

Welcome to NURS 9215 Clinical Practice Consolidation course in Fall 2022!

- If you are planning to register and continue your studies in NURS 9215-Consolidation course in the upcoming Fall Term 2022 (Sept-Dec 2022), there are mandatory requirements that you will need to demonstrate completion of, prior to being assigned to a hospital-based placement. These preclinical requirements are mandated by the Ontario Public Health and placement agency partners, and it will take 8 to 10 weeks to process and complete, and it is recommended that you provide enough time for the approval process.
- Once you have gathered all the necessary documents, register, and paid for this course, you will need to create an account, submit and upload all documents, certificates and evidence to the electronic Placement Pass by ParaMed portal by the **given deadline on August 5, 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 (formerly Requisite) portal by the **given deadline on August 5, 2022**, you will be **excluded** from clinical 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://coned.georgebrown.ca/student-resources/paramed-requisite-health-form>

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 information, visit this link <https://coned.georgebrown.ca/student-resources/paramed-requisite-health-form>

Basic Life Support Certificate (renew every year)

- All students must have a current BLS certificate to participate in practicum. Please register for this course at any WSIB Approved First Aid Trainers, for more information visit this link <https://coned.georgebrown.ca/student-resources/paramed-requisite-health-form>

Mask Fit Test Certificate (renew every two years)

- All students must have a valid mask fit test certificate. We will accept your mask fit test certificate either from your workplace or other agency if 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

(NURS 9215) Consolidation Course (Sept/Fall Term 2022)
Prerequisites Form deadline: August 5, 2022

MEDICAL REQUIREMENTS CHECKLIST

Please read all detailed instructions on pgs. 1-4

- Tetanus, Diphtheria & Pertussis (*Tdap/Adacel vaccine valid every 10 years*) & attach yellow card record)
- COVID-19 vaccine (*mandatory*)
- Seasonal Flu Shot (*mandatory*)
- 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. 5-7

- [Police Vulnerable Sector Check](#)-(*renew every year*)
- [Basic Life Support Certificate](#) (*renew every year*)
- [Mask Fit Test Certificate](#) (*renew every two years*)
- Placement Pass by ParaMed (formerly Requisite) portal 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 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 **Placement Pass by ParaMed (formerly 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
- Telephone# (416) 415-5000 ext. 3415

**(NURS 9215) CONSOLIDATION COURSE
PREREQUISITES FORM (SEPT/FALL TERM 2022)**

Name x _____

GBC ID# x _____

Tel x _____

Email x _____

Submission deadline: August 5, 2022

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

Ontario legislation specifies certain surveillance requirements for those individuals 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 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)

1st dose Given Date ____/____/____(mm / dd / yyyy) (attach proof of record)

2nd dose Given Date ____/____/____ (28 days after 1st dose, attach proof of record)

Proof of [approved exemption](#) status

3. SEASONAL FLU SHOT (mandatory)

Seasonal Flu Shot Given Date ____/____/____(mm / dd / yyyy)

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. 3 & 4)**

Date (mm/dd/yyyy): _____ **Medical Office Stamp:** _____ **(pgs. 3 & 4)**

NAME x _____ GBC ID# x _____

NURS 9215 CONSOLIDATION-MEDICAL REQUIREMENTS (submission deadline on August 5, 2022)

6. 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 ____/____/____ (four weeks after the 1st dose, get a 2nd dose)
(mm/dd/yyyy)

2nd dose date ____/____/____

3rd dose date ____/____/____ (six months after the 1st dose)

4th dose date ____/____/____ (after 4 weeks, get a 5th dose)

5th dose date ____/____/____ (repeat blood test after 4 to 6 weeks, if result is Non-reactive/Negative, get the final 6th dose)

6th dose date ____/____/____ (repeat blood test after 4 to 6 weeks, if final result is still 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)

7. 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 two 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. 3 & 4)

Date (mm/dd/yyyy): _____ Medical Office Stamp: _____ (pgs. 3 & 4)

NURS 9215 CONSOLIDATION-MEDICAL REQUIREMENTS (submission deadline on Aug. 5 2022)**8. POLICE VULNERABLE SECTOR CHECK (renew every year)**

Your academic department requires that all students must have a "clear" police check valid for the academic year. Please attach the original police check record, submit and upload it to Placement Pass by ParaMed (formerly Requisite) portal. If you are **excluded** from placement due to a "**not clear**" police check, it will jeopardize your academic standing and can lead to withdrawal. Please contact your Chair to discuss this matter before you register and pay for this program. 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.

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:

Toronto Police Vulnerable Sector check application form process for students who currently reside in [Toronto region](#) (with a postal code that starts with letter "M")

- 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

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 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](#).

POLICE VULNERABLE SECTOR CHECK (renew every year)

Issued Date ____/____/____ **Expiry Date** ____/____/____ (one year after the issued date)
mm/ dd / yyyy *mm/ dd / yyyy*

George Brown College & ParaMed Agreement Form

Name _____

Program (NURS 9215) Consolidation course in Fall 2022

I _____ (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.

(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.

(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.