Bachelor of Science in Nursing

Dear BScN Student,

Congratulations and welcome to Northern College! We are quite pleased to welcome you to the Bachelor of Science in Nursing Program in Collaboration with Laurentian University. An essential part of your nursing education consists of clinical placement, which you are introduced to in the first semester.

This package contains information related to the mandatory clinical requirements all students must complete and submit 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
- BScN Annual Forms for Review and Agreement
- Criminal record check and vulnerable person sector check information

Students must complete and submit all mandatory clinical requirements by the due date of August 15th. Nursing department staff require time before the fall semester starts to process student documents.

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

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

Laurentian University / Université Laurentienne

In collaboration with

Northern College
northernc.on.ca

Submitting Clinical Requirements

A. **All documents must be scanned and sent by email to:**
ClinicalRequirements@northern.on.ca

Keep all 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. The college is not responsible to provide copies of documents to students once submitted.

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 results (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 will result denial of access to clinical attendance. 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 Coat ¾ length	Lab Shirt	Shoes	Stethoscope	Lab Kit Year 2	Approximate Total Cost for All Items
X	X	X	X	X	X	$300 - $500

BScN 1st Year 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 electronic or hard-copy** required)

_____ **First Aid/CPR (HCP Level) Certificates**

_____ **WHMIS Certificate**

_____ **AODA Certificate**

_____ **Worker Health & Safety Awareness Training in 4 Steps**

_____ **Respectful College Community Training** (Workplace Harassment, Violence & Discrimination Training)

_____ **BScN Annual Forms for Review and Agreement**

_____ **Mask Fit testing**

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

BScN 1st Year Student Clinical Requirements

Requirements	Due Date	What to Submit	Important to Note	Where Can I Obtain This?
Completed ***Immunization and Communicable Disease Testing Requirements*** **Form**	**Aug. 15**	**Scans** of immunization records and laboratory reports	Include copies of supporting documents with the completed form. Keep original documents.	The form is enclosed in this package. The documents required to complete the form can be obtained from your Health Care Provider or local public health unit. (**This form is a guide only and does not need to be completed by your Health Care Provider**.)
First Aid & CPR (HCP Level) Certificates	**Aug. 15**	**Scans** of certificates	(Must be at the Health Care Provider Level) Certification must have been obtained **within the current year**, and **recertification** of CPR, must be completed **every year regardless of expiration date.**	Courses are offered through Northern College Continuing Education **https://www.northerncollege.ca/program/first-aid-cpr/** Other course providers: St. Johns Ambulance, Heart & Stroke Foundation, Emergency Medical Training Canada, and Canadian Red Cross **Courses must include a hands-on, in-person component**
WHMIS Certificate (Workplace Hazardous Material Information System)	**Aug. 31**	**Tracked on Blackboard or scan of certificate**	Certification must have been obtained **within the current year**, and **recertification must be completed annually**	A free course is available to students on our Blackboard site. Students can access this site in mid-August (completion will be tracked). **or** WHMIS certificate obtained through employment is acceptable; copy of certificate required.
AODA Certificate (Accessibility for Ontarians with Disabilities Act)	**Aug. 15**	**Scan** of certificate	Once you complete the training, enter name, date and print your certificate for submission.	The free training module link "AODA training" is accessible through the Northern College webpage: **https://www.northerncollege.ca/aoda-training/**
Worker Health & Safety Awareness Training in 4 Steps	**Aug. 15**	**Scan** of certificate	Once you complete the training, print & scan your certificate for submission.	The free eLearning module is available at: **https://www.labour.gov.on.ca/english/hs/elearn/worker/foursteps.php** Please follow the link: • Click the "play" button to begin the training module

