

DUE DATE: JUNE 28, 2019 (4:00PM)

ALL PRR Documents must be submitted to the Central Placement Office (CPO) by the deadline

ALL students must present to CPO with valid Ryerson student ID.

PRR's **WILL NOT** be processed unless valid student ID is presented to CPO with the student's PRR documentation.

PERSONAL INFORMATION

Name: _____

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

NOTICE TO STUDENTS

COMPLETION OF THE PRACTICE REQUIREMENTS RECORD (PRR) IS COMPULSORY FOR NURSING STUDENTS.

NOTE:

A student will NOT be deemed as CLEARED for PRACTICE until the CPO has reviewed and processed ALL of the student's PRR documents to determine if clearance for program / placement practice requirements are met.

CLEARANCE of all PRR elements are necessary in order for the student to enter the placement setting; and to attend and engage in practice.

Thus, a student's failure to submit a fully-completed PRR by the deadline indicated will result in the decision that the student be delayed / prohibited in attending placement - practice AND that the student's withdrawal from the practice placement setting can jeopardize the successful completion of their course / program.

The student's Program / Course LEAD will also be notified by the CPO for any of the following conditions:

- If the student fails to submit ALL required PRR documentation by the due date indicated.
- If the student's PRR documentation reflects unmet needs requiring further exploration of occupational health, safety and / or infection control concerns as per Universal & Public Health Guideline Standards which result in the decision of a student's NON CLEARANCE level status AND
- If the student's status of NON CLEARANCE remains unresolved by the deadline date indicated – this will result in the consequence of prohibiting the student's entry into the clinical placement – practice setting as per policy and as determined by the CPO

WHAT IS THE PROCESS TO REVIEW STUDENT PRR DOCUMENTS:

Student's will need to come **in person** to the CPO at Ryerson University, 4th Floor Podium Building, room POD 477 in the Daphne Cockwell School of Nursing to discuss and review, their PRR related documents.

NOTE:

Documents do not need to be submitted all at once. If additional visits to the CPO are needed to process PRR forms, please bring all documentation to each visit. Students are responsible for safekeeping all their documents; the CPO does not keep hard copies. **DO NOT fax, send by courier or email your PRR Records** to the Central Placement Office.

Once **ALL** forms and original documentation have been verified **in person** to the CPO, the CPO will process and determine if the student's PRR status meets the CLEARANCE status for practice.

Students should also **retain your PRR forms and supporting documentation**. You will need to present them again throughout your nursing program. In addition, your placement setting has the right to ask to review your PRR documentation with you to verify your status for entry into their agency / organization for practice.

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 Central Placement Office (CPO) at 416-979-5000 - Extension 4956.

Name: _____

Student Number: _____

PROGRAM / PLACEMENT – PRACTICE REQUIREMENT RECORD (PRR) FORM

What should I do if I have PRR related questions or concerns?

Please refer to and review the FAQ section of the CPO website (<https://www.ryerson.ca/cpo/faq/>) if you have any questions or concerns with requirements for completion with this form.

If you still have questions or concerns after reviewing our FAQ, please contact the CPO at 416-979-5000 – Ext. 4956 to speak to a CPO Staff member.

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 / clients / residents, visitors, employees and other students.

- Completion of this information is compulsory - NOT optional.
- All sections of the CPO – PRR form must be completed as outlined.
- Organizations / Agencies as our placement partners do have the right to refuse any student entry to placement for practice when the student who has NOT met all of their pre-placement requirements.

1. ANNUAL CNO REGISTRATION LICENCE

Your CNO registration license will be verified at www.cno.org

NOTE: Any student with changes in status to their CNO registration status (example: status not in good standing; suspension; lapse and / or revoked) must disclose this to the Daphne Cockwell School of Nursing.

License Number: _____ Name as it appears on your license: _____

To be completed by CPO:

RN

Entitled to practice:

- without restrictions
 with restrictions
 not entitled to practice

2. ANNUAL CPR CERTIFICATION (HCP Level)

Cardio Pulmonary Resuscitation (CPR) Healthcare Professional (HCP) level – for placement purposes, your certification must be at the HCP-level.

NOTE: CPR re-certification is required on a yearly basis AND must be valid for the entire academic school year.

- Present your original CPR card to a CPO member with this form.
- Physical printouts of e-certificates are acceptable.
- We will not accept e-certificates shown off of an electronic device.

3. MASK FIT CARD

All students must be tested and fitted for an appropriate mask (respirator). Mask Fit Cards must clearly state the mask type (model) and size as well as a specific issue and/or expiry date.

Ensure you carry your mask fit card **at all times**. Placement Practice sites may ask to see them, especially in the event of an outbreak. Failure to show your Mask Fit Card will jeopardize your placement and your placement course. Mask fit cards are valid for two years after the issue date.

NOTE: The student's Mask Fit Card must be valid for the entire academic school year.

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

4. INFLUENZA VACCINE

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. The influenza vaccine is considered mandatory in many health care setting, therefore students are asked to comply with obtaining the influenza vaccine in order to meet placement organization / agency PRR requirements and enhance their infection control self-immunity status for increased exposure risks that can occur in health care settings.

NOTE:

If you know or suspect that you have an allergy to eggs or other vaccination preservatives, discuss your options with your Health Care Provider (HCP). HCP documentation is required to support a medical exemption.

Organizations / Agencies as our placement partners do have the right to refuse any student entry to placement for practice when the student has NOT met this pre-placement requirement.

Organizations / Agencies as our placement partners do have the right to refuse any student entry to placement for practice when the organization / agency has a suspected or actual outbreak situation and the student has NOT met this pre-placement requirement.

Organizations / Agencies as our placement partners do have the right to determine the conditions and PPE requirements of any student entry to placement for practice when the organization / agency has a suspected or actual outbreak situation and the student has NOT met this pre-placement requirement. Should a student not wish to comply with the conditions (example: wearing PPE consistently during practice and taking Tamiflu medication), then the student will NOT be able to enter the placement - practice setting. The organization / agency will determine when the infectious outbreak period is over and advise when a student may re-enter the placement – practice setting AND if any precautions or PPE needs are required.

Any failure to enter the placement – practice setting - will jeopardize a student's placement hours for completion within the course required semester timeframe AND this may jeopardize a student's program / placement course.

The influenza vaccine is uniquely developed each year and administered for free to promote improved immunity to anticipated influenza strains. Thus, the vaccine is considered valid for the annual flu season of that year of issue. Students are encouraged to see and speak with their HCP and discuss the best time to receive their influenza vaccine annually to support optimum health status during placement experience time periods during the academic school year.

5. VULNERABLE SECTOR SCREENING (VSS) - POLICE CHECK Every (6) months for Placement

ALL students are required to obtain a VSS police check for entry into placement

For the purposes of all student placements **ALL VSS Police Check must:**

- **Be NEGATIVE***
- **Reflect a DATE of ISSUE as completed within the last SIX MONTHS**
- **MUST BE VALID for the duration of your placement EACH semester**

A STUDENT CANNOT ATTEND PLACEMENT UNTIL THE CPO HAS SEEN THEIR ORIGINAL VSS - POLICE CHECK AND confirms the DATE of ISSUE within the last SIX MONTHS

APPLY IN A TIMELY MANNER. YOUR VSS MUST BE VALID FOR THE ENTIRE SEMESTER OF PLACEMENT

When to Submit VSS Applications	FALL SEMESTER	WINTER SEMESTER
MN	June 03 - June 14, 2019	October 14 - 25, 2019

DO NOT submit your FALL VSS application earlier than JUNE 03, 2019

DO NOT submit your WINTER VSS application earlier than OCTOBER 14, 2019

For students who are residents of Toronto (Postal code beginning with 'M')

Come to the CPO (POD-477) to complete a consent form. You will need to bring your student ID card with you to the CPO.

