Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), and endeavours to protect your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than for the administration and placement of field placement, practicum and/or clinical. For further information about the information requested on this form or the purpose for which it will be used, please contact The Office of the Registrar. For more information about FIPPA, please contact the Access and Privacy Office at 705-728-1968, extension 5770 or AccessPrivacy@GeorgianCollege.ca
IN ORDER TO PARTICIPATE IN CLINICAL PLACEMENT
YOUR URGENT ATTENTION
TO THESE ITEMS IS OF UTMOST IMPORTANCE
FAILURE TO HAVE THESE ITEMS COMPLETED WILL AFFECT YOUR CONTINUATION IN THE PROGRAM

It is the students responsibility to ensure the following:
1. The form is complete, accurate, true, legible, and signed by the student and authorized health care providers.
2. This form and supporting documents are submitted to the appropriate College personnel on or before due date.
3. Students should make and retain a copy for their own personal records.
4. All requirements in Section 1 are completed before due date.

Students are responsible for all costs associated with the completion of this form or meeting the requirements to complete the form. The Program Co-ordinator and/ or Placement Officer will assess this information in order to determine eligibility for clinical placement.

Placements will be arranged for you by a representative of the College, please do not contact agencies on your own. Placements are arranged in all geographical locations served by the College Campus you are attending, this will require transportation and may not accommodate public transit. Students are responsible for transportation and child care arrangements that accommodate shift work and the costs associated with those.

Attendance is mandatory for all clinical placements.

Return the completed clinical passport to: ____________________________ By: ____________________________ (date)

CHECK LIST – Have you completed these Mandatory Requirements for Clinical Placement?

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Section 1 of clinical permit</td>
<td>Check each section off as you complete it so that you are fully prepared for clinical placement.</td>
</tr>
<tr>
<td>CPR level HCP</td>
<td>Complete a level HCP CPR program and attach original proof of date of successful completion. Must be current.</td>
</tr>
<tr>
<td>First aid</td>
<td>Complete standard first aid course and attach original proof of date of successful completion. Must be current.</td>
</tr>
<tr>
<td>Police check and Vulnerable Sector check</td>
<td>Take attached paper work to your local police detachment. Do this early as it can take as long as 6+ weeks to be returned. Must be current – not older than 6 months old. Your police check must be clear. If there is a history, a pardon must be obtained before you can proceed to placement. Attach original proof of completion.</td>
</tr>
<tr>
<td>2 step Mantoux skin test (TB test)</td>
<td>Make initial appointment with your doctor for first step and then book follow up for reading and second step. Have Dr. or Nurse record results on Clinical Preparedness Passport. If chest x-ray needed attach results.</td>
</tr>
<tr>
<td>Flu shot (required in October)</td>
<td>Obtain proof of immunization as soon as vaccine is available and attach or provide proof in writing when completed. Attach original medical exemptions from health care provider as applicable.</td>
</tr>
<tr>
<td>Workplace Hazardous Materials Information System (WHMIS) Certificate</td>
<td>You will need computer access as this WHMIS training is completed on line. Go to: <a href="http://www.WorkSmartCampus.ca">www.WorkSmartCampus.ca</a> (Register where indicated, Enter the campus ID: MEVT2747) Print off certificate when completed. Must achieve 70% to be successful. Attach certificate to permit.</td>
</tr>
<tr>
<td>Mask fit testing</td>
<td>A session will be booked at the College for this to be completed. You must attend that session or submit proof of completion at your own cost.</td>
</tr>
</tbody>
</table>

ITEMS YOU WILL NEED TO PURCHASE

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab kit</td>
<td>(Georgian College Book store)</td>
</tr>
<tr>
<td>Text books</td>
<td>(Georgian College Book store)</td>
</tr>
<tr>
<td>Name tag</td>
<td>(Georgian College Book store)</td>
</tr>
<tr>
<td>Arm crest</td>
<td>(Georgian College Book store)</td>
</tr>
<tr>
<td>Uniforms</td>
<td></td>
</tr>
<tr>
<td>Work shoes- (closed toe and heel, duty or athletic shoe)</td>
<td></td>
</tr>
<tr>
<td>Parking pass – optional</td>
<td></td>
</tr>
</tbody>
</table>
### Personal Support Worker Clinical Permit

#### Student Personal Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Given Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Student Number</th>
<th>Admission Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

#### Release of Information

I __________________________ (print name) understand that any false statement is grounds for cancellation of admission. I verify that the information presented in this document is true and accurate.

I understand that it is my responsibility to inform the Coordinator of the Personal Support Worker program of any communicable disease, special need, or medical condition which may place me at risk or pose a risk to others at Georgian College or in the placement agencies.