Requirements	Due Date	What to Submit	Important to Note	Where Can I Obtain This?
Respectful College Community Training (Workplace Harassment, Violence & Discrimination Training)	**Aug. 31**	**Tracked on Blackboard or scan of certificate**	Completion will be tracked on Blackboard. If completed for employment, scan of certificate required.	Course will be offered to students on Blackboard site in mid-August, **OR** Certificate obtained through employment is also acceptable; submit certificate.
Canadian Criminal Reference Check with Vulnerable Person Sector Screen	**By the 1st day of classes, fall semester** **Do not apply until Aug. 1**	**Forward the original email received, with completed check** **If a hard-copy is received, the original hard-copy must be submitted.** **(NOT ACCEPTED - Scanned copies, photos, or photocopies)**	Please refer to the information enclosed in this package and review carefully before applying	Apply at local Canadian police services, in the town/city in which you normally reside. **See enclosed information at the end of this package.** Hardcopies may be sent by mail, prior to due date to: **Northern College, P.O. Box 3211, Timmins, ON P4N 8R6 Attention: Marissa Dean**
BScN Annual Forms for Review and Agreement	**Aug. 31**	**Review and submit confirmations in Blackboard Course**	Please open the course on **Blackboard** - "BScN-Annual Forms: BScN Annual Forms for Review and Agreement"	Review all items listed in "**BScN Annual Forms for Review and Agreement**", and submit your confirmation for having read, understood, and agree to abide by the criteria outlined. Your submission will be taken as your signed agreement.
Mask Fit testing	**Sept. 15**	**Scan or photo of document if not completed at Northern**	Fit testing must have been obtained **within the current year**, and **retesting** must be completed **annually**	Will be offered in August/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 15th.

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 results (report)**
- **all documents must be provided in English**

If you do not have a Family Health Care Provider, you may obtain an immunization record from your local Ontario Public Health Unit using your Ontario Health Card. 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 BScN 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 Primary Series** of 2 vaccines is required.

****SUBMIT 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 1st dose)

****SUBMIT COPY OF IMMUNIZATION RECORD IN ENGLISH**

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

Completed Primary Series:

Vaccine #1 Date (mm/dd/yy): _____ (1st visit)
Vaccine #2 Date (mm/dd/yy): _____ (2 months after 1st visit)
Vaccine #3 Date (mm/dd/yy): _____ (2 months after 2nd visit)
Vaccine #4 Date (mm/dd/yy): _____ (4-8 months after 3rd visit)
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 (18+ yrs):

Vaccine #1 (Tetanus, Diphtheria, Pertussis, Polio) **Tdap-IPV** Date (mm/dd/yy): _____
Vaccine #2 (Tetanus, Diphtheria) **Td-IPV** Date (mm/dd/yy): _____ (2 months after Tdap-IPV dose)
Vaccine #3 (Tetanus, Diphtheria, Polio) **Td and IPV** Date (mm/dd/yy): _____ (6-12 months after Td-IPV dose)

****SUBMIT 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 1st dose)
Vaccine #3 Date (mm/dd/yy): _____ (6 months after 1st dose)

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

Hepatitis B Laboratory Report:

Date (mm/dd/yy): _____ Reactive/Immune (+) ☐ Non-reactive/Non-immune (-) ☐

****SUBMIT 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 – 48-72 hrs after receipt (mm/dd/yy): _____

Result: _____mm of induration **If induration is ≥10mm (positive), a chest x-ray is required**

AND

Step 2 (2nd step must be given 7 to 28 days after 1st test, in opposite arm, only if 1st test is less than 10mm induration.)

Date received (mm/dd/yy): _____ Date Read – 48-72 hrs after receipt (mm/dd/yy): _____

Result: _____mm of induration **If induration is ≥10mm (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 above is also required)

1 Step TB Test

Date received (mm/dd/yy): _____ Date Read – 48-72 hrs after receipt (mm/dd/yy): _____

Result: _____mm of induration **If induration is ≥10mm (positive), a chest x-ray is required**

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

F. **COVID-19 – Vaccination**

COVID-19 vaccination is required for all health care workers. This includes staff who work in, and students who study in a hospital, long term care homes, and any other health care delivery agency.

- Clinical partner agencies may choose to create their own policies regarding mandatory student immunization against COVID-19 as a protective measure for residents and patients. Northern College is required to adhere to these policies as a requirement for staff and students attending clinical.
- **All 1st year BScN students are required to submit documentation for having received 2 COVID-19 vaccinations prior to attendance in long term care in the first semester of the program.** The health care agencies have confirmed their policies stating that all students are required to be immunized for COVID-19 in order to care for residents and patients. **Students who do not meet this requirement will not be permitted to attend clinical hours and will not meet the expectations for the practical component of the program course, which will result in course failure.** There will be no exceptions for this requirement.
- Students must submit a copy of the official receipts for having received **a minimum of 2 vaccinations**.

Vaccine #1 Date (mm/dd/yy): _____

Vaccine #2 Date (mm/dd/yy): _____ (2 months or 56 days after 1st vaccine)

Vaccine #3 Booster Date (mm/dd/yy): _____ (3 months or 84 days after 2nd vaccine)

****SUBMIT COPY OF IMMUNIZATION RECEIPTS RECEIVED WHEN VACCINATION COMPLETED**

If you do not have the original copy of the receipt, you may download a copy from Ontario health at https://covid19.ontariohealth.ca/

G. **Influenza – Flu Vaccination**

The annual Influenza vaccination becomes available in late October.

