



HEALTH, WELLNESS AND SCIENCES

Owen Sound Campus

Clinical Preparedness Permit

REQUIRED DOCUMENTATION FOR CLINICAL PLACEMENTS AND COURSE PARTICIPATION ELIGIBILITY.

Important:

- This is your personal information and as such is confidential.
- Read all permit documents carefully. These are time sensitive.
- ALWAYS keep your originals!
- Lab results must accompany this permit.
- Remember to make a photocopy of your permit after each update and store it in a safe and secure place.

Please Note: There are costs associated with immunizations, lab tests and certifications. Please keep all receipts for income tax purposes.

Please see pages 2 and 3 for Program Specifics, including due dates. Please refer to your Program Coordinator, or Synergy, regarding any questions you may have.

Synergy Information

Website: www.synergy-employment.com/georgiancollege

Synergy will provide a student help desk Monday to Friday from 10:00am to 3:00pm. Our helpdesk operates on a ticket based system and all inquiries are answered by email.

To create a Help Desk Ticket:

CLICK HERE or open the following URL in your web browser: <http://synergyemploymentservices.kayako.com/>

Students are required to:

1. Keep this permit up-to-date and current at all times.
2. ***Have an authorized health care provider sign-off and provide the appropriate lab report(s) to support the immunization record.***
3. Present **this** permit and **original** documents for review annually.
4. Present the stamped permit on the first day of the clinical placement.
5. Make sure the permit is available to present if requested at the clinical placement site.

Please note: Students will not be eligible for Clinical Placement or any course requiring proof of documentation, unless their permit is completed and stamped.

MISSED CLINICAL TIME MAY JEOPARDIZE SUCCESS IN THE COURSE.

Requirements

Requirement	Upon Entry to Placement*	Every Six Months	Every Year	Every 2 Years	Every 3 Years
Base-line Two-Step Mantoux Skin Test, if required	X				
One-Step Mantoux Skin Test			X		
Immunizations & Serology/Titres, if required	X				
Flu Vaccination			X (Oct/Nov)		
Level HCP CPR	X		X		
Standard First Aid	X				X
Vulnerable Sector Police Record Check	X	X PSW & Year 1 PN	X 2 nd year PN		
Respirator Mask Fit Test	X			X	

Ontario legislation specifies certain surveillance requirements for those entering into a practice setting. The Health, Wellness and Sciences Standards were developed in accordance with the Public Hospitals Act and are based on the Canadian Immunization Guide 7th Edition and Canadian TB Standards.

CLINICAL PERMIT DUE DATES AND EXCEPTIONS:

<u>PROGRAM</u>	<u>Permit Requirements Due</u>	<u>EXCEPTIONS</u>	
		<u>Mask Fit Test</u>	<u>Vulnerable Sector Screen (VSS)</u>
Personal Support	1 st Semester		Every 6 months
Practical Nursing	<ul style="list-style-type: none"> • 1st year • 2nd year 		<ul style="list-style-type: none"> • Every 6 Months • Yearly

Student's Name: _____

Student Number: _____

Tuberculosis Screening

TUBERCULOSIS

Is an infectious disease spread through air by coughing, sneezing or spitting? Classic symptoms are a chronic cough with blood-tinged sputum, fever, night sweats and weight loss.

Please indicate, to your Health Care Provider, any living, travel or work history in which you may have been at risk for tuberculosis _____

1. Documentation of a Base-line Two Step Mantoux skin test is **required** for all new students.
 - a) Students who have never completed TB testing must complete a Base-line Two Step Mantoux skin test.
 - b) Students who have a previously documented negative Two Step test must complete a One Step test.
 - c) Students who have received a BCG vaccination **are not** exempt from Mantoux testing.

2. Students who have had a **previously documented** positive Mantoux test **should not** receive further Mantoux testing.
 - a) If a student has a previously documented positive Mantoux Two-Step screening and has received investigation – a copy of chest x-ray report from this year and a note must be provided indicating that the “student is free from signs and symptoms of active tuberculosis” and must be included in this package.
 - b) A chest x-ray every year is required for positive Mantoux test.

3. For any student that tests positive for the first time:
 - a) Include results of the positive Mantoux screening (mm of duration).
 - b) A chest x-ray is required and the report must be enclosed in this package.
 - c) The responsibility for follow-up lies with the physician as per OHA/OMA Communicable Disease Surveillance Protocols.

