



HEALTH, WELLNESS AND SCIENCES

Clinical Preparedness Permit

REQUIRED DOCUMENTATION FOR CLINICAL PLACEMENTS AND COURSE PARTICIPATION ELIGIBILITY.

Important:

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

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

Please see page 3 for Program due dates and exceptions. Please refer to your Program Coordinator, or Synergy, regarding any questions you may have.

Synergy Information

Website: www.synergy-employment.com/georgiancollege

Synergy HelpDesk (Mon - Fri, 10am to 3pm)
helpdesk@synergy-employment.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.**

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, Evergreen Edition and Canadian TB Standards.

Clinical Permit Notes – These requirements may include a change from what is in the main permit pages.

Refer to your specific program below to see if there are any exceptions you need to be aware of.

PROGRAM	<u>Permit Due</u> (See Program Coordinator for exact clinical start date)	<u>Mask Fit</u> <u>Test</u>	<u>Vulnerable</u> <u>Sector Screen</u> <u>(VSS)</u>	<u>Other Notes</u>
Acupuncture	2 nd Semester	See page 7	See page 8	
Communicative Disorders Assistant	1 st Semester	See page 7	See page 8	
Denturism	3 rd Semester	Not required	See page 8	
Dental Assisting	1 st Semester	Not required	Required for Semester 3	
Dental Hygiene	1 st Semester	Not required	Required for Semester 5	
Esthetician	2 nd Semester	Not required	See page 8	Level C CPR only
Medical Skin Care Therapy	1 st Semester	Not required	See page 8	Level C CPR only
Massage Therapy	3 rd Semester	See page 7	Required at start of both Semester 3 & 5	
Occupational Therapist Assistant and Physiotherapist Assistant	2 nd Semester	See page 7	Every 6 months	CPR recertification every 2 years
Paramedic	2 nd Semester	Yearly	Every 6 months	Serology also required for MMR and Varicella
Paramedic—Advanced Care	2 nd Semester	Yearly	Every 6 months	Serology also required for MMR and Varicella
Personal Support Worker	1 st Semester	See page 7	Every 6 months	
Pharmacy Technician	2 nd Semester	4 th Semester	2 nd semester— Police Check 4 th Semester— VSS	
Practical Nursing	1 st Semester	See page 7	Every 6 months	

Student's Name: _____

Student Number: _____

Health Care Practitioner Stamp:

Date: _____

Health Care Practitioner Signature: _____

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 2 years 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 <u>Annually</u>			
Step 1 Required <u>Annually</u>			
Step 1 Required <u>Annually</u>			
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Chest x-ray – Date & Result: _____

Chest x-ray – Date & Result: _____

Health Care Provider Initials: _____

Student's Name: _____

Student Number: _____

MMR (Measles, Mumps, Rubella)

Please provide:

- evidence of vaccination with two doses of MMR (at least 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 Initials: _____

Varicella (Chicken Pox)

If a student has had varicella (chickenpox), they will have natural immunity.

OR

Evidence of Varicella Vaccination (2 doses at least 6 weeks apart)

OR

If no known history of having varicella and no documentation of vaccination serology/titre lab results are required.

Has had varicella (chickenpox) Yes No

OR

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

OR

Lab Reports

Immune

Yes No Indeterminate

Health Care Provider Initials: _____

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 Initials: _____

Student's Name: _____

Student Number: _____

Hepatitis B

Serology/Titres are required 4-6 weeks after 3rd vaccination. **Lab results must be included with this Permit.**

Students may enter clinical placements as long as they have had at least their 2nd Hep. B vaccine because it is a 6-12 month wait for the 3rd 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.

Immune

Hepatitis B: Serology Required Yes No Indeterminate

1st Vaccination Date: _____

2nd Vaccination Date: _____
(at least 1 month after 1st)

3rd Vaccination Date: _____
(6-12 months after 1st)

Health Care Provider to check this box if patient received 2 dose 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 Initials: _____

Tetanus/Diphtheria/Pertussis

Routine childhood immunizations include all three of these vaccines.

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

Adults are eligible for a one time pertussis-containing booster (Tdap). This is generally given 10 yrs after the adolescent booster which is given at 14-16 yrs 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 immunizations 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) →

<p>INFLUENZA VACCINE IS ONLY AVAILABLE DURING FLU SEASON (OCTOBER/NOVEMBER)</p> <p>In the event of an outbreak at your placement, <u>any student without the vaccination will be denied access</u> to the facility thereby jeopardizing successful completion of the clinical course.</p> <p>Please bring proof of your Influenza Vaccine to your placement agency.</p>	<p><u>Influenza Vaccine</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Year</th> <th style="text-align: left; border-bottom: 1px solid black;">Date Received</th> <th style="text-align: left; border-bottom: 1px solid black;">Health Care Provider Signature</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">1st Year</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">2nd Year</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">3rd Year</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </tbody> </table>	Year	Date Received	Health Care Provider Signature	1 st Year	_____	_____	2 nd Year	_____	_____	3 rd Year	_____	_____
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1 st Year	_____	_____											
2 nd Year	_____	_____											
3 rd Year	_____	_____											

INFECTION CONTROL

Mask Fit Testing to be scheduled at the college. Information regarding available dates will be given in the first weeks of the semester.

<p><u>Respirator Mask Fit Testing (Completed Every Two Years)</u></p> <p>Respirator Mask Fit Testing is booked through Synergy. You will be advised when the dates are available for booking and will sign up online for testing using the link on Page 1. If you miss your appointment, it is your responsibility to obtain a Mask Fit at your <i>own expense</i>.</p> <p>Students are required to be fit tested for an N95 respirator prior to their 1st clinical placement and at least every two years thereafter.</p> <p>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.</p>	<p>Please indicate your N95 size, type and date of testing.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 33%;">N95 Type</th> <th style="width: 33%;">Size</th> <th style="width: 33%;">Date of Issue</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	N95 Type	Size	Date of Issue												
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Student Number: _____

CRIMINAL RECORDS

Vulnerable Sector Police Record Checks

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 twelve months (unless otherwise stated on Page 3)*.

Our Hospital, Long Term Care and Paramedic Service partners require that students' VSS be current within 6 months. Please check Page 3 to see if this is a requirement of your program.

Please note: 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 VSS/Police Check 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 Coordinator 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

The WHMIS module is available through this link:
<http://portal.mycampus.ca/mycampusfiles/dc/fieldplacement/WHMIS/story.html>.

Students require a minimum grade of 80% to pass. Please print your certificate following completion of the module remembering to select Georgian College so it appears on the certificate.

Date of Issue	
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Students are required to complete the above section, and keep supporting documentation with this package at all times.

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 any 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 need to complete the module in a single sitting, 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.

Date of Issue	
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Students are required to complete the above section, and keep supporting documentation with this package at all times.

To access the eLearning module

1. Use a computer with audio and a printer.
2. Visit this website: <http://www.labour.gov.on.ca/english/hs/training/workers.php>
3. Click the link titled "Access the eLearning Module".
4. Complete the eLearning module.
5. **Print** your certificate of completion.
6. Keep your **printed** certificate of completion with your permit.

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: _____ Date: _____

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