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
- PSW Annual Forms for Review and Agreement
- Criminal record check and vulnerable person sector check information sheet

Students must complete and submit all mandatory clinical requirements by the due dates 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 required documents by the stated deadlines.

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

A. All documents must be either scanned or photographed and sent by email to the following email address:

All Campuses: ClinicalRequirements@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. 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:


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.

<table>
<thead>
<tr>
<th>Uniform</th>
<th>Lab Shirt</th>
<th>Shoes</th>
<th>Stethoscope</th>
<th>Approximate Total Cost for All Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$200 - $300</td>
</tr>
</tbody>
</table>
Example 1 – Acceptable

Requirements met for the following vaccinations:
- Varicella (Chicken Pox), Polio Diphtheria Tetanus, Measles Mumps Rubella, and Hepatitis B

Missing Requirements:
- Pertussis: student will need to have a Diphtheria, Tetanus, Pertussis vaccination (Due every 10 years) to meet requirement.
- 2 Step Tuberculosis Testing must be completed.
- Hepatitis B level of immunity laboratory testing results must be completed.

Table:

<table>
<thead>
<tr>
<th>S.N</th>
<th>Name of Vaccine</th>
<th>Dose</th>
<th>Date When given</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>B.C.G</td>
<td>1st Dose</td>
<td>04/05/2000</td>
</tr>
<tr>
<td>2</td>
<td>Triple/polio</td>
<td>1st Dose</td>
<td>19/06/2000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2nd Dose</td>
<td>17/07/2000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3rd Dose</td>
<td>17/08/2000</td>
</tr>
<tr>
<td>3</td>
<td>Triple/Polio</td>
<td>1st Booster Dose</td>
<td>04/10/2001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2nd Booster Dose</td>
<td>01/05/2005</td>
</tr>
<tr>
<td>4</td>
<td>D.T. (Diphtheria + Tetanus)</td>
<td>1st Dose</td>
<td>05/05/2010</td>
</tr>
<tr>
<td>5</td>
<td>Tetanus Toxoid</td>
<td>10/05/2015</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Measles Vaccine</td>
<td>18/01/2001</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>M.M.R</td>
<td>1st Dose</td>
<td>20/07/2001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2nd Dose</td>
<td>05/05/2010</td>
</tr>
<tr>
<td>8</td>
<td>Hib Vaccine</td>
<td>1st Dose</td>
<td>19/06/2000</td>
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<tr>
<td></td>
<td></td>
<td>2nd Dose</td>
<td>17/07/2000</td>
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<tr>
<td></td>
<td></td>
<td>3rd Dose</td>
<td>17/08/2000</td>
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<tr>
<td></td>
<td></td>
<td>Booster Dose</td>
<td>04/10/2001</td>
</tr>
<tr>
<td>9</td>
<td>Hepatitis B Vaccine</td>
<td>1st Dose</td>
<td>19/06/2000</td>
</tr>
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<td></td>
<td></td>
<td>2nd Dose</td>
<td>17/07/2000</td>
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<tr>
<td></td>
<td></td>
<td>3rd Dose</td>
<td>17/12/2000</td>
</tr>
<tr>
<td>10</td>
<td>Hepatitis A Vaccine</td>
<td>1st Dose</td>
<td>20/07/2001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2nd Dose</td>
<td>20/01/2002</td>
</tr>
<tr>
<td>11</td>
<td>Chickenpox Vaccine</td>
<td>1st Dose</td>
<td>20/01/2002</td>
</tr>
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<td></td>
<td></td>
<td>2nd Dose</td>
<td>01/05/2005</td>
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<tr>
<td>12</td>
<td>Typhoid Vaccine</td>
<td>1st Dose</td>
<td>04/05/2002</td>
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<tr>
<td></td>
<td></td>
<td>2nd Dose</td>
<td>01/05/2005</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Last Dose : TCV</td>
<td>05/05/2010</td>
</tr>
</tbody>
</table>
Example 2 - Not Acceptable

Immunizations are listed, but all documents must be submitted in English. The document has not been stamped or signed by the Health Care Provider.

