GEORGE BROWN COLLEGE Clinical Pre-placement Office

CONTINUING EDUCATION PROGRAM
(NURS 9214) CLINICAL PRACTICE COURSE
REQUISITE HEALTH FORM DEADLINE: ___________________________ ***(one month prior to start of the clinical semester)***

NEW STUDENT CHECKLIST & ACTION REQUIRED

Notice: *Upon your* ***acceptance*** *in this course, it is your* ***responsibility*** *to start and meet all the medical & additional requirements outlined below. This process will take* ***10 to 12 weeks*** *to complete and it must be submitted to ParaMed Office by the given deadline. If you* ***fail*** *to do so, you will be* ***excluded*** *from Clinical Practice course which will* ***affect*** *your academic standing & may lead to program* ***withdrawal****. All costs, service fees and fine associated with the overall health form requirements are responsibility of the student.*

MEDICAL REQUIREMENTS

Book an appointment with your doctor/Walk-In Clinic. Bring this health form to your appointment and advise your doctor to sign and stamp your health form documents upon completion of all medical requirements. ***Please read all detail instructions on pgs. 2 & 3***

- ☐ Tetanus, Diphtheria & Pertussis *(Tdap/Adacel/Boostrix valid every 10 years & attach yellow card/immunization record)* ***pg. 2***
- ☐ Seasonal Flu Shot (*mandatory every November or December*) ***pg. 2***
- ☐ Measles, Mumps & Rubella (MMR) (*ask your doctor to do blood work, ATTACH copy of lab blood test report and immunization records)* ***pg. 2***
- ☐ Varicella (Chicken Pox) (*ask your doctor to do blood work, ATTACH copy of lab blood test report and immunization records)* ***pg. 2***
- ☐ Hepatitis B (*ask your doctor to do blood work, ATTACH copy of lab blood test report and immunization records)* ***pg. 3***
- ☐ Two Consecutive Step-Tuberculosis Skin Test (*ask your doctor to document all TB skin test dates and induration result)* ***pg. 3***
- ☐ Final Signature of doctor/physician and Medical Office stamp, ***pg. 2 & 3***
- ☐ Yellow immunization card or any type of immunization records

ADDITIONAL REQUIREMENTS

Please apply for your police check and certificates below and bring all originals and one set of photocopies of your documents at your scheduled appointment with ParaMed Office. ***Please read all detail instructions on pgs. 4-5***

- ☐ Police Vulnerable Sector Check *(renew every year)* ***pg. 4***
- ☐ Basic Life Support (BLS) or CPR Level (HCP) Certificate *(renew every year)* ***pg. 4***
- ☐ Mask Fit Test Certificate *(renew every two years)* ***pg. 4***
- ☐ ParaMed Office Appointment & Service Fees, ***see below & pg. 4***
- ☐ ParaMed and George Brown College Agreement Form, ***pg. 5***

PARAMED OFFICE APPOINTMENT & SERVICE FEES *(rates are subject to change)*

Notice: *Once you have everything done and registered to this course, your* ***final step*** *is to* ***create an account and book an appointment*** *with ParaMed Office online at www.georgebrownhealth.ca by the given deadline. It is mandatory that you bring and submit all of the originals, one set of photocopies of your forms and pay the Service Fees at your scheduled appointment. Please* ***DO NOT*** *book or go to ParaMed Office with an* ***INCOMPLETE*** *forms, otherwise they will* ***charged*** *you a* ***Subsequent Visit Fee****. ParaMed is a* ***"Fragrance Free Zone",*** *kindly* ***do not wear*** *any perfume, lotion or cologne at your appointment.*

(June 1st, 2019 to May 31st, 2020, rates are subject to change without notice)

- Standard Visit Fee - $57.27 dollars (submission of health form, RN fee, archives & medical records access online)
- Subsequent Visit Fee (due to a Deficiency List Form) - $25.10 dollars
- Cancelled or Missed Appointment Fine-$57.27 dollars (without 24 hour notice)
- Mask Fit Test-$44.90, Photocopy - $3.00

