



PERSONAL INFORMATION

Name: _____

Ryerson Student # : _____ Email Address _____@ryerson.ca

NOTE TO STUDENT AND HEALTH CARE PROVIDER (HCP)

Ontario legislation specifies certain surveillance requirements for those entering into healthcare practice settings. The Collaborative Program protocol 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.

Completion of this information is not optional. All sections must be completed as outlined. Our placement partners have the right to refuse students who have not met all of their pre-placement requirements.

1. DIPHTHERIA, TETANUS, PERTUSSIS, POLIO

Date of last Diphtheria Booster : _____	HCP Signature: _____
mm / dd / yyyy	
Date of last Tetanus Booster : _____	HCP Signature: _____
mm / dd / yyyy	
Date of last Pertussis Booster : _____	HCP Signature: _____
mm / dd / yyyy	
Date of last Polio Booster : _____	HCP Signature: _____
mm / dd / yyyy	

2. COMMUNICABLE DISEASES

Laboratory evidence is **required** to prove immunity for sections below; you **must attach** a copy of blood work.

I. Measles, Mumps, Rubella (MMR)

Laboratory evidence of immunity*
and
 Documentation of 2 doses of MMR vaccine after 1st birthday

1st Dose Date: ____/____/____ 2nd Dose Date: ____/____/____
 mm/ dd/ yyyy mm/ dd/ yyyy

HCP Signature: _____ HCP Signature: _____

II. Varicella (Chicken Pox)

Laboratory evidence of immunity*
and
 Documentation of 2 doses of Varicella vaccine given at least 4 weeks apart

1st Dose Date: ____/____/____ 2nd Dose Date: ____/____/____
 mm/ dd/ yyyy mm/ dd/ yyyy

HCP Signature: _____ HCP Signature: _____

3. HEPATITIS B

Laboratory evidence is **required** to prove immunity for Hepatitis B; you **must attach** a copy of blood work.

Laboratory evidence of immunity*
and
 Documentation of Hepatitis B vaccination series

1st Dose Date: ____/____/____ HCP Signature: _____
 mm/ dd/ yyyy

2nd Dose Date: ____/____/____ HCP Signature: _____
 mm/ dd/ yyyy

Please check vaccination dose schedule:

2 Dose 3 Dose

3rd Dose Date: ____/____/____ HCP Signature: _____
 mm/ dd/ yyyy

Students on 3 dose vaccination schedule must complete at least 2 doses of the vaccine in order to attend practice. Students should submit proof of final dose of series as soon as it is received. Hepatitis B chronic carriers are not required to disclose status to placement sites.

*If your lab results for sections 2 and/or 3 show up as anything other than immune (reactive), CONTACT US at cpo@ryerson.ca.

Name: _____

Student Number: _____

4. INFLUENZA VACCINE

The influenza vaccine is mandatory. Influenza virus vaccine is available every Fall and can be obtained from a variety of healthcare providers. Students must provide evidence of vaccination to the CPO and to the placement agency. Note: If you know or suspect that you have an allergy to eggs or other vaccination preservatives, discuss your options with your HCP. Only a bonafide medical exemption will be accepted.

5. YEARLY TUBERCULOSIS SCREENING

Note: If your 1-Step TB skin test is positive or you have tested positive anytime in the past, proceed to section B. Previous positive skin tests do not require further TB skin testing.

Section A: Mantoux Test

Students require a baseline 2-Step TB skin test. If the first test is negative, a second test is given in the opposite arm after at least one week and no more than four weeks from the first test. If there is documentation of a previous 2-Step TB test proceed with 1-Step only. If you are proceeding with the 1-Step TB skin test **only**, provide the information of your baseline 2-Step TB skin test in the spaces provided. Current TB skin test *must be valid for the entire school year*.