Example 3 – Template for Immunization Record (next page)

The following form can be brought to your Health Care Provider, to fill out the immunizations received, with dates, and then stamped and signed by the Health Care Provider.
## Immunization Record

**Patient Name:** ____________________________  
**Date:** _____________________

<table>
<thead>
<tr>
<th>Date Given MM/DD/YY</th>
<th>Diphtheria</th>
<th>Tetanus</th>
<th>Pertussis</th>
<th>Polio</th>
<th>Measles</th>
<th>Mumps</th>
<th>Rubella</th>
<th>Varicella</th>
<th>Hepatitis B</th>
<th>Signature / Initials of Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Tested</th>
<th>Test</th>
<th>Date Results</th>
<th>Result</th>
<th>Initials of Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mantoux (tuberculosis)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mantoux (tuberculosis)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis B Surface Level (titre)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Varicella-Zoster titre</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Chest Xray required if TB (Mantoux) test results positive for Step 1 or 2 testing, to rule out active tuberculosis infection.
PSW International Student Clinical Requirements Checklist

Name: ________________________________

Phone Number: ______________________ Email Address: ______________________

Documents to Complete in Home Country (to be submitted by August 15th):

_________ Immunization and Communicable Disease Testing Requirements

_________ WHMIS Certificate

_________ AODA Certificate

_________ Worker Health & Safety Awareness Training in 4 Steps

_________ PSW Annual Forms for Review and Agreement

_________ Workplace Harassment, Violence & Discrimination Training

Documents to Complete in Canada (to be submitted by September 30th):

_________ Canadian Criminal Reference Check with Vulnerable Sector Screen

(1 ORIGINAL CANADIAN copy required. Must be applied for in Canada.)

_________ First Aid/CPR (Cardiopulmonary Resuscitation) - HCP (Health Care Provider) Level - Certificates (course must be attended in Canada)

Refer to the table on the following page for information about how to obtain each of these requirements.
# PSW International Student Clinical Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Due Date</th>
<th>What to Submit by Email</th>
<th>Important to Note</th>
<th>Where Can I Obtain This?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TO BE COMPLETED IN HOME COUNTRY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed <em>Immunization and Communicable Disease Testing Requirements Form</em></td>
<td>August 15</td>
<td>Scans of, immunization records and laboratory reports</td>
<td>Include supporting documents with the completed form. Keep original copies.</td>
<td>The form is enclosed in this package. The information needed to complete the form can be obtained from your Health Care Practitioner (Doctor/Physician). Must be submitted in English.</td>
</tr>
<tr>
<td>WHMIS Certificate (Workplace Hazardous Material Information System)</td>
<td>August 15</td>
<td>Scan of certificate</td>
<td>Certification must have been obtained <em>within the current year</em>, and <em>recertification</em> must be completed <em>every year</em>.</td>
<td>A free course will be offered to students on Blackboard site in the fall (completion will be tracked).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>or</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Courses are offered online through Northern Training for $29.95 + HST. <a href="http://northerntraining.online-compliance.com/PreRegister.php">http://northerntraining.online-compliance.com/PreRegister.php</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AODA Certificate (Accessibility for Ontarians with Disabilities Act)</td>
<td>August 15</td>
<td>Scan of certificate</td>
<td>Once you complete the training, enter name, date, and print your certificate for submission.</td>
<td>The free online training module link “AODA” is accessible at the top of the Northern College homepage: <a href="https://www.northerncollege.ca/aoda-training/">https://www.northerncollege.ca/aoda-training/</a></td>
</tr>
<tr>
<td>Worker Health &amp; Safety Awareness Training in 4 Steps</td>
<td>August 15</td>
<td>Scan of certificate</td>
<td>Once you complete the training, print your certificate for submission.</td>
<td>The free eLearning online module is available at: <a href="https://www.labour.gov.on.ca/english/hs/elearn/worker/foursteps.php">https://www.labour.gov.on.ca/english/hs/elearn/worker/foursteps.php</a></td>
</tr>
<tr>
<td>Workplace Harassment, Violence &amp; Discrimination Training</td>
<td>August 15</td>
<td>Complete on blackboard</td>
<td>Completion will be tracked on Blackboard. If completed for employment, scan of certificate required.</td>
<td>The free course will be offered to students on Blackboard site in the fall.</td>
</tr>
<tr>
<td>PSW Annual Forms for Review and Agreement</td>
<td>August 31</td>
<td>Review and submit confirmations on Blackboard Course</td>
<td>Please open the course on Blackboard - “PSW Annual Forms for Review and Agreement”</td>
<td>Review all items listed in the left-hand column, under “PSW 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.</td>
</tr>
</tbody>
</table>

