

# Personal Support Worker

Dear Personal Support Worker Student,

Congratulations and welcome to Northern College! We are quite pleased to welcome you to the Personal Support Worker Program. An essential part of your nursing education consists of clinical placement, which you are introduced to in the second semester.

**This package contains information related to the mandatory clinical requirements all students must have in order to participate in clinical placements/practicums:**

- Submitting clinical requirements to Northern College
- Clinical requirements checklist
- Clinical requirements table
- Immunization and communicable disease testing requirements form
- Freedom of information and protection of personal privacy form
- Criminal record check and vulnerable person sector check information sheet

**Students must complete and submit all mandatory clinical requirements by the due date of August 15<sup>th</sup>.** Nursing department staff require time before the fall semester starts to process student documents. A detailed checklist is provided in this document package.

**You are responsible for reviewing and completing all of the clinical requirements included in this package, and submitting required documents by the stated deadlines.**

If you have any questions about the contents of this package. Please contact:  
[ClinicalRequirements@northern.on.ca](mailto:ClinicalRequirements@northern.on.ca)

# Submitting Clinical Requirements

- A. All documents must be either scanned or photographed and sent by email to the following email addresses according to your campus:

Timmins Campus: [ClinicalRequirements@northern.on.ca](mailto:ClinicalRequirements@northern.on.ca)

Kirkland Lake Campus: [jordanb@northern.on.ca](mailto:jordanb@northern.on.ca)

Haileybury Campuses: [durocherb@northern.on.ca](mailto:durocherb@northern.on.ca)

Keep original copies of required forms, reports and documents in a safe place. You will need these documents for employment following the completion of your program.

- B. **Documentation that will be accepted as proof of immunization and communicable disease testing includes:**
- a copy of your Ontario Public Health Immunization Record, or other Health Care Provider, immunization record (stamped and signed by the HCP)
  - copies of your laboratory testing evidence (report)
  - all documents must be provided in English
- C. Students and their clinical teachers are guests in the Health Care and Emergency Services agencies in which clinical placements occur. These Agencies have the right to require mandatory immunizations and communicable disease testing from us. **Failure to comply may mean you are unable to participate in clinical placement in an agency. This will jeopardize your success in the program. Students who are unable to attend clinical cannot pass the course to which clinical practice is attached.**
- D. Immunizations and communicable disease testing, are not subject to accommodations for philosophical reasons and only a medical exemption will be accepted.
- E. **NOTE: It is your responsibility** to inform program personnel of health information that may need to be considered in order to protect you and/or the clients in the clinical setting. **Please review the College of Nurses of Ontario's *Requisite Skills and Abilities for Nursing Practice in Ontario*, Fact Sheet at:**  
<http://www.cno.org/globalassets/docs/reg/41078-skillabilities-4pager-final.pdf>
- F. Students will also need to purchase some additional items required for laboratory and clinical attendance as outlined below. **Please do not purchase these items** until after the program orientation in September, as additional details will be presented at that time.

Uniform	Lab Shirt	Shoes	Stethoscope	Approximate Total Cost for All Items
X	X	X	X	\$200 - \$300

# PSW Student Clinical Requirements Checklist

Submit this with your Documents

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_ **Completed - Immunization and Communicable Disease Testing Requirements**

\_\_\_\_\_ **Canadian Criminal Reference Check with Vulnerable Sector Screen**  
(1 **ORIGINAL CANADIAN** copy required, to be submitted on the **first day** of the fall semester)

\_\_\_\_\_ **First Aid/CPR (HCP Level) Certificates**

\_\_\_\_\_ **WHMIS Certificate**

\_\_\_\_\_ **AODA Certificate**

\_\_\_\_\_ **Worker Health & Safety Awareness Training in 4 Steps**

\_\_\_\_\_ **Freedom of Information and Protection of Personal Privacy form**

Refer to the table on the following page for information about each of these requirements.