Mandatory Lab Reports (To be completed by Health Care Provider)

Mantoux Skin Test	Date Given	Date Read 48 – 72 h from testing	Induration (mm)
BASELINE 2 STEP			
Step 1			
Step 2 (7 – 28 Days After Step 1)			
Step 1 Required Annually			
Step 1 Required Annually			
Step 1 Required Annually			
Step 1 Required Annually			
Step 1 Required Annually			

Chest x-ray – Date & Result: _____

Chest x-ray – Date & Result: _____

Health Care Provider Signature: _____

Student's Name: _____

Student Number: _____

MMR (Measles, Mumps, Rubella)

- evidence of vaccination with two doses of MMR (OR one month apart after one year of age)

OR

- lab results (serology/titres) which show immunity to measles, mumps and rubella

MMR Vaccine Date Given (Dose 1): _____
 MMR Vaccine Date Given (Dose 2): _____

OR

Lab Reports

Immune

Rubella: Yes No Indeterminate
 Mumps: Yes No Indeterminate
 Measles: Yes No Indeterminate

Health Care Provider Signature: _____

Varicella (Chicken Pox)

Evidence of Varicella Vaccination (2 doses) 28 days apart if received at 13 years of age or older.

OR

If no documentation of vaccination serology/titre lab results are required.

Lab Reports

Immune

Yes No Indeterminate

OR

Varicella Vaccine Date Given (Dose 1): _____
 Varicella Vaccine Date Given (Dose 2): _____

Health Care Provider Signature: _____

Polio

Routine childhood immunizations include Polio vaccine.

If childhood vaccines were not received, refer to your Healthcare Provider for the required schedule to receive the complete series.

Received routine childhood immunizations Yes No

If not received as a child, provide dates of series received:

Polio Vaccine Date Given (Dose 1): _____
 Polio Vaccine Date Given (Dose 2): _____
 Polio Vaccine Date Given (Dose 3): _____

Health Care Provider Signature: _____

Student's Name: _____

Student Number: _____

Hepatitis B

Serology/Titres are required 4 to 6 weeks after the 3rd vaccination.

The lab results must be included with this Permit.

Students may enter clinical placements as long as they have had their 2nd Hep. B vaccine.

If the 3rd vaccine was missed please contact Synergy directly for next steps.

For non-responders, additional doses, up to another complete series of three, can be done, with testing for response after each dose. Persons who fail to respond to three additional doses of vaccine are unlikely to benefit from further immunization.

These students will have the option to sign a waiver regarding personal health risks – refer to Synergy

MANDATORY Lab Reports

Immune

Hepatitis B: Yes No Indeterminate

1st Vaccination Date: _____

2nd Vaccination Date:
(within 1 month of 1st) _____

3rd Vaccination Date:
(6 months after 1st) _____

Health Care Provider to check this box if patient received 2 does series of Hep B vaccine in Grade 7 in Ontario, 3rd dose is not required

Health Care Provider Initials: _____

After having received the series of Hepatitis vaccine and having post-vaccination blood work the student still does not show immunity and is a non-responder.

Health Care Provider Signature: _____

Tetanus/Diphtheria (TD)/ Pertussis

Routine childhood immunizations include all three of these vaccines.

If childhood vaccines were not received, refer to your Healthcare Provider for the required Scheduled to receive the complete series.

Adults are eligible for a one time pertussis-containing booster (Tdap). This is generally given 10 years after the adolescent booster, which is given at 14-16 years of age. If you are due for a Booster, and have not had a pertussis-containing booster as an adult, you should receive Tdap Vaccine in place of Td vaccine.

A Td or Tdap booster within the last 10 years is required.

Received routine childhood immunization Yes No

If not received as a child, provide dates of series received:

Dose 1: _____

Dose 2: _____

Dose 3: _____

Date of Tdap/Td Booster Dose: _____

Health Care Provider Initials: _____

Student's Name: _____

Student Number: _____

Influenza Vaccination (Flu Shot) →

**INFLUENZA VACCINE IS ONLY AVAILABLE DURING FLU SEASON
(OCTOBER/NOVEMBER)**

****In Grey/Bruce county the influenza vaccine is mandatory to attend clinical placement**

In the event of an outbreak at your placement, **any student without the vaccination will be denied access** to the facility thereby jeopardizing successful completion of the clinical course.

