

# Bachelor of Science in Nursing

# Submitting Clinical Requirements

A.

# **BScN 1<sup>st</sup> 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-**

## BScN 1<sup>st</sup> Year Student Clinical Requirements

Requirements	Due Date	What to Submit	Important to Note	Where Can I Obtain This?
Completed <i>Immunization and Communicable Disease Testing Requirements Form</i>	<b>Aug. 15</b>	<b>Scans</b> 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

Requirements	Due Date	What to Submit	Important to Note	Where Can I Obtain This?
<b>Respectful College Community Training</b> (Workplace Harassment, Violence & Discrimination Training)	<b>Aug. 31</b>	<b>Tracked on Blackboard or scan of certificate</b>	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, <b>OR</b> Certificate obtained through employment is also acceptable; submit certificate.
<b>Canadian Criminal Reference Check with Vulnerable Person Sector Screen</b>	<b>By the 1<sup>st</sup> day of classes, fall semester</b>  <b>Do not apply until Aug. 1</b>	<b>Forward the original email received, with completed check</b>  <b>If a hard-copy is received, the original hard-copy must be submitted.</b>  <b>(NOT ACCEPTED - Scanned copies, photos, or photocopies)</b>	Please refer to the information enclosed in this package and review carefully before	



## 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**

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

**Completed Primary Series:**

**Vaccine #1** Date (mm/dd/yy): \_\_\_\_\_ (1<sup>st</sup> visit)

**Vaccine #2** Date (mm/dd/yy): \_\_\_\_\_ (2 months after 1<sup>st</sup> visit)

**Vaccine #3** Date (mm/dd/yy): \_\_\_\_\_ (2 months after 2<sup>nd</sup> visit)

**Vaccine #4** Date (mm/dd/yy): \_\_\_\_\_ (4-8 months after 3<sup>rd</sup> 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)**



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  $\geq 10$ mm (positive), a chest x-ray is required**

**AND**

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

G.

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.



## 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)