International students who do not have a Canadian address yet, may use the college’s address to register. 4715 Highway 101 East, South Porcupine, ON P0N 1H0
<table>
<thead>
<tr>
<th>Requirements</th>
<th>Due Date</th>
<th>What to Submit by Email</th>
<th>Important to Note</th>
<th>Where Can I Obtain This?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Aid &amp; CPR (HCP Level) Certificates</strong></td>
<td>September 30</td>
<td>Scan of certificates</td>
<td>Certification must have been obtained within the current year, and recertification of CPR, must be completed annually (Must be at the Health Care Provider Level, HCP)</td>
<td>Courses are offered through Northern Training Division <a href="https://www.northerncollege.ca/program/first-aid-cpr/">https://www.northerncollege.ca/program/first-aid-cpr/</a> Other course providers: St. Johns Ambulance, Heart &amp; Stroke Foundation, Emergency Medical Training Canada, and Canadian Red Cross</td>
</tr>
<tr>
<td><strong>Canadian Criminal Reference Check (CPIC) with Vulnerable Person Sector Screen</strong></td>
<td>September 30</td>
<td>1 ORIGINAL CANADIAN HARD-COPY (NOT ACCEPTED - Scanned copies, photos, or photocopies)</td>
<td>Please refer to the information enclosed in this package and review carefully before applying (Original hard copy only - Scanned copies, photos or photocopies will not be accepted) <strong>If an electronic copy is received from police services, please forward the original email received.</strong></td>
<td>At any Canadian police station, preferably the one in the town in which you will be staying for the duration of your program. See enclosed information sheet in this package.</td>
</tr>
<tr>
<td><strong>Mask Fit testing</strong></td>
<td>September 30</td>
<td>Scan of document if not completed at Northern</td>
<td>Fit testing must have been obtained within the current year, and retesting must be completed every year.</td>
<td>Will be offered in August/September, on campus by the Nursing Department.</td>
</tr>
<tr>
<td><strong>Influenza Vaccination</strong></td>
<td>November 30</td>
<td>Scan of immunization document</td>
<td>Vaccine available in late October</td>
<td>The free vaccine becomes available in late October at all Public Health Units in Ontario</td>
</tr>
</tbody>
</table>
THIS FORM IS TO BE COMPLETED IN FULL. It must be completed by the student and submitted by AUGUST 15\textsuperscript{th}.

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

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

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

- Immunization record with dates of vaccinations received and Health Care Provider \textit{signature and stamp} (as per the examples provided in this package)
- Copies of your laboratory testing results (reports)
- Copies of your certificates and signature forms
- All documents must be provided in \textit{English}

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

\textbf{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) Vaccinations**

**Completed Primary Series (given in childhood):**

Vaccine #1 Date (mm/dd/yy): ______________, Vaccine #2 Date (mm/dd/yy): ______________  If 2 vaccines are documented, Titre level is not required.