## Personal Support Worker Student Clinical Requirements

Requirements	Due Date	What to Submit	Important to Note	Where Can I Obtain This?
Completed <i>Immunization and Communicable Disease Testing Requirements Form</i>	<b>August 15</b>	<b>Scan or photo of form</b> , immunization records and laboratory reports	Include supporting documents with the completed form.	The form is enclosed in this package. The information needed to complete the form can be obtained from your family Health Care Provider's office or local public health unit.
<b>First Aid &amp; CPR (HCP Level) Certificates</b>	<b>August 15</b>	<b>Scan or photo of certificates</b>	(Must be at the Health Care Provider Level) Certification must have been obtained <b>within the current year</b> , and <b>recertification</b> of CPR, must be completed <b>annually</b>	Courses are offered through Northern College Continuing Education <a href="http://www.northernc.on.ca/health-first-aid-cpr/">http://www.northernc.on.ca/health-first-aid-cpr/</a>  Other course providers: St. Johns Ambulance, Heart & Stroke Foundation, Emergency Medical Training Canada and Canadian Red Cross
<b>WHMIS Certificate</b> (Workplace Hazardous Material Information System)	<b>August 15</b>	<b>Scan or photo of certificate</b>	Certification must have been obtained <b>within the current year</b> , and <b>recertification</b> must be completed <b>annually</b>	Courses are offered at Northern College Corporate Training (acct), Training Centre. <a href="http://northerntraining.online-compliance.com/PreRegister.php">http://northerntraining.online-compliance.com/PreRegister.php</a>  WHMIS certificate obtained through employment is also acceptable; copy of certificate required.
<b>AODA Certificate</b> (Accessibility for Ontarians with Disabilities Act)	<b>August 15</b>	<b>Scan or photo of certificate</b>	Once you complete the training, date and print your certificate for submission.	The training module link "AODA" is accessible at the top of the Northern College homepage: <a href="http://northernc.on.ca/">http:// northernc.on.ca/</a> .
<b>Worker Health &amp; Safety Awareness Training in 4 Steps</b>	<b>August 15</b>	<b>Scan or photo of certificate</b>	Once you complete the training, print your certificate for submission.	The free eLearning module is available at: <a href="http://www.labour.gov.on.ca/english/hs/training/workers.php">http://www.labour.gov.on.ca/english/hs/training/workers.php</a>  Please follow the link and scroll down to: "eLearning" and click on "Access the eLearning module", to open the training module.
<b>Canadian Criminal Reference Check (CPIC) with Vulnerable Person Sector Screen</b>	<b>First day of classes, fall semester</b>	<b>1 ORIGINAL HARD-COPY</b> (Scanned copies, photos or photocopies will not be accepted)	Please refer to the information enclosed in this package and review carefully <u>before</u> applying	At any Canadian police station, preferably the one in the town in which you normally reside.  <b>See enclosed information sheet at the end of this package.</b>  May be sent by mail, <u>prior to due date</u> to: <b>Northern College – Timmins Campus</b> , P.O. Box 3211, Timmins, ON P4N 8R6 Attention: Tracy McGrath <u>or</u> <b>Northern College – Haileybury Campus</b> , 640 Latchford St., Box 2060, Haileybury, ON P0J 1K0 Attention: Betty Ann Durocher, Personal Support Worker, Program Coordinator <u>or</u> <b>Northern College – Kirkland Lake Campus</b> , 140 Government Rd. E., Kirkland Lake, ON P2N 3L8 Attention: Barb Jordan, Personal Support Worker Program Coordinator
<b>Freedom of Information and</b>	<b>August 15</b>	<b>Scan or photo of</b>	Required to share your information	Enclosed in this package

<b>Protection of Personal Privacy form</b>		<b>signed form</b>	with Clinical Agencies	
<b>Mask Fit testing</b>	<b>September 15<sup>th</sup></b>	<b>Scan or photo of document if not completed at Northern</b>	Fit testing must have been obtained <b><u>within the current year</u></b> , and <b>retesting</b> must be completed <b>annually</b>	Will be offered in September, on campus by the Nursing Department. Mask fit testing completed through employment is also acceptable. A copy of the documentation is required.