Baseline Step 1 Date Given: ____/____/____ Date Read*: ____/____/____ Induration: _____ mm HCP Name: _____
mm dd yyyy mm dd yyyy

Baseline Step 2 Date Given: ____/____/____ Date Read*: ____/____/____ Induration: _____ mm HCP Name: _____
mm dd yyyy mm dd yyyy

*48-72hrs from test Signature: _____

Step 1 Test Date: ____/____/____ Date Read*: ____/____/____ Induration: _____ mm HCP Name: _____
mm dd yyyy mm dd yyyy

Signature: _____

Section B: CXR - only for positive skin tests: complete below sections AND attach a copy of chest x-ray report:

Chest x-ray Date ____/____/____ Result: _____ Signs & symptoms of active TB: Yes No
mm dd yyyy

Assessment Date: ____/____/____ HCP Name: _____ HCP Signature: _____
mm dd yyyy

Note: Yearly chest x-rays are not required unless clinical status changes or advised by HCP. You can therefore attach a report from a previous chest x-ray taken within last 2 years. The CXR *must be valid for the entire school year*. **The HCP must still indicate and sign that there are no signs and symptoms of active TB (above)**. The 'Assessment date' must be completed yearly and *must be valid for the entire school year*. TB testing should be completed prior to the administration of any live vaccines or 4 weeks' post receiving live vaccine.

SIGNATURE OF HEALTHCARE PROVIDER(S)

If you have documented on these forms, please complete the section below or stamp and provide your signature. Please print clearly.

_____ Name of Healthcare Provider (please print)	_____ Name of Healthcare Provider (please print)	_____ Name of Healthcare Provider (please print)
_____ Address (street)	_____ Address (street)	_____ Address (street)
_____ Address (city & postal code)	_____ Address (city & postal code)	_____ Address (city & postal code)
_____ Telephone Number	_____ Telephone Number	_____ Telephone Number
_____ Signature of HCP	_____ Signature of HCP	_____ Signature of HCP
_____ Date	_____ Date	_____ Date
_____ Title (i.e. MD, RN)	_____ Title (i.e. MD, RN)	_____ Title (i.e. MD, RN)

6. MASK FIT CARD

All students must be tested and fitted for an appropriate mask (respirator). Cards must clearly state the mask type (model) and size as well as a specific issue and/or expiry date. Please ensure you carry your mask fit card **at all times**. Practice sites may require to see them, especially in the event of an outbreak. Failure to do so will jeopardize your placement and your placement course. Mask fit cards are valid for two years after the issue date, but *must be valid for the entire school year*.

- Please present your **original** Mask Fit card to a Central Placement Office staff member with this form.

7. VULNERABLE SECTOR SCREENING (VSS) POLICE CHECK

All students are required to obtain a yearly VSS police check. It *must be valid for the entire school year*. In some cases, students may be required to renew their VSS more frequently. **Students will need to present their original VSS police check to the CPO as soon as they receive it.**

STUDENTS CANNOT ATTEND PLACEMENT UNTIL THE CPO HAS SEEN THEIR ORIGINAL VSS POLICE CHECK REPORT -- APPLY IN A TIMELY MANNER.

For residents in Toronto (Postal code beginning with 'M')

Come to the CPO (POD-477) to complete a consent form. Please have your student ID card in hand. **Note:** Toronto Police Services can take up to **8 weeks** to process your VSS police check.

For residents in regions that require a letter outlining reason for VSS request

Please e-mail us at cpo@ryerson.ca with your Full Name and Ryerson student number along with VSS request details (i.e. region).

- Please present your **original** VSS police check to a Central Placement Office staff member with this form.

If your police check is positive, you are required to contact the Manager at 416-979-5000 x 6573.

8. ANNUAL CPR CERTIFICATION (HCP Level)

Cardio Pulmonary Resuscitation (CPR) Healthcare Professional (HCP) level – for placement purposes, your certification must be HCP-level. CPR re-certification is required on a yearly basis and *must be valid for the entire school year*.