**OR Laboratory Result indicating immunity to Varicella (titre level):**

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

*If results show Non-reactive/Non-immune – must have the Series of 2 vaccines 6 weeks apart and submit.*

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

**B. Measles/Mumps/Rubella (MMR) Vaccinations**

**Primary Series (given in childhood):**

Vaccine #1 Date (mm/dd/yy): ______________, Vaccine #2 Date (mm/dd/yy): ______________ (1 month after #1)

**IF THE PRIMARY SERIES IS DOCUMENTED ABOVE, LABORATORY TESTING IS NOT REQUIRED**

*If you do not have documentation for receiving the Primary Series, MMR titre levels required:*

**Measles Immunity Laboratory Testing Result:**

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

**Mumps Immunity Laboratory Testing Result:**

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

**Rubella Immunity Laboratory Testing Result:**

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

*If Laboratory Testing Result is Non-immune a booster vaccination for the non-immune result, is required. If the primary series has been not been completed in full a booster vaccination is required.*

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

*If no vaccinations were completed as a child, or there is no documentation, the Adult Series must be completed.*

**Adult Series:**

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

Vaccine #2 Date (mm/dd/yy): ______________ (1 month after 1st dose)

**ATTACH COPY OF IMMUNIZATION RECORD IN ENGLISH**
C. Tetanus/Diphtheria/Polio/Pertussis vaccinations

**Primary Series (given in childhood):**

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 of vaccinations is required:

**Adult Series:**

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)

**ATTACH COPY OF IMMUNIZATION RECORD IN ENGLISH**

D. Hepatitis B vaccinations

**Primary Series (given in childhood):**

Vaccine #1 Date (mm/dd/yy): ______________
Vaccine #2 Date (mm/dd/yy): ______________
Vaccine #3 (if applicable) Date (mm/dd/yy): ______________

**AND** ALL STUDENTS MUST PROVIDE SURFACE ANTIBODY LEVEL (ANTI-HBS) **(Titre Level)**

**Hepatitis B Laboratory Immunity Testing:**

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

If Non-reactive/Non-immune – 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 new series.

**Hepatitis B Laboratory Immunity Testing:**

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

**ATTACH COPY IMMUNIZATION RECORD AND LABORATORY REPORT IN ENGLISH**
E. Tuberculosis – Tuberculin (TB) Skin Test (TST or Mantoux)

**Note: Chest X-rays are costly for international students in Canada. TB testing should be completed in full prior to coming to Canada.

Initial 2-Step Testing

Step 1 Date received (mm/dd/yy): _______________ Date Read – 48-72 hours 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 hours 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 hours after receipt (mm/dd/yy):
Result: _______________ mm of induration

**ATTACH 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 Personal Support Worker students are now required to submit documentation for having received 3 Canadian approved COVID-19 vaccinations prior to clinical attendance in long term care in the second 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 3 Canadian approved 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/](https://covid19.ontariohealth.ca/)
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.

**DOCUMENTATION THAT WILL BE ACCEPTED AS PROOF OF IMMUNIZATION AS OUTLINED AT THE BEGINNING OF THIS PACKAGE.**

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.

### G. Influenza – Flu Vaccination (available free of charge in Ontario in late October)

The annual Influenza vaccination becomes available in late October.

**SUBMIT COPY OF IMMUNIZATION RECORD FOR INFLUENZA VACCINE WHEN RECEIVED DUE BY NOVEMBER 30TH**
PSW Annual Forms for Review and Agreement

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

- Current Student Contact Information
- PSW 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
- Acknowledgement of Risk for Clinical Settings Statement

Your submission will be taken as your signed agreement.

All PSW-Annual Forms may be accessed on the Blackboard Course called “PSW-Annual Forms: PSW 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.

Link to Northern College Blackboard site:

https://blackboard.northerncollege.ca/webapps/portal/execute/tabs/tabAction?tab_tab_group_id=1_1
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). If you receive an electronic copy, please forward the original email from police services with your results.

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 18th 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, Merranda Rivers at extension 2187 or by email at riversm@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:

Ontario Provincial Police: https://www.opp.ca/index.php?id=147&lng=en

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

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.