

Welcome to S414 Registered Nurse Operating Room Perioperative program (For Independent students only)

- As part of this program, you will be provided with an opportunity to participate in a clinical placement in a health care setting. In preparation for your placement experience, there are mandatory requirements that you will need to complete ahead of time. The Clinical Placement Office recommends that you begin gathering the necessary documentation now, in order to be able to submit them and provide enough time for the approval process.
- Once you have gathered all the necessary documents, you will need to create an account, upload and submit all documents, certificates and evidence to the electronic Placement Pass by Paramed by the **given deadline on September 16, 2022**. A link to the portal can be found at <https://georgebrowncollege.requisite.ca/>
- If you **fail** to complete, submit, and upload these requirements to Placement Pass by Paramed by the **given deadline on September 16, 2022**, you will be **excluded** from dental practice which can jeopardize your academic standing & may lead to program **withdrawal**.
- All costs, service fees and fine associated with the overall medical and additional requirements are responsibility of the student.

Below is a summary of all requirements that must be provided in your submission. Please read and follow all the instructions carefully:

Medical Requirements

- All students must provide proof of current immunization records, blood test reports and health status. Book an appointment with your doctor/walk-in clinic and bring the Pre-requisite Form with you to document receipt of the following -TDAP, MMR, Varicella, Hep B and Two Step TB requirements, COVID-19 vaccine and Flu Shot. For more information, visit <https://www.georgebrown.ca/current-students/preplacement/forms/sally-horsfall-eaton-school-of-nursing-forms>

Police Vulnerable Sector Check (renew every year)

- All students must provide proof of a clear vulnerable sector police check that is valid every year. If you live in Toronto region with a postal code that start with letter "M", the Clinical Placement Office will send you the Toronto Police application form and instructions sheet to your email account.
- If you live in another region such as Durham, Halton, Hamilton, Peel, York or other province, you will need to apply for your police check at your specific regional police service website. For more information, visit this link <https://www.georgebrown.ca/current-students/preplacement/additional-requirements/police-vulnerable-sector-check>.

Basic Life Support Certificate (renew every two years)

- All students must have a current BLS certificate in order to participate in practicum. Please register for this course at any WSIB Approved First Aid Trainers, for more information visit this link <https://www.georgebrown.ca/current-students/preplacement/additional-requirements/certificates>

Mask Fit Test Certificate (renew every two years)

- All students must have a valid 3M N95 mask fit test certificate. We will accept your mask fit test certificate either from your workplace or other agency as long as it is valid within 2 years. If you need to complete this step, please book your mask fit testing at Peak Excellence Shop company online at <https://www.peakexcellenceshop.com/> or go to other third party agency.

Contact us

- Suzette Martinuzzi, Clinical Pre-placement Coordinator, contact via email smartinu@georgebrown.ca
- Virtual Business Hours: Monday to Friday, 9:00 am to 3:30 pm

(S414) Registered Nurse Perioperative Program (Fall Term 2022)

For new Independent/Non-sponsored students only

Prerequisites Form deadline: September 16, 2022

Clinical Site: Michael Garron Hospital starting on October 11, 2022 to December 2, 2022

MEDICAL REQUIREMENTS CHECKLIST

Please read all detailed instructions on pgs. 1, 3-4

- ☐ Tetanus, Diphtheria & Pertussis (Tdap/Adacel vaccine valid every 10 years) & attach yellow card record)
- ☐ COVID-19 vaccine (mandatory)
- ☐ Seasonal Flu Shot (highly recommended in November or December)
- ☐ Measles, Mumps & Rubella (documentation of two doses of MMR vaccine **OR** laboratory evidence of immunity)
- ☐ Varicella (documentation of two doses of Varivax vaccine **OR** laboratory evidence of immunity)
- ☐ Hepatitis B (ask your doctor to do blood test, ATTACH copies of blood test reports and all immunization records)
- ☐ Two Consecutive Step Tuberculosis Skin Test
- ☐ Yellow immunization card or any type of immunization records
- ☐ Final signature of your doctor/physician and medical office stamp

ADDITIONAL REQUIREMENTS CHECKLIST

Please read all detailed instructions on pgs. 1, 5-7

- ☐ [Police Vulnerable Sector Check](#)-(renew every year)
- ☐ [Basic Life Support Certificate](#) (renew every two years)
- ☐ [Mask Fit Test Certificate](#) (renew every two years)
- ☐ Placement Pass by ParaMed Service Fees, **see below**
- ☐ Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form

PARAMED PLACEMENT PASS SERVICE FEES (rates are subject to change, student pays)

Once you have everything done and completed, your final step is to create an account, submit and upload your completed health form documents to the **ParaMed Placement Pass website** at <https://georgebrowncollege.requisite.ca/> by the given deadline.

