
- Moro/Startle					_
- Root/Suck					
- Tonic neck/Archer					
- Grasp					
- Step					_
- Babinski/Foot					
General Development Assessment (age appropriate- roll,					
crawl, walk, etc.)					
Nutrition/Feeding Assessment (i.e. BF, formula, solids)					
Vitamin D intake Recommendations (i.e. 400 IUs daily)					
Safe Infant Sleep and SIDS prevention					
 Separate sleep space for infant (i.e. crib/basinet) 					
 Harm reduction: back to sleep, no pillows, etc. 					D*
Oral Health (i.e. gums, teething, fluoride, caries, etc.)					- Phy
Vision (i.e. strabismus, annual check-ups, etc.)					
Car Seat Safety (i.e. rear vs. forward vs. booster)					-
Speech Assessment + Literacy Promotion (i.e. babbles/coos,					-
# of words, reading, etc.)					
Injury Prevention Messaging (i.e. age appropriate - shaken					
baby, falls, poisoning, drowning, choking, etc.)					
Smoking/Tobacco Assessment					
 Are there any smokers in the household? 					
 Harm reduction: home/car smoke free, 2nd/3rd hand 					
smoke, AB quits information					
	ı	1			

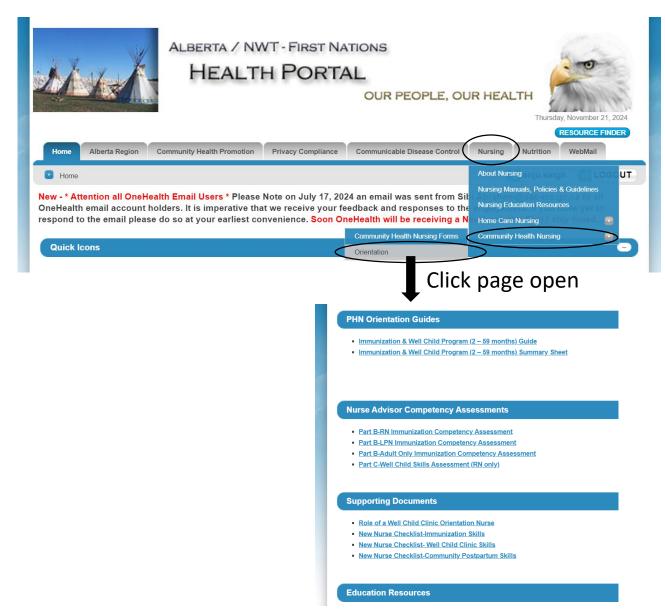
Ex: New Nurse Checklists

New Nurse Checklist: Community Postpartum Skills (0 - 2 months)

NOTE: this checklist is designed for new nurses to use as a tool to facilitate their learning during orientation and can to be reviewed with the FNIHB Nurse Advisor upon completion (refer to 'PHN Orientation Guide: Community Postpartum Program' for details)

lew	v Nurse & Community:
rie	entation Nurse & Community:
	GENERAL CLINICAL ASSESSMENT SKILLS
	Demonstrates cultural sensitivity and respect for First Nation clients/communities/populations
	Introduces self and designation to the client
	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)
	Application of client/family centered care (answers questions, supports wellness goals, and explains visit purpose)
	Navigates, interpret, and understand the EMR (i.e. CHIP and Netcare)
	Navigates, interpret, and understand the Notice of Birth (NOB)
	Understands FNIHB-AB policy/procedure/protocol for community postpartum service delivery
	Understands the complexity of the postpartum parent and newborn assessment
	Demonstrates correct hand hygiene technique and follows clean principles in patient contact and waste disposal
	MATERNAL ASSESSMENT SKILLS
hys	sical Assessment
	Review Notice of Birth (NOB) Gravida/Para RH Factor Type of Delivery (vaginal vs. cesarean) Hours Postpartum (i.e. <24h, 24-48h, 48-72h, or >72h) Complications/Illness (i.e. gestational diabetes, preeclampsia, GBS, blood transfusions, etc.) Mental Health (history of perinatal mood disorders) Communicable Disease Assessment (Hep B/C, HIV, Syphilis, etc.) Medications/Allergies
	- Gestational Diabetes (do blood sugars if applicable)

All New Nurse Orientation Materials are on OneHealth



What's Next?

- Upcoming Telehealth Sessions:
 - Breastfeeding Basics
 - Head Lice and Treatment
 - Well Child Nutrition
- Resource List for School Nurses
- Public Health Newsletter (quarterly, next ed. Winter 2025)
- What do you want to Learn? Send us your ideas!



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