- Please present your **original** CPR card to a Central Placement Office staff member with this form. **Physical printouts of e-certificates are acceptable. We will not accept e-certificates shown off of an electronic device.**

NOTICE TO STUDENTS

COMPLETION OF THE PRACTICE REQUIREMENTS RECORD IS REQUIRED IN ORDER TO ATTEND PRACTICE.

Practice Requirement Records will be **cleared** once **ALL** forms and original documentation have been brought **in person** to the Central Placement Office (**POD 477**) for processing. **Do not fax or email your Records;** they must be verified in person. **Documents do not need to be submitted all at once.** You will not be cleared until we have processed all of your documents. If you need to make additional trips to process your PRR forms, please bring all your documents on each visit. Make copies of all your documents; the CPO does not keep hard copies. **Retain your Practice Requirements Record;** you will need to present it again throughout your nursing program.

Failure to submit a fully-completed PRR will result in a delay in attending practice and jeopardizes successful completion of your practice course. Please refer to FAQ section on the CPO website (<https://www.ryerson.ca/cpo/faq/>) if you have any questions or concerns with your forms.

The information on this form is collected under the authority of the Ryerson University Act and is required to process your application for your practice placement course. The information will be used in connection with placement negotiations and communication with placement agencies. If you have any questions about the collection, use, and disclosure of this information by the Daphne Cockwell School of Nursing please contact the CPO Manager, 416.979.5000 Ext. 6573.



Student Declaration of Understanding

Workplace Safety and Insurance Board or Private Insurance Coverage For Students on Program Related Placements

Student coverage while on placement:

The government of Ontario, through the Ministry of Advanced Education and Skills Development (MAESD), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (university). Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements that are required by their program of study. MAESD also provides private insurance through ACE-INA to students should their unpaid placement required by their program of study take place with an employer who is not covered under the *Workplace Safety and Insurance Act* and limited coverage where placements are arranged by their postsecondary institution to take place outside of Ontario (international and other Canadian jurisdictions). However, students are advised to maintain insurance for extended health care benefits through the applicable student insurance plan or other insurance plan.

Please be advised that Ryerson University will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or ACE-INA claim to MAESD. If coverage is not provided through MAESD, then accident insurance may be provided by Ryerson University.

This Agreement must be completed, and signed to indicate the Student Trainee's acceptance of the unpaid work placement conditions and a copy provided to the Ryerson University placement coordinator prior to the commencement of the work placement.

Declaration:

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Advanced Education and Skills Development or Ryerson University while I am on an unpaid placement as arranged by the university as a requirement of my program of study.

I agree that, over the course of my placement, I will participate in and implement all safety-related training and procedures obtained from the University and the Placement Employer. I will provide the University with written confirmation that I have received safety training.

I will promptly inform my Placement Employer of any safety concerns. If these concerns are not resolved, I will contact the University's placement coordinator within my faculty and notify them of any unresolved safety concerns.

I understand that all accidents sustained while participating in an unpaid work placement must be immediately reported to the Placement Employer and my Ryerson University placement coordinator. An MAESD Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form must be completed and signed in the event of injury and submitted to the University placement coordinator.

In the event of an injury, I also agree to maintain regular contact with the University and to provide the University with information relating to any restrictions and my ability to return to the placement.

If this is a paid placement then the placement employer should provide me with WSIB coverage. If the placement employer does not have WSIB coverage, then I understand that I do not have WSIB or private insurance coverage either through MAESD or Ryerson University in the event of a workplace accident.

I understand the implications and have had any questions answered to my satisfaction.

Student Name:	Student Signature:
Program / School:	Date:
Parent/Legal Guardian's Name (for student less than 18 years of age) <i>please print</i> :	
Signature:	Date:



Consent Form for Use and Disclosure of Student Information

Student Number: _____

Educational Program: _____

First Name: _____

Middle Initial: _____

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 (Collaborative Nursing Degree 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 practica, 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 can 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 www.hspcanada.net/privacy/index.asp.

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