

Practical Nursing

Dear Practical Nursing Student,

Congratulations and welcome to Northern College! We are quite pleased to welcome you to the Practical Nursing 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
- PN Annual Forms for Review and Agreement

PN Student

Practical Nursing 1st 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>	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

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

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

C. Tetanus/Diphtheria/Polio/Pertussis

Completed Primary Series:

Vaccine #1

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 ≥ 10 mm (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 ≥ 10 mm (positive), a chest x-ray is required**

If Results are Positive - Chest X-ray Required 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 ≥ 10 mm (positive), a chest x-ray is required**

****ATTACH COPY OF IMMUNIZATION RECORD**

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**

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.



PN Annual Forms for Review and Agreement

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

Current Student Contact Information

PN 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 PN-Annual Forms may be accessed on the Blackboard Course called **PN-Annual Forms: PN 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

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,