CONTACT US

- Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email **smartinu@georgebrown.ca**
- Clinical Pre-placement Office Campus Locations:
- ***(Mon-Wed)*** 51 Dockside Drive, Room 702, 7th Floor, Waterfront Campus
- ***(Thursday-Friday)*** 200 King Street East, Room 401B, 4th Floor, Building "A", St. James Campus
- Business Hours: 8:00 am to 3:30 pm, by appointment only or visit *https://coned.georgebrown.ca/continuing-education-clinical-pre-placement-health-form-requirements/*

Clinical Pre-placement Office

CONTINUING EDUCATION PROGRAM
(NURS 9214) CLINICAL PRACTICE COURSE
REQUISITE HEALTH FORM FOR NEW STUDENT

NAME x____
GBC ID# x____
TEL x____ (*ParaMed Official Stamp here)*
EMAIL x____
DEADLINE DATE x____
(One month prior to the start of the clinical semester)

TOTAL CLINICAL HOURS
(NURS 9214) Clinical Practice: _______________________________________ **(total 200 hours)**
(NURS 9215) Consolidation: _______________________________________ **(total 400 hours)**

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.
Note: *If you* ***do not*** *have any proof of immunization records, you must contact your doctor or your regional Public Health to obtain a copy of your old/new immunization record.*

1. **TETANUS, DIPHTHERIA & PERTUSSIS *(Tdap/Adacel/Boostrix 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. **SEASONAL FLU SHOT *(Mandatory every year in November/December)***
   Influenza virus vaccine is available free of charge from health services in the fall or can be obtained from your healthcare provider. Students are encouraged to submit evidence of the vaccination in December. If you know or suspect that you have an allergy to eggs or other vaccination preservatives or components, please discuss your options with your HCP. Do not worry about the flu shot at this time; you may submit your completed health form documents to ParaMed Office without the flu shot record. GBC will do a flu shot clinic in November/December. If an outbreak occurs at an assigned agency, and flu vaccine was not received, you may be denied access to the facility, thus jeopardizing the successful completion of your placement.

   ☐ *Seasonal Flu Shot Given Date_____/_____/_______(mm / dd / yyyy) Healthcare provider signature____________________*

3. **MEASLES, MUMPS & RUBELLA (MMR) *(doctor check the appropriate box, attach a copy of lab blood test reports valid within 5 years and document all doses as outlined below)***

   ☐ Immunity/Reactive blood test result (**Note:** NO injections required; ATTACH copy of most recent MMR laboratory blood test reports valid within 5 years.)

   ☐ Non-Reactive/Non-Immunity/Indeterminate lab test result (**Note:** ATTACH copy of most recent laboratory blood test report and get the following doses as outlined below; maximum of three MMR doses in a lifetime)

   1st Dose Date _____/_____/______ (repeat blood test after 4 to 6 weeks; if result is "Non-Reactive/Indeterminate", get the 2nd dose)
   (mm/ dd / yyyy)

   2nd Dose Date_____/_____/______ (repeat a third blood test; if result is "Non-Reactive/Indeterminate", get the 3rd dose)

   3rd Dose Date _____/_____/______ (repeat a fourth blood test; if result is "Non-Reactive/Indeterminate", student status will be considered a "Non-responder/Exception")

4. **VARICELLA (CHICKEN POX) *(doctor check the appropriate box, attach a copy of lab blood test reports valid within 5 years and document all doses as outlined below)***

   ☐ Immunity/Reactive lab test result (**Note:** NO injections required; ATTACH copy of most recent laboratory blood test reports valid within 5 years)

   ☐ Non-Reactive/Non-Immunity/ Indeterminate lab test result (**Note:** ATTACH copy of most recent laboratory blood test report and get the following doses as outlined below; maximum of two Varivax doses in a lifetime)

   1st Dose Date_____/_____/_____ (mm / dd / yyyy) (four weeks after 1st dose, get the 2nd dose as outlined below)

   2nd Dose Date_____/_____/______(mm / dd / yyyy) (six to eight weeks after 2nd dose, repeat a second blood test; if the result is "Non-Reactive/Indeterminate", student status will be considered a "Non-responder/Exception")

Final Signature of doctor/physician/health care professional: ______________________________ ***(pages 2 & 3)***

Date (mm/dd/yyyy): ___________________ **Medical Office Stamp:** ___________________________ ***(pages 2 & 3)***

