

Student's Name: _____



CLINICAL PREPAREDNESS PERMIT

Last Name First Name

College Student # Birth Date (DD/MM/YY)

College Email Address

York University Student # Program Intake Date (DD/MM/YY)

York University E-mail Address

Contact Number(s): Cell/Home

It is the responsibility of the student to keep this form and associated documents for placement purposes.

IMPORTANT:

MAKE A PHOTOCOPY OF THIS PERMIT AFTER EACH UPDATE AND STORE IN A SAFE PLACE!

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.

IMPORTANT

THE STUDENT WILL NOT ENTER CLINICAL PLACEMENT UNLESS THE PERMIT IS COMPLETED AND STAMPED. MISSED CLINICAL TIME MAY JEOPARDIZE SUCCESS IN THE COURSE.

Requirement	Page	Upon Entry	Every Year	Every 2 Years
Base-line Two-Step Mantoux Skin Test	4	X		
One-Step Mantoux Skin Test	4		X	
Immunizations & Titres	5	X		
Flu Vaccination	8		X	
Level HCP CPR and Standard First Aid	2	X	X	
Vulnerable Sector Police Record Check	2	X	X	
Respirator Mask Fit Test	8	X*		X

* Students attending Georgian College will be fit-tested by the college representative. Seneca College students will have the opportunity to be fit-tested during their clinical clearance process at ParaMed.

Student's Name: _____

NON-MEDICAL REQUIREMENTS

Vulnerable Sector Police Record Checks (Required Annually) →

Prior to having direct contact with patients and other vulnerable persons, community agencies and hospitals require a satisfactory Vulnerable Sector Police Record Check. The police check must be **renewed every year**. 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 Police Check Card at any time.

Applicants who apply for registration with the College of Nurses require a Canadian Police Information Centre Criminal Record Synopsis as part of the registration process. The CPIC check gives evidence that an applicant has met the requirement of registration related to good character and suitability to practice. 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 it is highly recommended that a pardon be obtained.

Police Check Service	Date Issued

Police Record Checks are available through your local police service only. Toronto Police and the OPP require a particular form. Please see your Program Coordinator for additional information.

Basic Cardiac Life Support and First Aid (BCLS) for Health Care Providers (HCP) →

(Every Year)

BCLS and Standard First Aid for Health Care Providers (Level HCP) is required upon entry into the program. The School of Nursing 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.*

- **Part Time Studies at Georgian College offer this course**
www.georgianc.on.ca/coned

Company	Course Level	Date of Issue

HEALTH RECORDS

Why do I need to have an up-to-date Immunization Record?

Ontario legislation specifies certain surveillance requirements for those entering into a practice setting. The Nursing Program policy was developed in accordance with the Public Hospitals Act and is based on the Canadian Immunization Guide 7th Edition and Canadian TB Standards.

Therefore, specified immunization information **must** be submitted.

The process is necessary to ensure that those working within health care or other facilities are free from or protected against communicable and infectious diseases.

The completion of this information is **NOT** optional; it is required information to confirm the student's practicum placement.

Please ensure that you have this information (the shaded areas) completed by your health care provider (Nurse Practitioner, Medical Physician, or Registered Nurse).

Copies of lab results for specified diseases must be presented with this Permit.

Diseases that can be prevented with immunization:

MEASLES

Is a viral disease resulting in rash, high fever, cough, runny nose and watery eyes. It also leads to middle ear infection, pneumonia (lung infection) and inflammation of the brain, hearing loss, brain damage and death.

MUMPS

Is a viral disease resulting in fever, headache, earache, painful swelling of the glands in the mouth and neck and can cause inflammation of the brain. It can also cause temporary and permanent deafness, as well as swelling of the ovaries in women and testes in men, possibly leading to sterility.

RUBELLA (GERMAN MEASLES)

Is a viral disease resulting in fever, rash, and swelling of the neck glands and painful swelling of the joints. It can also cause bruising and bleeding. If a pregnant woman acquires rubella, it is very dangerous for the unborn baby.

VARICELLA (CHICKEN POX)

Is a viral disease resulting in scarring of the skin, skin infections, pneumonia, inflammation of the brain and death. It can also cause "shingles" a painful rash later in life.

POLIO (POLIOMYELITIS)

Is a viral disease affecting nerve cells in the spinal cord, and causes paralysis, inflammation of the brain and death.

HEPATITIS B

Is a viral disease that can cause serious liver problems such as liver failure and liver cancer. The vaccine is free to Grade 7 students. In Ontario and since 2000 has been a two dose schedule.

DIPHTHERIA

Is a bacterial infection that can cause breathing problems, heart failure, paralysis and death.