Please upload to Synergy and bring proof to placement

Influenza Vaccine

Year	Date Received	Health Care Provider Signature
1 st Year	_____	_____
2 nd Year	_____	_____
3 rd Year	_____	_____

Student's Name: _____

Student Number: _____

CRIMINAL RECORDS

Vulnerable Sector Police Record Checks (Required Every 12 Months)

With the exception - 6 months for PSW and first year Practical Nursing

Prior to having direct contact with patients and other vulnerable persons, community agencies and hospitals require a satisfactory Vulnerable Sector Police Record Check. This police check must be **renewed every 6 months for PN Sem. 1, 2 and PSW Sem. 1, 2 and every twelve months for PN Sem. 3, 4 and 5**

You must have a valid and clear Vulnerable Sector Screen/police check in order to proceed to placement.

Please note that depending on the service used this process may take up to 12 weeks or more, so be sure to apply early. Students are required to carry their police check card to the clinical area. A representative in the agency may ask to see that you have a valid Vulnerable Sector Screen/police Check at any time.

Failure to obtain a vulnerable sector (or extended) police clearance will prevent students from starting their clinical course and may impede or prevent successful completion of the course.

Many regulatory colleges require a Vulnerable Sector Screen/Criminal Record Check prior to registration. In the event that the applicant has a criminal record they will not be permitted to write the provincial exam and thus not become a certified professional.

If the applicant has a criminal record or obtains a criminal record during undergraduate education a pardon must be obtained to be eligible for provincial exams.

Vulnerable Sector Police Record Checks are available through your local police service only. Toronto Police and South Simcoe Police have specific forms and requirements, please see a Placement Officer to obtain these. OPP require a particular letter and form, please see your Program Assistant for additional information.

Police Check Service	Date Issued

Student's Name: _____

Student Number: _____

CERTIFICATIONS

Standard First Aid and CPR for Health Care Providers (Level HCP) (Every Year)

Standard First Aid and CPR (**Level HCP**) are required upon entry into the program. CPR (Level HCP) requires a minimum re-certificate every year regardless of the expiry date on the card.

*It is the **student's responsibility** to ensure that the certificate is current throughout the program.*



Company	Course Level	Date of Issue

WHMIS – Health & Safety Training



1. **WHMIS:** <http://portal.mycampus.ca/mycampusfiles/dc/fieldplacement/WHMIS/story.html>

Students require a minimum grade of 80% to pass, print off the official certificate that indicates you have completed the in-service. Please add this certificate to your Clinical Passport portfolio to show to Synergy at your appointment.

WHMIS training	Completed & Certificate provided

2. **Ministry of Labour - Worker Health and Safety Awareness Certification**

This certification is available on the Ministry of Labour website, via a free eLearning module. Students must access the eLearning module from computer, complete the training and print the certificate of completion.

It is crucial you print your own certificate at the time of completion because the Ministry does not maintain a database. You will need to complete the module in a single setting, it is not possible to stop part way through and resume at a later time/date. The website indicates that the module takes 45-60 minutes to complete.

Ministry of Labour Worker Health and Safety Awareness	Completed & Certificate provided

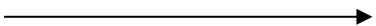
To access the eLearning module

- a) Use a computer with audio and a printer.
- b) Visit this website:
<http://www.labour.gov.on.ca/english/hs/training/workers.php>
- c) Click the link titled "Access the eLearning Module".
- d) Complete the eLearning module.
- e) **Print** your certificate of completion.
- f) Keep your **printed** certificate of completion with your permit.

Student's Name: _____

Student Number: _____

Mental Health First Aid Certificate



To attend practicum in semester 3, you must complete a 2 day in class course and obtain your Mental Health First Aid Certificate, prior to first day of classes in semester 3.

Dates will be organized through the college.

Mental Health First Aid Certificate	Completed & Certificate provided

INFECTION CONTROL

Mask Fit Testing is provided by Synergy, with information to be emailed.

Respirator Mask Fit Testing (Completed Every Two Years)

Respirator Mask Fit Testing is booked through Synergy web site with fitting taking place on campus. If you miss your appointment it is your responsibility to obtain a Mask Fit at your *own expense*.

Students are required to be fit tested for an N95 respirator prior to their 1st clinical placement and at least every two years thereafter.

We highly advise students to be fitted by Synergy to insure you are fitted with a mask used by our placement agencies.

Please note that if you lose/gain a significant amount of facial weight or experience changes in your facial shape, i.e. trauma, surgery or pregnancy, fit-testing should be repeated earlier.

Please indicate your N95 size, type and date of testing.

N95 Type	Size	Date of Issue

Student's Name: _____

Student Number: _____

This page is for the "verification" stamp. This means that Synergy has verified that the required information has been completed as per protocol.

Proceed to: _____

Proceed to: _____

Approved by: _____

Approved by: _____

Date: _____

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Verification Stamp

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