George Brown College Clinical Pre-placement Office

NAME x_______________________________________ GBCID# x_______________________________________

(NURS 9214) CLINICAL PRACTICE-MEDICAL REQUIREMENTS

5. **HEPATITIS B** ***(doctor check the appropriate box, attach a copy of lab blood test reports valid within 5 years and document all doses as outlined below)***

☐ Immunity/Reactive/Positive lab test result (**Note:** NO injections required; ATTACH copy of most recent "Antibody" laboratory blood test reports valid within 5 years)

☐ Non-Immunity/Non-Reactive/Negative/Low (>0 or <10) lab test result (**Note:** ATTACH copy of most recent "Antibody" laboratory blood test report and get the following doses. Maximum of six Hep B doses in a lifetime. **Note:** Our office is aware of the current shortage of the Hepatitis B and Twinrix vaccine in Ontario last year. Due to this, it causes a long delay for to complete your forms on time. If you are unable to get this vaccine either from your family doctor, Walk In clinic or pharmacy at this time, please ask your doctor to give us a medical note regarding this shortage and you are safe to attend clinical practice.

1st Dose Date_____/_____/_______ (four weeks after 1st dose and get the 2nd dose)
(mm/ dd / yyyy)

2nd Dose Date _____/_____/_______ (repeat a second blood test; if the result is "Non-Reactive/Negative", get the 3rd dose)

3rd Dose Date _____/_____/_______ (repeat a third blood test; if result is "Non-Reactive/Negative", get 4th & 5th doses)

4th Dose Date _____/_____/_______ (after four weeks, get a 5th dose)

5th Dose Date _____/_____/_______ (repeat a fourth blood test; if the result "Non-Reactive/Negative", get a 6th dose)

6th Dose Date _____/_____/_______ (repeat a fifth blood test; if the final lab test result is "Non-immunity/Negative", 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** ***(please read and follow the instructions below)***

- First Time: If you never had Two Consecutive Step-TB Skin Test done in a lifetime, it is mandatory that you complete and pay for Two Step-TB Skin Test.
- No Chest X-ray only: all students must 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.
- Negative (-) with less than (<10 mm): If you have proof of previous Two Consecutive Step-TB Skin Test and the result was both "Negative", do annual Step 1-TB Skin.
- Positive (+) with more than (> 10 mm): If you have proof of previous Two Consecutive Step-TB Skin Test and the result was "Positive", NO more annual skin test or Chest X-ray required and your doctor needs to do annual physical exam and answer letters (A-F) below.
- BCG vaccination: 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
DOCTOR/PHYSICIAN MUST DO ANNUAL PHYSICAL EXAM & ANSWER LETTERS (A-F) BELOW:

a) **Chest X-ray *(ATTACH a copy of the X-ray report valid every four 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: _________________________ *(pgs. 2&3)*

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

George Brown College Clinical Pre-placement Office

NAME____GBCID#____

(NURS 9214) CLINICAL PRACTICE COURSE *(New student)*
ADDITIONAL REQUIREMENTS

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

☐ ***Issued Date*** *_____/_____/______* ***mm / dd / yyyy*** ***Expiry Date*** *_____/_____/_______* ***(one year after the issued date)*** ***mm / dd / yyyy***

Notice: *The Continuing Education Nursing department highly recommend that all students must have a* ***"Clear"*** *police vulnerable sector check valid every academic year. Please* ***attach*** *the original police vulnerable sector check result and submit it at your scheduled ParaMed appointment. If you have a* ***"Not Clear"*** *police check record, your faculty will* ***exclude*** *you from Clinical Practice course which will* ***impact and jeopardize*** *your academic standing and can lead to program* ***withdrawal****. All costs associated with the police check application and additional fees related to fingerprint, court documents and Record Suspension (formerly Pardon) process are responsibility and paid by the student.*

Please read carefully the instructions in how to apply for your police check according to your regional police service;

For students who currently reside in Toronto region (with a postal code that starts with letter "M")

- To apply or renew your Toronto Police check, you must book an appointment to see Suzette Martinuzzi at 416-415-5000, ext. 3415 or smartinu@georgebrown.ca . Our office is located at 51 Dockside Drive, 7th Floor, Room 702, Waterfront campus
- It is mandatory that you bring a **money order/bank draft payment of $20.00 dollars** payable to **Toronto Police Service** and a government issued photo ID card at your scheduled appointment. *(We* ***do not*** *accept cash, credit card or personal cheque)*
- Toronto Police Service will process and mail your police check result **within six weeks or longer**. It is your responsibility to make sure that you have this police check prior to your deadline. For more details, visit *Police Vulnerable Sector Check website.*
- Please **do not** apply or pay at your **local** Toronto Police Station or any **third party** agency, as it will **NOT** be a valid police check. You must follow the instructions above.