TETANUS (LOCKJAW)

It is caused by bacteria and spores in the soil, which can infect wounds and causes painful muscle spasms, breathing failure and death.

PERTUSSIS (WHOOPIING COUGH)

Is a bacterial disease with whooping inspirations and coughing followed by vomiting. Adolescents and adults with untreated pertussis are the most common source of infection for young unimmunized or partially immunized infants.

INFLUENZA

Is a viral infection of the nose, throat and lungs and causes cough, high fever chills, headaches and muscle pain. Influenza is highly contagious and can be life-threatening. The severity of this infection varies from year to year depending on the strain. Anyone over 6 months of age can get the vaccine each year.

Student's Name: _____

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 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. Students who have received a BCG vaccination **are not** exempt from Mantoux testing.
2. Mantoux testing should be completed on same day or 4-6 weeks from administration of live vaccine including oral polio, MMR, yellow fever, polio and cholera.
3. 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.
4. A student who had a two step in the past 12 months and tested negative must complete a one step annually.
5. 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.

A ONE-STEP MANTOUX SKIN TEST IS REQUIRED ANNUALLY.

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: _____

MMR (Measles, Mumps, Rubella)

If a student is born prior to 1970, immunity to measles, mumps and rubella **can be** assumed.

If a student is born after 1970 they can provide:

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

OR

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

Additional immunization can be discussed with your health care provider.

Born in Canada before 1970 (DOB): _____
MMR Vaccine Date Given (Dose 1): _____
MMR Vaccine Date Given (Dose 2): _____

AND

Lab Reports **Immune**

Rubella:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indeterminate
Mumps:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indeterminate
Measles:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indeterminate

Health Care Provider Signature: _____

Varicella (Chicken Pox)

If a student has had varicella (chicken pox) they will have natural immunity.

OR

Evidence of Varicella Vaccination (2 doses)

OR

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

Has had varicella (chicken pox) Yes No


OR

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

AND

Lab Reports **Immune**

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indeterminate
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 **Health Care Provider Signature:** _____


Polio

If immunization required, 3 doses are recommended: the first 2, 4 to 8 weeks apart and the third dose should be 6 to 12 months later. The first one immediately, the second one, one month after the first and the third one 6 to 12 months later.

Date Primary Series Completed: _____

OR

Date of Last Booster (if required) _____

 **Health Care Provider Signature:** _____

Student's Name: _____

Hepatitis B

Titres are required if there is a history of previous immunization or immune status is unknown. **The lab results must be included with this Permit.**

If the vaccine has not been given, or if the vaccine dates are not known, **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.

Post Vaccination Lab Tests should be done 1 – 6 months after the last vaccination.

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.

After having received the series of Hepatitis vaccine and having post vaccination blood work I still do not show immunity.

Signature _____ Date: _____

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 Signature: _____

Tetanus/Diphtheria (TD)/ Pertussis

A Tetanus/Diphtheria booster within the last 10 years is required.

One dose of Adacel is recommended if booster has not been administered within last 10 years. There is a cost associated with receiving Adacel (approx. \$35 per adult).

If previously unimmunized 3 doses are recommended. The first one immediately, the second one, one month after the first and the third one 6 to 12 months later.

NB: If immunization is required have Tetanus/Diphtheria **and** Pertussis.

Date of Last Tetanus: _____

Date Primary Series Completed: _____

Date of Booster: _____

Optional: Adacel (1 dose) Date given: _____



Health Care Provider Signature: _____

Student's Name: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER (HCP)

Name: _____

Signature: _____

Official
HCP
Stamp:

Date: _____

Name: _____
(Please Print)

Address: _____

Official
HCP
Stamp:

Telephone: _____

Signature: _____

Date: _____

Student's Name: _____

Mask fit testing will be scheduled at the college.

Influenza Vaccination (Flu Shot) →

ANNUAL IMMUNIZATION VACCINE

Students who have not received the vaccination will be removed from clinical placement as most of our placement partners may require that students receive influenza immunization and show proof especially if there is an outbreak. **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.**

Influenza Vaccine

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

Respirator Mask Fit Testing (Completed Every Two Years) →

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

Respirator Mask Fit Testing is arranged by the School of Nursing. You will be advised of the dates and times to sign up online for testing. 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.

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

N95 Type	Size	Date of Issue

Student's Name: _____

This page is for the Practicum Office's "verification" stamp. This means that the appropriate staff person has verified that the required information has been completed as per protocol.

Proceed to: _____ Proceed to: _____

Approved by: _____ Approved by: _____

Date: _____ Date: _____

School of Nursing Stamp/Paramed

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