Students are required to provide a variety of information in order to promote student and patient safety. Information provided by students may be shared with clinical agencies where students have clinical practice. Agencies may ask for immunization/immunity information, background check results, CPR and first aid certification. Placement agencies have reserved the right to refuse access to students who do not meet their immunization/testing requirements.

I consent to the release of immunization/immunity information, background check results, CPR, first aid certification, WHMIS, and mask fit testing to the clinical agencies where I may be potentially assigned practice, program coordinators, placement officer, faculty, Deans and Associate Deans, and the Public Health Unit as required.

#### Oath of Confidentiality

I understand that I may be working with or come in contact with confidential information regarding the operation of the placement facility, whether it is relating to the business, special program, staff, clients or family members. I understand that all information accessed will be considered confidential. I understand that private and confidential information is protected by provincial, federal, and other regulations.

I understand that private and confidential information may not be discussed outside my department or the placement facility unless I am required to do so in the course of my work. This applies to all communication formats including verbal, social media, text.

I understand and agree that I must keep all patient information in confidence. I understand I am not to discuss confidential information including client’s names outside of the agency. Information regarding a client is not to be discussed with other clients or within hearing of others.

I understand that access to information is restricted and is to be used only for the performance of my assigned duties.

I understand that violation of computer password protection is considered a breach of confidentiality and security. I also understand that I am responsible for any information accessed by use of my personal computer password, and bear full responsibility to “log off” in the computer system when I leave it unattended.

I understand that I must not seek patient or other sensitive information not related to the performance of my duties.

I understand that I have the responsibility to report any apparent breaches of confidentiality to my immediate supervisor.

I understand that I am fully responsible to adhere to all aspects of this oath and I will be subject to disciplinary action in accordance with the placement facility and or College policy for any violations thereof.
SECTION 1 – MANDATORY FOR ALL STUDENTS ATTENDING PLACEMENT IN PERSONAL SUPPORT WORKER PROGRAM

Tuberculosis 2 step TB Skin Test
Documentation of a Base-line Two Step Mantoux skin test is required for all new students. Students who have received a BCG vaccination are not exempt from Mantoux testing. If a student has previously documented positive Mantoux Two-Step screening – 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.

<table>
<thead>
<tr>
<th>Step</th>
<th>Arm</th>
<th>Date given</th>
<th>Date read</th>
<th>Induration (mm)</th>
<th>Health Care Practitioner Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td>R</td>
<td></td>
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</tr>
</tbody>
</table>

Influenza vaccination
Date received: Vaccine: Signature
Attach original note of proof of vaccination OR of medical exemption

WHMIS
Date completed: Grade: Attach original printed certificate

Mask Fit
Date completed: Mask: Attach copy of testing results

CPR – HCP Level
Date completed: FIRST AID-STANDARD Date completed: Attach original proof of completion

Police check and Vulnerable Sector check
☐ Clear
Attach original proof of completion

SECTION 2 – SUGGESTED as Health care providers have an obligation to protect individuals and themselves from infections that can be transmitted within health care practice settings. Immunization is an important tool in preventing the transmissions of infections and assists in safeguarding the health of students and their patients and families during their education and beyond.

Hepatitis B
Humoral antibody levels can be measured > 1 months up to <6 months post vaccination. If this timeframe has elapsed, provide one additional dose to individuals then test one month later.

Blood work required to determine immunity status
Attach copy of lab results

Immunity status
☐ Immune
☐ Not immune
☐ undetermined

Date of booster
Health Care Practitioner Signature

SECTION 3 – STRONGLY RECOMMENDED for all students who will be completing a placement in an acute care setting (e.g Hospital) OR a setting which falls under the Public Hospitals Act OR a placement agency which has additional requirements. Students must complete all of sections 1, 2 and 3 if attending placements in this category.

ATTACH immunization record showing current immunization history

MMR (Measles, Mumps, Rubella)
One of the following is acceptable as proof of immunity
☐ Born in Canada before 1970
☐ Blood work required to determine immunity status
Attach copy of lab results

Immunity status
☐ Immune
☐ Not immune
☐ Undetermined

Date of booster
Health Care Practitioner Signature

Varicella (chicken pox)
One of the following is acceptable as proof of immunity
☐ had chicken pox
☐ Blood work required to determine immunity status
Attach copy of lab results

Immunity status
☐ Immune
☐ Not immune
☐ Undetermined

Date of vaccination
Health Care Practitioner Signature

Tetanus/Diptheria/ Pertussis
Teenagers and adults who choose not to have Adacel vaccine, still need to receive a booster for diptheria and tetanus every 10 years

Date of immunization
Health Care Practitioner Signature

Authorization to Attend Placement: (to be completed by Placement Officer or Program Coordinator)
Student may proceed to placement: Signature: Title: Date: