

# PN Program

(West Parry Sound Campus)

## PN1 September Intake Students

### Required Documentation for

### Clinical Placement

#### August 1<sup>st</sup> 2018

- Campus Health Centre—Only Communicable Disease Screening Form faxed to Campus Health Centre

#### September 30th 2018

- CPR - Level “C” or “HCP”
- School of Health, Human Care & Wellness Contact Information Form
- Bill 18: “Worker Health and Safety Awareness in 4 Steps” Certificate
  - <http://www.labour.gov.on.ca/english/hs/elearn/worker/index.php>
- WHMIS Certificate
  - [http://aixsafety.com/wp-content/uploads/articulate\\_uploads/WHMIS-2015-AIX-Safety5/story\\_html5.html](http://aixsafety.com/wp-content/uploads/articulate_uploads/WHMIS-2015-AIX-Safety5/story_html5.html)
- Police Vulnerable Sector Check (PVSC)
- Mask Fit

#### December 1<sup>st</sup> 2018

- Proof of Influenza Vaccination

**\*\* Proof of flu vaccination is mandatory and must be sent to clinical coordinator**

# **How to Submit Clinical Placement Documentation**

**1.0** The following documents **must** be submitted to the **Clinical Coordinator** of the School of Health, Human Care and Wellness by the assigned deadlines via one of the following avenues:

**1.1 In person:** Place hardcopies (photocopies) in an envelope to drop off in person to Attention: Coordinator PN Program, Canadore College, 1 College Drive, Parry Sound, ON. P2A 0A9. **PLEASE KEEP YOUR ORIGINALS.**

**1.2** By Mail: photocopies **ONLY** to be placed in envelope. Print **your name, student number, program of study and the semester** you are entering on the front and address it to the following:

**Attn: Lisa Snider  
Clinical Coordinator  
100 College Drive P.O Box 5001  
North Bay, ON  
P1B 8K9**

**1.3 Email:** Scan and email all documents including **your name, student number, program of study and the semester** you are entering in the body of the email to:

[Lisa.Snider@canadorecollege.ca](mailto:Lisa.Snider@canadorecollege.ca)

## **Documents to Submit to Clinical Coordinator:**

1. Valid CPR – Level “C” or “HCP”
2. Mask Fit
3. School of Health, Human Care and Wellness Contact Information Form
4. Bill 18: “Worker Health and Safety Awareness in 4 Steps” Certificate
5. WHIMIS Certificate
6. Police Vulnerable Sector Check (PVSC)

**2.0 Only** The “**Campus Health Center Communicable Disease Screening form**” and immunization documents will be

faxed independently of other documents directly to the Campus Health Center via:

**2.1** Campus Health Centre Fax: **705-495-7909**

**2.2 Mail to:**

**Attention: Campus Health Centre  
Canadore College  
100 College Drive  
North Bay, ON  
P1B 8K9**

**DO NOT submit Originals – only submit photocopies of documents,  
Originals must be retained by student.**

# Completing Clinical Placement Documents

## **Campus Health Centre Communicable Disease Screening Form**

The form can be found at <https://www.canadorecollege.ca/experience/wellness/health-centre> or from the School of Health, Human Care & Wellness Practical Nursing web page <https://www.canadorecollege.ca/programs/practical-nursing> under "What You Need" at the end of the "Required Forms" link. **This form should be filled out in full by your family physician or Health Unit prior to beginning the semester.** You may also be required to obtain your immunization record from your local Health Unit. The completed form **must be returned to Campus Health Centre via fax (705-495-7909) or by mail by August 1, 2018.** If you have any questions regarding immunization requirements or the form, please contact the Campus Health Centre at 705-474-7600 ext. 5261. Once cleared, a Campus Health Clearance card will be issued to the clinical coordinator. There is a \$35 administration fee for this process. Please call the Campus Health Center to make arrangements for payment.

## **CPR – Level "C" or "HCP"**

It is the responsibility of the student to obtain a valid CPR Level "C" or "HCP" certificate to be cleared for clinical placement. The cost of this certification is the responsibility of the student. Failure to present a certificate will result in denial of access to practicum placement. The School of Health, Human Care and Wellness **does not** accept online certification for CPR, as the training session must have a hands on component delivered by an approved health care training agency. Recertification of CPR is required on an **annual basis**. CPR certificates are only considered valid by the School of Health, Human Care and Wellness for one year from the date of issue, regardless of the expiry date provided on the card. The West Parry Sound campus holds regular CPR courses. Contact 705-746-9222 to register for one if needed. **Valid CPR certificates must have an issue date after April 1<sup>st</sup> 2018.**

## **N95 Mask Fit**

Failure to present a valid mask fit card/certificate will result in denial of access to practicum placement. Mask Fit testing is valid for **two years** from the date of issue. An exception to this rule is if you have experienced a significant change in weight (loss or gain) at which point you should re-certify. The college will arrange mask fit testing sessions on campus during the fall semester.

## **Other Required Forms**

See next page for additional documents required for program at West Parry Sound Campus.

## School of Health, Human Care and Wellness Form

Available from the School of Health, Human Care and Wellness Practical Nursing web page under "What You Need" in the "Required Forms" document link.

<https://www.canadorecollege.ca/programs/practical-nursing>

## Police Vulnerable Sector Check (PVSC)

Your local police authority may require a representative of the School of Health, Human Care and Wellness to complete a "Consent to Disclosure of Personal Information" form or letter. Please request this from the clinical coordinator, Lisa Snider. **Please include your full legal name in your email.** Your PVSC must have an issue date no earlier than April 1<sup>st</sup>, 2018. Any PVSC dated prior to April 1<sup>st</sup> will not be accepted. PVSC are only considered valid by the School of Health, Human Care and Wellness for **one year** from the date of issue. Students applying for a PVSC through the Toronto Police Service will require a "Toronto Police – Consent to Disclosure of Personal Information" form signed by the Acting Dean of the School of Health, Human Care and Wellness. Please contact Lisa Snider, clinical coordinator at (705-474-7600 ext.5877) or Lisa.Snider@canadorecollege.ca to obtain this form and further instructions.

## Bill 18: Worker Health and Safety Awareness in 4 Steps

You must complete the "Worker Health and Safety Awareness in 4 Steps" training module available on the Ontario Ministry of Labour website found at this link:

<http://www.labour.gov.on.ca/english/hs/elearn/worker/index.php>

This training must be completed annually as per the Ontario Ministry of Labour legislation. Please print **two copies** of your certificate upon completion (one copy for your records, one to submit to the Clinical Coordinator).

## WHMIS

You must complete the online WHMIS Module annually. The module can be found at:

[http://aixsafety.com/wp-content/uploads/articulate\\_uploads/WHMIS-2015-AIX-Safety5/story\\_html5.html](http://aixsafety.com/wp-content/uploads/articulate_uploads/WHMIS-2015-AIX-Safety5/story_html5.html)

Upon completion print **two copies** (one for your record and one to submit to the Clinical Coordinator).

## Proof of Flu Vaccination

Proof of influenza vaccination is mandatory and also required once the vaccination becomes available (usually in October 2018).



# PN Student Contact Information Sheet/Consent for Release of Information

Placements for the Practical Nursing Program are coordinated by Canadore College School of Health, Human Care & Wellness. By signing this document, you authorize Canadore College to share required personal information with our affiliate partner organizations for the sole purpose of arranging academic placements in order to meet the curriculum requirements of the Practical Nursing Program. This release will be in effect until the completion of, or withdrawal from, this program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
(Please provide email you check most often)

**Address while Attending School:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

## Communicable Disease Screening 2018/2019

### Welcome new students!

Having the attached form completed and sent in before August 1<sup>st</sup> 2018. Please include all copies of blood test results and immunization records. The Campus Health Centre will review your records annually and give you a card for your placement when complete. There is \$35.00 administrative fee. Information regarding payment process will be made available to you. If you have any questions we can be reached at  
705-474-7600 ext. 5261

### Please fax forms to:

1-705-495-7909

### Or mail them to:

Attention: Campus Health Centre  
Canadore College/Nipissing University  
100 College Drive  
North Bay ON  
P1B 8K9

Immunization records are normally available from your local Public Health Unit. All documentation should be signed by a licensed health care professional. If you are missing any immunizations or need TB testing you can have it completed at the Campus Health Centre.

