



**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. 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.

**2. YEARLY TUBERCULOSIS SCREENING**

Note: If your step 1 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 at least one week and no more than four weeks after the first test. If there is documentation of a previous two-step TB test proceed with one-step test only.

**Step 1** Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Induration: \_\_\_\_\_ mm HCP Name: \_\_\_\_\_  
 mm dd yyyy mm dd yyyy Signature : \_\_\_\_\_

**Step 2** 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 HCP must still indicate and sign that there are no signs and symptoms of active TB (above). TB testing should be completed prior to the administration of any live vaccines or 4 weeks post receiving live vaccine.

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

Student Number: \_\_\_\_\_

### 3. 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. Please ensure you carry your mask fit card **at all times** during practice as practice sites may require to see them, especially in the event of an outbreak. Failure to do so will jeopardize your placement and thus your placement course. Mask fit cards are valid for two years after the issue date.

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

### 4. VULNERABLE SECTOR SCREENING (VSS) POLICE CHECK

All students are required to obtain a yearly VSS police check which 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.**

If you reside in Toronto, you must come to the CPO to complete a consent form. **Note:** Toronto Police Services can take up to **8 weeks** to process your VSS police check. If you live in other municipalities (e.g. York Region, Peel Region), please go directly to your police headquarters.

Please check the CPO website for updates related to the police check process at [www.ryerson.ca/cpo](http://www.ryerson.ca/cpo).

- Please present your original VSS police check to a Central Placement Office staff member with this form. If you did not receive your police check by the submission deadline, please submit to CPO as soon as you receive it.

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

### 5. 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.

### NOTICE TO STUDENTS

#### **COMPLETION OF THIS PRACTICE REQUIREMENTS RECORD IS REQUIRED IN ORDER TO ATTEND PRACTICE.**

When you have completed **ALL** practice requirements, submit your Practice Requirements Records together with all original documentation **in person** to the CPO during office hours. **Do not fax or email your Record**. Please ensure you make additional copies of all your documents; the CPO does not keep hard copies of students' practice requirements. **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 jeopardize successful completion of your practice course. Please refer to PRR policy, which can be found on CPO website, [www.ryerson.ca/cpo](http://www.ryerson.ca/cpo), for further details.**

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](mailto: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](http://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