

Student's Name: _____



CLINICAL PREPAREDNESS PERMIT

Due Date: First Day of Classes

Last Name First Name

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

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

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 prior to each practicum.
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	2	X		X
Vulnerable Sector Police Record Check	2	X	X	
Respirator Mask Fit Test	2	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 Check (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.

A current Police Record Check is also required prior to writing your Provincial Registration exam.

Police Record Checks are available through:

1. Intelysis – 24 – 48 hour service.
<http://www.intelysis.com/es/vss.pdf> gives you access to the application.
2. Local Police Department.

Police Check Service	Date Issued

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

(Every 2 Years)

BCLS for Health Care Providers (Level HCP) is required upon entry into the program. The School of Nursing requires a minimum re-certificate every two years regardless of the expiry date on the card. *It is the **student's responsibility** to ensure that the certificate is current throughout the program.*

The following companies offer BCLS training:

- **Canadian Red Cross**
- **Heart and Stroke Foundation of Canada**
- **St. John Ambulance**

Company	Course Level	Date of Issue

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 for testing.

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

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 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.

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.

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.

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 must be completed prior to the administration of any live vaccines (i.e. MMR).
3. Students who have **previously** had a 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.
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

Mantoux Skin Test	Date Given	Date Read 48 – 72 h from testing	Induration (mm)
BASELINE 2 STEP Step 1			
Step 2 (7 – 21 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)

An MMR vaccine is required if there is a **negative, non-immune, or indeterminate MMR titre lab results.**

COPIES OF LAB RESULTS MUST BE PROVIDED FOR ALL THREE OF THE MANDATORY LAB RESULTS.

LAB RESULTS ARE REQUIRED EVEN IF THERE IS A HISTORY OF HAVING HAD THE DISEASE.

One dose is required if the student was born after 1957 and before 1970. Two doses are required if the student was born after 1970.

If an MMR is given, repeat lab work in 6 – 8 weeks and provide a copy of the lab results (numerical values).

Additional immunization can be discussed with your health care provider.

Mandatory Lab Reports

Immune

Rubella: Yes No Indeterminate
Mumps: Yes No Indeterminate
Measles: Yes No Indeterminate

MMR Vaccine Date Given (Dose 1): _____

MMR Vaccine Date Given (Dose 2): _____

MMR Booster Date Given: _____

Post Vaccination Lab Results: Yes No Indeterminate

Immune: Yes No Indeterminate

Lab Results Provided: Yes No Indeterminate



Health Care Provider Signature: _____

Varicella (Chicken Pox)

The Varicella vaccine is required if lab reports show no immunity.

This vaccine is not recommended for pregnant women. Pregnancy should be avoided for three months after a Varicella vaccination has been given.

LAB RESULTS ARE REQUIRED EVEN IF THERE IS A HISTORY OF HAVING HAD THE DISEASE.

IF FOR MEDICAL REASONS you are unable to receive the required immunization, your health care provider must include a detailed explanation for this exclusion.

Mandatory Lab Reports

Immune

Varicella: Yes No Indeterminate

1st Vaccination Date: _____

2nd Vaccination Date: _____
(4 – 6 weeks after 1st)



Health Care Provider Signature: _____

Polio

If immunization required, 3 doses are recommended: the first 2, 4 to 8 weeks apart and the third dose 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.

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 or booster shot.

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) _____

Booster Date: _____



Health Care Provider Signature: _____

Tetanus/Diphtheria (TD)

A Tetanus/Diphtheria booster within the last 10 years **OR** antibody lab results showing immunity to tetanus and diphtheria.

If immunization is required: 2 doses, 4 to 8 weeks apart and third dose 6 to 12 months later.

Date of Last Tetanus: _____



Health Care Provider Signature: _____

Pertussis

Date Primary Series Completed: _____

Date of Booster: _____



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: _____

Influenza Vaccination (Flu Shot) →

Influenza Vaccine

ANNUAL IMMUNIZATION VACCINE ONLY AVAILABLE DURING FLU SEASON (OCTOBER/NOVEMBER).

While not mandatory, we encourage all students to protect themselves with annual influenza immunization. Students who have not received the vaccination may be removed from clinical placement as some 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 may be denied access to the facility thereby jeopardizing successful completion of the clinical course.**

Year	Date Received
1 st Year	_____
2 nd Year	_____
3 rd Year	_____
4 th Year	_____

Influenza Waiver

Students who choose not to have the annual influenza vaccine for medical or personal reasons must sign a waiver that acknowledges their awareness of susceptibility to the disease and of the implications for clinical placement and lost time. Students must provide consent for the School to communicate their influenza immunization status to the clinical agency in which they are placed.

INFLUENZA WAIVER

I understand that the School of Nursing encourages all students to have an annual influenza vaccine. I have selected to waive this immunization based on medical and/or personal reasons. I am aware that I may be susceptible to influenza and I understand that I may not be eligible to attend clinical placement.

I consent to have the School of Nursing communicate my influenza status to clinical agencies:

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

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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