(June 1, 2021 to May 31, 2022) (Student pays)

- Initial Submission Fee - \$59.47 dollars (submission of health form, RN fee, archives & medical records access online)
- Resubmission Fee (due to a Deficiency List Form) - \$26.10 dollars

CONTACT US

- Suzette Martinuzzi, Clinical Pre-placement Coordinator, contact via email smartinu@georgebrown.ca
- Business Hours: Monday to Friday, 9:00 am to 3:30 pm
- Telephone#: (416) 415-5000 ext. 3415



**(S414) REGISTERED NURSE-OPERATING ROOM PERIOPERATIVE PROGRAM
PREREQUISITE FORM FOR INDEPENDENT/NON-SPONSORED STUDENTS ONLY (FALL 2022)**

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

ParaMed submission deadline: **September 16, 2022**

Clinical Site: Michael Garron Hospital on October 11, 2022 to December 2, 2022

MEDICAL REQUIREMENTS

(DOCTOR/PHYSICIAN/HEALTH CARE PROFESSIONAL TO COMPLETE, SIGN & STAMP)

Ontario legislation specifies certain surveillance requirements for those entering into healthcare practice settings. The Program policy was developed in accordance with the Communicable Disease Surveillance protocols, as specified under the Ontario Public Health, OHA, OMA, LTCAO and Ontario School Boards to demonstrate students' meet these requirements prior to entering placement settings. This process is necessary to ensure that our students protect their health and safety, and the health and safety of patients, children, seniors, employees and other vulnerable people. The completion of this information is not optional, and all sections must be completed as outlined. Our placement agency partners have the right to refuse students who have not met their immunization standards. If, for medical reasons, your patient is unable to receive a required immunization or Chest X-ray, a medical note of this exclusion must be provided on the form.

- 1. TETANUS, DIPHTHERIA & PERTUSSIS (Tdap/Adacel/Boostrix vaccine must be valid every 10 years) attach a yellow card or any immunization record.**

☐ Date of last Tetanus, Diphtheria & Pertussis (Tdap/Adacel/Boostrix) booster ____/____/____ (mm/dd/yyyy)

- 2. COVID-19 VACCINE (mandatory) (attach proof of record)**

☐ 1st dose Given Date ____/____/____ (mm/dd/yyyy)

☐ 2nd dose Given Date ____/____/____

☐ 3rd dose Given Date ____/____/____

☐ Proof of approved exemption status

- 3. SEASONAL FLU SHOT (recommended in November/December)**

☐ Seasonal Flu Shot Given Date ____/____/____ (mm / dd / yyyy) Health care professional signature _____

- 4. MEASLES, MUMPS, RUBELLA (MMR) (Two doses vaccine OR Laboratory evidence of immunity)**

☐ **Documentation of receipt of two doses of MMR vaccine** on or after the 1st birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.

1st Dose date ____/____/____
mm/ dd / yyyy

2nd Dose date ____/____/____ (four weeks after 1st dose)
mm/ dd / yyyy

OR

☐ **Laboratory evidence of immunity** and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, **no** booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

- 5. VARICELLA (CHICKEN POX) (Two doses vaccine OR Laboratory evidence of immunity)**

☐ **Documentation of receipt of two doses of Varivax vaccine** on or after the 1st birthday four weeks apart and attach a yellow card or any proof of immunization record. This vaccine is not recommended for pregnant women and pregnancy should be avoided for 3 months post immunization.

1st Dose date ____/____/____
mm/ dd / yyyy

2nd Dose date ____/____/____ (four weeks after 1st dose)
mm/ dd / yyyy

OR

☐ **Laboratory evidence of immunity** and attach a copy of "Antibody IgG" blood test report. If the result is Immunity or Reactive, **no** booster shot required. But, if the result is **Non-immunity or Non-Reactive**, you must provide **two doses** as per instruction above. Serologic testing for immunity is **not** recommended after vaccination.