## IMMUNIZATION AND COMMUNICABLE DISEASE TESTING REQUIREMENTS

**THIS FORM IS TO BE COMPLETED IN FULL. It must be completed by the student and submitted by AUGUST 15<sup>th</sup>.**

**COPIES OF IMMUNIZATION RECORDS & LABORATORY REPORTS MUST BE ATTACHED TO VALIDATE ALL IMMUNIZATION AND TESTING REQUIREMENTS**

**ALL IMMUNIZATIONS AND TESTS LISTED ARE MANDATORY AND ALL MUST BE COMPLETED IN ORDER TO ATTEND CLINICAL PLACEMENT HOURS**

Documentation that will be accepted as proof of immunization and communicable disease testing include:

- a copy of your Ontario Public Health Immunization Record, or other Health Care Provider, immunization record (stamped and signed by the HCP)
- copies of laboratory evidence (report)
- all documents must be provided in English

If you do not have a Family Health Care Provider, you may obtain a computerized immunization record from your local Ontario Public Health Unit. Contact information for all Ontario Public Health Units can be found on the following website: <http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>

**Students are responsible for any related costs/fees in meeting the required immunizations and laboratory testing.**

### STUDENT CONTACT INFORMATION

NAME: (Last Name / First Name) \_\_\_\_\_

DATE OF BIRTH: (Month / Day / Year) \_\_\_\_\_

PROGRAM: \_\_\_\_\_

HOME OR PERMANENT ADDRESS: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_

**The statements given in this form are true to the best of my knowledge. I understand that falsifying information may result in my removal from the Personal Support Worker program and/or clinical placement/practicum.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## IMMUNIZATION AND COMMUNICABLE DISEASE TESTING REQUIREMENTS

### A. Varicella (Chicken Pox)

#### Completed Primary Series:

Vaccine #1 Date (mm/dd/yy): \_\_\_\_\_ Vaccine #2 Date (mm/dd/yy): \_\_\_\_\_ **NO TITRES REQUIRED**

#### **OR** Laboratory Result indicating evidence of immunity (titre level):

Date (mm/dd/yy): \_\_\_\_\_ Reactive/Immune (+)  Non-reactive/Non-immune (-)

**If Non-reactive/Non-immune – documentation of a Completed Series of 2 vaccines is required.**

**\*\*ATTACH COPY OF IMMUNIZATION RECORD AND/OR LABORATORY REPORT IN ENGLISH**

### B. Measles/Mumps/Rubella (MMR)

#### Completed Primary Series:

Vaccine #1 Date (mm/dd/yy): \_\_\_\_\_ Vaccine #2 Date (mm/dd/yy): \_\_\_\_\_ **NO TITRES REQUIRED**

#### **OR** Laboratory Results indicating evidence of immunity (titre levels):

##### **Measles Laboratory Titre Result:**

Date (mm/dd/yy): \_\_\_\_\_ Level: \_\_\_\_\_ Reactive/Immune (+)  Non-reactive/Non-immune (-)

##### **Mumps Laboratory Titre Result:**

Date (mm/dd/yy): \_\_\_\_\_ Level: \_\_\_\_\_ Reactive/Immune (+)  Non-reactive/Non-immune (-)

##### **Rubella Laboratory Titre Result:**

Date (mm/dd/yy): \_\_\_\_\_ Level: \_\_\_\_\_ Reactive/Immune (+)  Non-reactive/Non-immune (-)

**If Non-immune a booster for the non-immune result is required, If the primary series has only been partially completed OR the Primary Series has not been completed, dates of the Adult Series are required.**