NOTE: Toronto Police Services *can* take up to **8 weeks** to process your VSS police check.

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

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

- **Present your original VSS police check to the CPO each semester with this form.**
- *** If your VSS Police Check Report is **POSITIVE**, the student is required to contact the CPO at 416-979-5000 Ext. 4956.**

Name: _____

Student Number: _____

6. 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. This needs to be done within the time period of 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 (with a negative reading) – the student should proceed with the 1-Step TB test only.

If you are proceeding with the 1-Step TB skin test **only**, please also provide the information about your previous baseline 2-Step TB skin test in the space provided below.

Then also provide the results of the new / current 1- Step TB skin test done.

NOTE: This must be valid for the entire academic 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 – Chest Xray required only for positive skin tests.

Complete the sections below **AND** attach a copy of your recent 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 (CXR) are not required unless clinical status changes OR as 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 also indicate if there are signs versus no signs and symptoms of active TB (above) and sign this declaration.**

The 'Assessment date' for changes in signs and symptoms must be completed yearly and *must be valid for the entire academic school year.*

TB testing should be completed prior to the administration of any live vaccines or 4 weeks' post receiving live vaccine.

7. 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

****Immunization must have been done within the last 10 years AND be valid for the applicable terms.***

Name: _____

Student Number: _____

8. COMMUNICABLE DISEASES

NOTE: Laboratory evidence is **required** to prove immunity for elements identified below. Students are required to **attach** a copy of blood work results.

Bloodwork immunity must have been done within the last 10 years AND be valid for the applicable terms.

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: _____

9. HEPATITIS B

NOTE: Laboratory evidence is **required** to prove immunity for Hepatitis B; Students are required to **attach** a copy of blood work results.

Bloodwork immunity must have been done within the last 10 years AND be valid for the applicable terms.

Laboratory evidence of immunity*

AND

Documentation of Hepatitis B vaccination series

Please check vaccination dose schedule:

2 Dose 3 Dose

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

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

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 their FINAL DOSE of the injection 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 8 and/or 9 show up as anything other than immune (reactive), CONTACT CPO at cpo@ryerson.ca**

SIGNATURE OF HEALTHCARE PROVIDER(S)

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

Name of Healthcare Provider (please print)

Address (street)

Address (city & postal code)

Telephone Number

Signature of HCP

Date

Title (i.e. MD, RN)

Name of Healthcare Provider (please print)

Address (street)

Address (city & postal code)

Telephone Number

Signature of HCP

Date

Title (i.e. MD, RN)

Name: _____

Student Number: _____

TO BE COMPLETED BY CPO

Student PRR Case Review:	PRR Met / Documentation Validation Date
ANNUAL CNO REGISTRATION LICENCE	<input type="checkbox"/>
ANNUAL CPR CERTIFICATION (HCP Level)	<input type="checkbox"/>
MASK FIT CARD	<input type="checkbox"/>
INFLUENZA VACCINE	<input type="checkbox"/>
VSS - POLICE CHECK Every (6) months for Placement	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
TB SCREENING	<input type="checkbox"/>
DIPHtheria	<input type="checkbox"/>
TETANUS	<input type="checkbox"/>
PERTUSSIS	<input type="checkbox"/>
POLIO	<input type="checkbox"/>
MMR – COMMUNICABLE DISEASES	<input type="checkbox"/>
HEPATITIS B	<input type="checkbox"/>
CPO STAFF NAME: _____ Date: _____	Student PRR CLEARANCE STATUS: <input type="checkbox"/> MET <input type="checkbox"/> UNMET

Name: _____

Student Number: _____



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 (NOTE: for Student who is less than 18 years of age) <i>please print</i>	
Signature:	Date

Name: _____

Student Number: _____



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
Student Consent Basic - Form A - Revised: June 20, 2011