For students who currently reside in another region such as (Durham, Halton, Hamilton, London, Niagara, Peel & York) or other province

- If you live in another region such as (Durham, Halton, Hamilton, London, Peel & York) or other province, please apply directly at your specific regional police service and they can take **two-four weeks** to process your application form. Niagara Regional Police Service will take 9-10 weeks to process your police check record, you must apply asap. For more details, visit *Police Vulnerable Sector Check website.*
- If you require a **volunteer letter** in order to pay for 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.*

8. BASIC LIFE SUPPORT (BLS) or CPR LEVEL (HCP) CERTIFICATE *(renew every year)*

It is mandatory that you register for BLS/CPR level (HCP) certificate (renew every year) *and valid for the entire academic year. You can register at any First Aid Trainers available in your area or check their website for more information. No online CPR training certificate is accepted. It is mandatory that you have it done with a standard in-class visit. Please bring your original certificate card and photocopy at your scheduled appointment with ParaMed.*

BLS/CPR Level HCP Certificate

☐ ***Issued Date*** *_____/_____/______* ***mm / dd / yyyy*** ***Expiry Date*** *_____/_____/_______* ***(one year after the issued date)*** ***mm / dd / yyyy***

9. MASK FIT TEST CERTIFICATE CARD *(renew every two years)*

ParaMed Office will do the mask fit test for you at your scheduled appointment. Please ***do not*** *eat, drink and chew gum 30 minutes prior to your ParaMed Office appointment. If you* ***suspect your pregnant or are pregnant****, you need to* ***submit a medical note to exempt*** *you from mask fit test. All* ***male students*** *must be* ***clean-shaven****. All students must be tested and fitted for an appropriate mask (respirator) in the event of flu (or other airborne/droplet) outbreak. Cards must clearly state the mask type (model) and size. Please ensure you carry your mask fit card at all times during placement. Mask fit cards are valid for two years after the issue date.*

Mask Fit Test Certificate

☐ ***Issued Date*** *_____/_____/______* ***mm / dd / yyyy*** ***Expiry Date*** *_____/_____/_______* ***(two years after the issued date)*** ***mm / dd / yyyy***

10. PARAMED OFFICE APPOINTMENT & SERVICE FEES

- Once you have everything done, your **final step** is to **create an account and book an appointment** with *ParaMed Office* online at www.georgebrownhealth.ca
- ParaMed office is **"Fragrance Free Zone",** kindly **do not wear** any perfume, lotion or cologne at your appointment.
- Bring and submit ALL OF YOUR completed forms and lab tests, immunization records, police check and CPR level HCP certification: (1) set of originals and (1) set of photocopies at your scheduled appointment.
- Bring your Initial Visit and Mask Fit Test fee payment and download your ParaMed Confirmation Visit Sheet as proof of appointment and attached it with your forms. After your appointment, you must keep all the originals with you to show at your placement and future reference.

George Brown College Clinical Pre-placement Office

George Brown College & ParaMed Agreement Form

(Complete prior to your ParaMed appointment)

Name x____

Program: (NURS 9214) Clinical Practice Course

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____

(Student 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____

(Student Signature) (Date)

Contact Us

Suzette Martinuzzi, Coordinator at (416) 415-5000 ext. 3415 or via email smartinu@georgebrown.ca
Clinical Pre-placement Office campus locations:
(Mon-Wed) 51 Dockside Drive, Room 702, 7th Floor, Waterfront Campus
(Thursday-Friday) 200 King Street East, Room 401B, 4th Floor, Building "A", St. James Campus
Business Hours: 8:00 am to 3:30 pm, by appointment only or visit **FT Program Pre-placement**

FREEDOM OF INFORMATION ANDPROTECTION 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, Regulation77 and the Public Hospital Act R.S.O.1980 Chapter 410, R.S.O. 1986, Regulations65 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.