**Booster Vaccine for Non-immune result:** Date (mm/dd/yy): \_\_\_\_\_

##### **Adult Series:**

**Vaccine #1** Date (mm/dd/yy): \_\_\_\_\_

**Vaccine #2** Date (mm/dd/yy): \_\_\_\_\_ (1 month after 1<sup>st</sup> dose)

**\*\*ATTACH COPY OF IMMUNIZATION RECORD IN ENGLISH**

**C. Tetanus/Diphtheria/Polio/Pertussis**

**Completed Primary Series:**

**Vaccine #1** Date (mm/dd/yy): \_\_\_\_\_ (2 months old)

**Vaccine #2** Date (mm/dd/yy): \_\_\_\_\_ (4 months old)

**Vaccine #3** Date (mm/dd/yy): \_\_\_\_\_ (6 months old)

**Vaccine #4** Date (mm/dd/yy): \_\_\_\_\_ (18 months old)

**Vaccine #5** Date (mm/dd/yy): \_\_\_\_\_ (4-6 years old)

**AND Tetanus/Diphtheria/Pertussis Booster (within last 10 years) Vaccine** Date (mm/dd/yy): \_\_\_\_\_

If no record of Primary Series, an **Adult Series** is required:

**Adult Series:**

**Vaccine #1** (Tetanus, Diphtheria, Pertussis, Polio) **Tdap-IPV** Date (mm/dd/yy): \_\_\_\_\_

**Vaccine #2** (Tetanus, Diphtheria, Polio) **Td-IPV** Date (mm/dd/yy): \_\_\_\_\_ (2 months after 1<sup>st</sup> dose)

**Vaccine #3** (Tetanus, Diphtheria, Polio) **Td-IPV** Date (mm/dd/yy): \_\_\_\_\_ (6 months after 1<sup>st</sup> dose)

**\*\* ATTACH COPY OF IMMUNIZATION RECORD IN ENGLISH**

**D. Hepatitis B**

**Primary Series:**

**Vaccine #1** Date (mm/dd/yy): \_\_\_\_\_

**Vaccine #2** Date (mm/dd/yy): \_\_\_\_\_

**Vaccine #3** (if applicable) Date (mm/dd/yy): \_\_\_\_\_

**AND ALL STUDENTS MUST ALSO PROVIDE LABORATORY EVIDENCE OF IMMUNITY (Titre Level)**

**Hepatitis B Laboratory Report:**

Date (mm/dd/yy): \_\_\_\_\_ Reactive/Immune (+)  Non-reactive/Non-immune (-)

**If Non-reactive/Non-immune – Primary Series of vaccines must be repeated**

**Vaccine #1** Date (mm/dd/yy): \_\_\_\_\_

**Vaccine #2** Date (mm/dd/yy): \_\_\_\_\_ (1 month after 1<sup>st</sup> dose)

**Vaccine #3** Date (mm/dd/yy): \_\_\_\_\_ (6 months after 1<sup>st</sup> dose)

**AND a Repeated Hepatitis B Laboratory Titre must be completed, one month after completion of series.**

**Hepatitis B Laboratory Report:**

Date (mm/dd/yy): \_\_\_\_\_ Reactive/Immune (+)  Non-reactive/Non-immune (-)

**\*\* ATTACH COPY IMMUNIZATION RECORD AND LABORATORY REPORT IN ENGLISH**



**E. Tuberculosis – Tuberculin Skin Test (TST or Mantoux)**

**Initial 2-Step Testing**

**Step 1**

Date received (mm/dd/yy): \_\_\_\_\_ Date Read (mm/dd/yy): \_\_\_\_\_

Result: \_\_\_\_\_ mm of induration **If induration is  $\geq 10$ mm (positive), a chest x-ray is required**

**AND**

**Step 2** (2<sup>nd</sup> step must be given 7 to 21 days after 1<sup>st</sup> test, in opposite arm, only if 1<sup>st</sup> test is less than 10mm induration.)