### Program Requirements for Tuberculosis Testing

Most students who will attend academic placement outside the college are required to have at least one documented two step TB test prior to clinical placement. TB testing is valid for one year following a negative test result.

**Tuberculosis screening is required annually however annual TB testing is no longer necessary.** Students can either complete a health questionnaire at the Campus Health Centre **or** provide proof of a negative TB test yearly. TB testing is free of charge when required for program placement.

**Parry Sound Campus  
Communicable Disease Screening 2018/2019**

**Welcome new students!**

Please have the attached form completed and sent in before August 1<sup>st</sup> 2018 to avoid any placement delays. Include copies of blood test results and immunization records. The Campus Health Centre will review your records annually and provide you with proof of clearance for academic placement. There is a \$35.00 administrative fee payable once your clearance card can be issued. Cards will be sent from the Campus Health Centre for pick up at the Parry Sound Campus.

If you have any questions about this form call: 705-474-7600 ext. 5261.

Immunization records are available online with **Immunization Connect Ontario**, an application accessible from most Ontario Public Health Unit websites or directly from your local Public Health Unit. All documentation should be signed by a licensed health care professional.

**Program Requirements for tuberculosis testing**

Most students who will attend an academic placement outside the college or university must provide proof of one documented **two step TB test (TST)** performed at any time prior to clinical placement. This can be completed at your family doctor's office or your local Health Unit.

**Tuberculosis screening is required annually.**

Students can complete annual screening for TB exposure by calling the Campus Health Centre or providing proof of a negative one step TST each year (must have prior two step). TST fees are covered by the Ontario Health Insurance Plan (OHIP) when required for school program placement.

**Before sending forms please confirm:**

- Student information section is fully completed on page 1
- Consent is signed on page 2
- Immunization screening section is filled and signed by a health care provider
- Immunization records and blood test results are attached

**Fax to:**

1-705-495-7909

**Or mail:**

Attention: Campus Health Centre  
Canadore College/Nipissing University  
100 College Drive  
North Bay ON  
P1B 8K9

**These forms cannot be emailed**  
**Communicable Disease Screening 2018/2019**

1. Please have your health care provider complete this form
2. Attach copies of immunization records and blood test results
3. Fax to 705-495-7909 or mail to Campus Health Centre by August 1, 2018

Name: \_\_\_\_\_ DOB (DD/MM/YY): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Health Card: \_\_\_\_\_ Program (i.e. ECE, SSW, RPN, PSW, etc.): \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_ Student #: \_\_\_\_\_ Male  Female

Tuberculosis Skin Testing (TST)	Two Step TB Test:	Recent One Step:
<p>New students involved in a community academic placement require documentation of a two-step TB test.</p> <p>If a valid two step has been done greater than one year ago and documented on this form a recent one step TST is sufficient.</p> <p><b>*Do not give live vaccine (MMR or Varicella) with step 1 of 2 step TB test</b></p>	<p><b>Step 1.</b> Date given: _____            Induration (mm): _____            Date read: _____            Interpretation: _____</p> <p><b>Step 2.</b> Date given: _____            Induration (mm): _____            Date read: _____            Interpretation: _____</p>	<p>Date given: _____            Induration (mm): _____            Date read: _____            Interpretation: _____</p>

**Positive Tuberculosis Testing**

If TB testing is positive or if you have had a previous positive TB test,  
 please make sure the last page is filled in by a physician and included with these forms.