Final Signature of doctor/physician/health care professional _____ **(pg. 3)**

Date (mm/dd/yyyy): _____ **Medical Office Stamp:** _____ **(pg. 3)**

**(S414) REGISTERED NURSE-OPERATING ROOM PERIOPERATIVE PROGRAM
MEDICAL REQUIREMENTS (submission deadline on September 16, 2022)**

NAME x _____ GBC ID# x _____

(HEPATITIS B (doctor must check the appropriate box, attach a copy of lab blood test report and document all doses as outlined below))

- ☐ Immunity/Reactive/Positive lab test result (**Note:** NO injections required; it is mandatory that you **ATTACH** a copy of most recent “Antibody” laboratory blood test reports)
- ☐ Non-Immunity/Non-Reactive/Negative/Low (>0 or <10) “Antibody” laboratory blood test report, you must get new doses as outlined below. Maximum of six Hep B doses in a lifetime

1st dose date ____/____/____ (initial immunization date)
(mm/dd/yyyy)

2nd dose date ____/____/____ (four weeks after 1st dose)

3rd dose date ____/____/____ (six months after 1st dose, you must repeat another lab blood test after four weeks)

4th dose date ____/____/____ (if the 3rd dose blood test result is <10 IU/L/Non-immunity/Non-reactive, you must get a 4th dose)

5th dose date ____/____/____ (four weeks after 4th dose, you must get a 5th and 6th doses)

6th dose date ____/____/____ (repeat another blood test after four weeks and if the final result is still Non-immunity/Non-reactive, student status will be considered Non-Responder/Exception)

- ☐ Carrier (**Note:** No injections required and ATTACH copy of most recent “Antigen Positive” blood test and notify the medical officer)

6. TWO CONSECUTIVE STEP-TUBERCULOSIS SKIN TEST (read and follow instructions below)

- All students must complete and provide proof of Two Consecutive Step-TB Skin Test and we will **NOT** accept a Chest X-ray report only.
- Failure to do Step 2 TB within 7-21 days after Step 1, you will need to redo both TB Skin Test again and extra fees will apply.
- If you have proof of previous Two Consecutive Step-TB Skin Test done in the past and the result was both “**Negative**”, do annual Step 1-TB Skin Test.
- If you have proof of previous Two Consecutive Step-TB Skin Test and the result was “**Positive**”, **NO** more annual TB Skin Test and your doctor needs to do annual physical exam and answer letters (A-F) below.
- If you had BCG vaccination it is **NOT** a contraindication for skin test, you are still required to provide proof and complete a Two Step-TB skin test.
- It is mandatory that your doctor/health care professional properly complete, sign & stamp all the information outlined below. **NO** exceptions!

PREVIOUS: STEP 1 TB SKIN TEST

_____/_____/_____
(Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

PREVIOUS: STEP 2 TB SKIN TEST (7-21 days after Step-1)

_____/_____/_____
(Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

CURRENT: STEP 1 TB SKIN TEST

_____/_____/_____
(Date Given: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

CURRENT: STEP 2 TB SKIN TEST (7-21 days after Step 1)

_____/_____/_____
(Date Given on opposite arm: mm / dd / yyyy) (Date Read: 48-72 hours after date given) (Induration size) (mm)

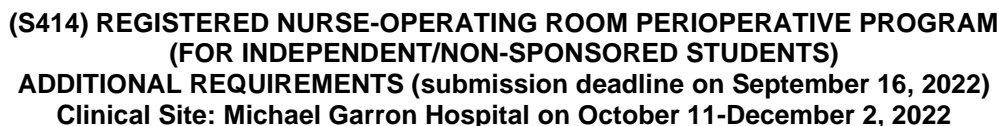
TB SKIN TEST POSITIVE (+) WITH MORE THAN >10 MM INDURATION SIZE

DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-F) BELOW:

- a) Chest X-ray (if TB Positive only, ATTACH a copy of the X-ray report valid within 2 years) Result _____ Date _____ (mm/dd/yyyy)
- b) History of disease? Yes or No Date (mm/dd/yyyy) _____
- c) Prior history of BCG vaccination (need documentation? Yes or No Date (mm/dd/yyyy) _____
- d) Does this student have signs/symptoms of active TB on physical examination? Yes or No
- e) INH Prophylaxis (Treatment)? Yes or No Date (mm/dd/yyyy) _____ Dosage _____
- f) Specialist (Public Health) Referred? Yes or No Date (mm/dd/yyyy) _____

Final Signature of doctor/physician/health care professional: _____ (pg. 4)

Date (mm/dd/yyyy): _____ **Medical Office Stamp:** _____ (pg. 4)



7. POLICE VULNERABLE SECTOR CHECK (*renew every year*)

Due to COVID-19 pandemic, the police check application process shas changed. Please read the instructions below in how to apply for your police check according to your regional police services:

- You must send an email request to Suzette Martinuzzi, Clinical Preplacement Coordinator at smartinu@georgebrown.ca with your Full name, GBC ID#, Program Name and Semester.
- Once you received it, you must download and print it in a legal-size (8x14) paper only (*NO other format or size accepted*).
- Fill out, complete and sign all the sections of the application form and make sure that your writing is clear and legible.
- You must attach a BANK DRAFT/MONEY ORDER PAYMENT OF \$20.00 DOLLARS PAYABLE TO TORONTO POLICE SERVICE and a photocopy of your government issued ID either Driver's license, passport or Ontario ID card. Please keep your bank receipt as your proof of payment. (*NO other payment method accepted*)
- You must submit your Toronto Police form and payment via registered mail to their business **address** below:
 - **Toronto Police Headquarters**
Records Management Services, 4th Floor
40 College Street, Toronto, ON M5G 2J3

