

Welcome to S121 PN Semester 4 program!

- 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 evidences to the electronic Requisite Portal by the **given deadline on July 30, 2021**. A link to the portal can be found at <https://georgebrowncollege.requisite.ca/>
- If you **fail** to complete, submit, and upload these requirements to Requisite Portal by the **given deadline on July 30, 2021**, 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 6 months)

- 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> .

Standard First Aid (renew every 3 years) & Basic Life Support Certificate (renew every year)

- All students must have a current SFA and 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

**(S121) Practical Nursing (Fall Term 2021)
Returning Semester 4 students
Pre-requisites Form deadline: July 30, 2021**

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 (*highly recommended and attach proof of record*)-Please note that GBC does not mandate that student receive the vaccine, however it is *required* by most clinical agency partners.
- Seasonal Flu Shot (*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)
- [Standard First Aid Certificate](#) (renew every three years)
- [Basic Life Support Certificate](#) (renew every year)
- [Mask Fit Test Certificate](#) (renew every two years)
- Requisite Portal Service Fees, **see below**
- Fill-out & complete all the top sections with your name, ID#, program, issued/expiry dates and Agreement Form

REQUISITE PORTAL SERVICE FEE (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 **Requisite Portal** 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
- Virtual Business Hours: Monday to Friday, 9:00 am to 4:00 pm

**(S121) PRACTICAL NURSING PROGRAM-RETURNING SEMESTER 4
PRE-REQUISITES FORM (FALL TERM 2021)**

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

Submission deadline: July 30, 2021

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, specified under the Public Hospitals Act, to meet the requirements of our students' placement settings. This process is necessary to ensure that our students protect their health and safety, and the health and safety of patients, visitors, employees and other students. Other than the influenza vaccine, the completion of this information is not optional, and all sections must be completed as outlined. Our placement partners have the right to refuse students who have not met their immunization standards. If, for medical reasons, your client 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 (highly recommended and attach proof of record)**

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

2nd dose Given Date ____/____/____(mm / dd / yyyy)

I have opted out or will not be getting the vaccine at this time

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 _____ **(pgs. 2 & 3)**

Date (mm/dd/yyyy): _____ **Medical Office Stamp:** _____ **(pgs. 2 & 3)**

George Brown College & ParaMed Agreement Form

Name x_____

Program (S121) PN Semester 4

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: _____

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)