<p><b>Measles Mumps and Rubella</b></p> <p>Proof of two MMR (Measles, Mumps &amp; Rubella) vaccines (not one MMR and one Measles) <b>or</b> blood test indicating immunity. Record the date of vaccine <b>or attach laboratory results</b> showing immune status if vaccine history is unavailable. Blood work results are not necessary if vaccine record includes two <b>MMR</b> vaccines.</p>	<p>MMR #1: _____            (date)</p> <p>MMR #2: _____            (date)</p> <p align="center"><b>OR</b></p> <p>Titre Results: _____</p> <p>Date of Titre: _____</p>
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Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Tetanus, Diphtheria, and Pertussis Vaccine**

**\*Booster required if last Tdap was before age 18\***

According to the Ontario Hospital Association: "All adult (18 and older) health care workers, regardless of age, should receive a single dose of tetanus diphtheria acellular pertussis (Tdap/Adacel/Boostrix) for pertussis protection if not previously received in adulthood. **The adult dose is in addition to the routine adolescent booster dose... The interval between the last tetanus-diphtheria booster and the Tdap vaccine does not matter**".

Last Tdap/Adacel/Boostrix:

\_\_\_\_\_ (date) \_\_\_\_\_ (age)

Tdap  Adacel  Boostrix

(please check one)

**Varicella (Chicken Pox)**

You will need **ONE** of the following:

- Proof of two doses of the Varicella vaccine
- OR**
- Blood work results indicating immunity  
**(please include copy of lab results)**

Varivax #1: \_\_\_\_\_  
(date)

Varivax #2: \_\_\_\_\_  
(date)  
**OR**

Titre Results: \_\_\_\_\_

Date of Titre: \_\_\_\_\_

**Hepatitis B**

Hepatitis B Immunity is required for the following programs: BScN, Practical Nursing, Personal Support Worker, Community and Justice Services, Dental Hygiene, Mental Health and Addiction Worker and Respiratory Therapy, Physiotherapist Assistant and Occupational Therapist Assistant.

You will need proof of the two dose or three dose series of Hepatitis B vaccine. Blood work confirming immunity is also required at least one month after the last dose of Hepatitis B vaccine. Two Hepatitis vaccines (Engerix B, Twinrix, or Recombivax) are required before a student can be cleared for placement.

Hepatitis B #1: \_\_\_\_\_  
(date)

Hepatitis B #2: \_\_\_\_\_  
(date)

Hepatitis B #3: \_\_\_\_\_  
(date If three dose series)

Titre Results: \_\_\_\_\_

Date of Titre: \_\_\_\_\_

**\*NOTE: Any student who has a hospital placement should have Hepatitis vaccination and proof of immunity.**

Booster if required: \_\_\_\_\_  
(date)

**(please include copy of lab results)**

**Consent:**

I, \_\_\_\_\_ (name of student),  
consent to release my immunization status to my program  
placement coordinator if required.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE FILLED OUT BY A HEALTH CARE PROVIDER:**

Completed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address and telephone or office stamp:

\_\_\_\_\_

**Positive TB Test Report  
Communicable Disease Screening**

Name: \_\_\_\_\_ DOB (DD/MM/YY): \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Card: \_\_\_\_\_ Program (i.e. ECE, SSW, RPN, PSW etc.): \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Student #: \_\_\_\_\_ Male  Female

I, \_\_\_\_\_ (print name) consent to release the medical information requested on this form to the Campus Health Centre.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please have your physician fill in the section below**

If student has had a positive TB test, proof of investigations for latent and active TB must be provided (i.e. chest X-ray, review of symptoms and if warranted, sputum samples for acid fact bacilli and mycobacterial culture).

**Positive TB Test Details**

Date given: \_\_\_\_\_  
Date read: \_\_\_\_\_  
Results: \_\_\_\_\_  
BCG vaccine: \_\_\_\_\_  
Chest X-ray results: \_\_\_\_\_  
Sputum results if warranted: \_\_\_\_\_

**Review of symptoms (circle one)**

New or prolonged cough:	Y	N
Hemoptysis:	Y	N
Unexplained weight loss:	Y	N
Night sweats or fever:	Y	N
Discussed LTBI treatment:	Y	N
Reported to Public Health:	Y	N

**\*Please attach x-ray and laboratory results**

**\*Please note any other relevant information**

I have examined the above named student and find them clear of any signs or symptoms of tuberculosis.

Name: \_\_\_\_\_

Office Stamp:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_