- If you live in another region such as (Durham, Halton, Hamilton, London, Peel & York) or other province, please check your specific regional police service website and they can take **two-six weeks** to process your application form, with exception to Niagara region which takes **10 weeks** to process.
- Please apply for police check as it needs to be valid in the academic year, for more details, visit [Police Vulnerable Sector Check website.](#)
- If you require a **volunteer letter** in order to pay for the student rate (except Peel region), please email us your full name, GBC ID#, program name and your regional police service complete address. For more details, visit [Police Vulnerable Sector Check website.](#)

Page 5 of 8
Revised July 12, 2022

Page 6 of 8
Revised July 12, 2022

George Brown College & ParaMed Agreement Form

Name x_____

Program: **S414- REGISTERED NURSE-OPERATING ROOM PERIOPERATIVE (Fall 2022)**

Clinical Site: Michael Garron Hospital on October 11-Dec 2, 2022

I x_____ (Print Name) understand that any false statement is grounds for cancellation of admission.

I understand that the college has the right to cancel my admission privilege on the basis of medical information submitted or withheld. I understand that it is my responsibility to inform the appropriate George Brown College personnel of any communicable disease, special need, exception or medical condition which may place me at risk or pose a risk to others at George Brown College or on placement.

I will pay all the services fees and authorize ParaMed to review the above information.

x_____
(Signature) (Date)

Element of Risk

All experiential learning programs, such as field trips, clinical and field placements or job shadowing involve certain elements of risk. Injuries may occur while participating in this activity without any fault of the student, the placement or the college. By taking part in this activity, you are accepting the risk that you may be injured. Following the Health and Safety rules of your placement is required. By signing below you agree that you have reviewed the element of risk and are willing to comply with the Health and Safety Rules of your placement.

If an injury should occur, it must be reported immediately to your supervisor and to your faculty. Completing Workers Safety Insurance Board forms and reporting any injury while participating in placement must take place within **72 hours** of occurrence.

x_____
(Signature) (Date)

Contact Us

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email smartinu@georgebrown.ca
Virtual Business Hours: 9:00 am to 4:00 pm, by appointment only

FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT

The personal information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O. 1980, Chapter 272, Section 5, R.R.O. 1990, Regulation 77 and the Public Hospital Act R.S.O. 1980 Chapter 410, R.S.O. 1986, Regulations 65 to 71 and in accordance with the requirements of the legal Agreement between the College and the agencies which provide clinical experience for students. The information is used to ensure the safety and wellbeing of students and clients in their care.

Consent Form for Use and Disclosure of Student Information

Student Number: _____ Educational Program: S404 PICN-Fall 2022

First Name: _____ Last Name: _____

1. Permission to Use and Disclose Your Student Related Personal Information and Personal Health Information

By signing this consent, you authorize your educational Program _____ to:

- Collect, use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practical, fieldwork, or preceptorship) as required by your educational program;
- Use your student related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.
- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

2. Consent Period

This consent is effective immediately and shall remain valid for up to six years, or shall be voided upon your completion of the Program, your formal withdrawal from the Program, or upon written request as described below.

3. Your Rights With Respect to This Consent

- 3.1 Right to Refuse Consent** - You have the right to refuse to sign this consent, and if you refuse your placement will be processed manually at the earliest convenience of the Program and Receiving Agency.
- 3.2 Right to Review Privacy & Security Policies** - A copy of the document entitled *Identified Purposes and Handling of Personal Information in HSPnet*, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security Policies may be amended from time to time, and you may obtain an updated copy by contacting privacy@hspcanada.net.
- 3.3 Right to Request Restrictions on Use/Disclosure** – You have the right to request that we restrict how we use and/or disclose your personal information or personal health information via HSPnet for the purpose of locating and coordinating a suitable placement experience. Such requests must be made in writing to the placement coordinator for your Program. If we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually at the earliest convenience of the placement coordinator and receiving agency.
- 3.4 Right to Revoke Consent** - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the placement coordinator for your Program. Note that your revocation of this consent, or the voiding of this consent upon your completion or withdrawal from the Program, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.
- 3.5 Right to Receive a Copy of This Consent Form** - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province. For more information visit <https://hspcanada.net/privacy-and-security/>

I hereby authorize my educational Program to use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by the curriculum.

Signature of Student

Date (MM/DD/YYYY)