Date received (mm/dd/yy): \_\_\_\_\_ Date Read (mm/dd/yy): \_\_\_\_\_

Result: \_\_\_\_\_ mm of induration **If induration is  $\geq 10$ mm (positive), a chest x-ray is required**

**If Results are Positive - Chest X-ray** Date (mm/dd/yy): \_\_\_\_\_ Results: \_\_\_\_\_

**If an Initial negative 2 Step Test has been previously completed, a 1-Step TB Test, within the current year, is required** (documentation of the 2 Step test is required above)

**1 Step TB Test** - Date received (mm/dd/yy): \_\_\_\_\_ Date Read (mm/dd/yy): \_\_\_\_\_

Result: \_\_\_\_\_ mm of induration

**\*\*ATTACH COPY OF IMMUNIZATION RECORD and/or XRAY REPORT IN ENGLISH**

**F. Influenza – Flu Vaccination**

**\*\*Submit copy of immunization record for Influenza vaccine when received by November 30<sup>th</sup>**

Most Health Care and Emergency Services agencies have mandatory requirements for immunizations and communicable disease testing, prior to employment. Since clinical placements necessitate that students have the same immunization and occupational abilities as agency employees, failure to comply with immunization standards may preclude students from participating in clinical placements and will jeopardize success in the program.



**Freedom of Information and Protection of Personal Privacy**

Personal information on this form is collected under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1980, c.272, s.5; and the Regulated Health Professions Act, Sec 95 1.19, and will be used to ensure students meet minimum health requirements for admission to their clinical facility.

**Consent for Release of Information**

I agree to the release of information about my immunization and communicable disease testing to placement agencies and appropriate faculty members, as required.

Signature: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_



## Canadian Criminal Record Check and Vulnerable Person Sector Check

The Schools of Health Sciences and Emergency Services require successful completion of placements and/or visits in a variety of agencies that may include schools, health, community and social agencies. Students will be working with or have unsupervised access to, **vulnerable persons\*** while on placement, and therefore must complete a satisfactory Criminal Record Check and Vulnerable Person Sector Check prior to having direct contact with vulnerable persons.

**\*Vulnerable persons** are defined by the Criminal Records Act as: “persons who because of their age, disability or other circumstances, whether temporary or permanent, are in a position of dependence on others or who are otherwise at a greater risk than the general population of being harmed by persons in a position of authority or trust relative to them.”

Without a clear Canadian Criminal Record Check and Vulnerable Person Sector Check, **a placement agency will deny a student access to their premises.**

Health Sciences students must provide **1 ORIGINAL copy** of their Canadian Criminal Record Check with Vulnerable Person Sector Screening (**photocopies will not be accepted**).

### **To Apply for a Vulnerable Sector Check:**

Applications **must be completed at your local Police Service**. If you do not live in the Timmins area, you must apply prior to moving or you will need to complete a change of address prior to applying in the Timmins area.

**If you are not yet 18 years of age, you can not apply. This will not affect your ability to attend clinical hours. You must apply after your 18<sup>th</sup> birthday, and submit your Check at that time.**

### **You must bring with you:**

- 1) **2 pieces of identification** - One photo ID and one document that states your full name and current address.
- 2) **A letter from the college** stating your name, date of birth, program of study and why you require a Vulnerable Sector Screen. (please see information below)
- 3) A **completed application form** - follow the links below for more information or contact your local police service for application forms

**Letter from the College:** In order to apply for your Vulnerable Sector Screening, Police Services require a letter from the college, stating that the student is enrolled in their program, and must be signed by the Dean of Health Sciences and Emergency Services. This letter will be prepared by the college and mailed to each student. If you do not receive a letter, please contact the Program Assistant, Amanda Mcleod, at extension 2187 or by email at [mcleoda@northern.on.ca](mailto:mcleoda@northern.on.ca), to provide your name date of birth and full address. A letter can then be produced and sent to you, or you may pick it up at the college.

**Application Forms:** Go to your local police service’s website to obtain a form to complete to apply. In the Timmins area, please follow the links below for the application forms:

Timmins Police: <http://www.timminspolice.ca/non-policing-services/police-record-checks-forms-available-download/>

Ontario Provincial Police: <https://www.opp.ca/index.php?id=115&entryid=56a1276d8f94acdb5824a3d7>

**IMPORTANT: Your check must be less than 6 months old, in January of next year. DO NOT APPLY UNTIL AFTER AUGUST 1<sup>st</sup>.**

Any cost incurred when obtaining the Criminal Record Check and Vulnerable Person Sector Check is the student’s responsibility.

**International students must apply for a Canadian Criminal Reference check.**