****SUBMIT COPY OF IMMUNIZATION RECORD FOR INFLUENZA VACCINE WHEN RECEIVED; DUE BY NOVEMBER 30TH**

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.

Students are required to maintain the original copy of all Communicable Disease Testing Requirements & Training Certificates. The college is not responsible to provide copies of requirements to students once submitted.

BScN Annual Forms for Review and Agreement

All Students enrolled in the BSN Program are required to read, understand, and agree to abide by the criteria outlined on the following forms:

- **Current Student Contact Information**
- **BScN Acknowledgement of Student Manual**
- **Code of Conduct/Student Behavioural Agreement**
- **Academic Integrity and Statement of Confidentiality**
- **Nursing Laboratory Contract**
- **Freedom of Information and Protection of Personal Privacy**
- **Timmins & District Hospital Healthcare Team Privacy & Confidentiality Agreement**
- **Acknowledgement of Risk for Clinical Settings Statement**

Your submission will be taken as your signed agreement.

All BScN-Annual Forms may be accessed on the Blackboard Course called *"***BScN-Annual Forms: BScN Annual Forms for Review and Agreement"** on the Northern College Blackboard site. Once you have registered in the program you will be provided a username and password to access this site.

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 electronic or hard-copy** of their Canadian Criminal Record Check with Vulnerable Person Sector Screening (**photocopies/scans or photos will not be accepted and printed copies of electronic copies will not be accepted**).

To Apply for a Vulnerable Sector Check:

Applications **must be completed at your local Police Service's website (or in person in some areas)**. 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 18th birthday and submit your Check at that time.

You must upload (or 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, Merranda Rivers at extension 2187** or by email at riversm@northern.on.ca, and provide your **program, full name, date of birth and current address**. A letter can then be produced and sent to you, or you may pick up the letter at the college.

Application Forms: Go to your local police service's website to apply (or obtain a form to complete to apply). In the Timmins area, please follow the instructions on the following page to apply.

Ontario Provincial Police: Follow this link to apply https://www.opp.ca/index.php?id=147&lng=en

IMPORTANT: Your check must be less than 6 months old, in November. DO NOT APPLY UNTIL AFTER AUGUST 1st.

Any cost incurred for 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.

TIMMINS POLICE SERVICE CRIMINAL RECORD CHECK TIP SHEET

Before you apply for a criminal record check make sure of the following:

1. You have a Timmins address and live in the Timmins Police Service area for a record check with our service. P.O. Box addresses are not acceptable.

2. The organization asking for the record check will tell you what type of record check you need. (re: Northern College)

   - Criminal Record Check (CRC)
   - Criminal Record and Judicial Matters Check (CRJMC)
   - **Vulnerable Sector Check (PVS) -** Required for all Health Sciences & Emergency Services Programs (BScN, PN, PSW, Medical Laboratory Technician, Paramedic, Pre-Service Firefighter & Police Foundations)

3. **Gather what you need.**

   a) If you are applying for a vulnerable sector check or it is for a volunteer position, you will need a letter from the organization. **If it is for a school placement, you still need a letter from the school indicating you need a vulnerable sector check. Contact your Program Assistant with your full name, local address, date of birth and program to obtain the letter.**

   b) All addresses where you have lived in the last 5 years. You must include your current address but also every address you have had over the last 5 years, even if the address is from another city, province or country.

   c) Be prepared to answer financial questions in order to verify your identification. This is part of the electronic identification verification; DO NOT upload copies of your identification.

   d) If your identity cannot be verified through this process, you will have an option to confirm your identity through facial recognition, but you will require a driver's license or Canadian passport to do so. **If you do not have a driver's license or Canadian passport**, you can either attend a Canada Post location with 2 pieces of ID where they will verify your identity for $15.00 or you can attend the Timmins Police station for free with 2 pieces of ID and the Confirmation ID that you are provided and we can verify your identity.

   *****ID must include one photo ID such as passport, student card, driver's license and the other must prove you live in Timmins such as lease agreement, banking profile, rent receipt with the address.**

MAKE SURE THAT YOU ARE APPLYING TO THE TIMMINS POLICE SERVICE USING OUR LINK AT:

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

Or use our QR code and click on the "APPLY HERE" link: