

## Welcome Package (Nipissing University) Mandatory Requirements for Student Placements

We are pleased to host your student experience. Each student wishing to complete an unpaid student placement at GRH must comply and submit all mandatory requirements. Please ensure all mandatory requirements/forms outlined below are submitted as one package **four weeks prior** to beginning your placement. Packages can be scanned, emailed or personally submitted to the GRH Professional Practice Coordinator. Contact information for the GRH Professional Practice Coordinator is found at the bottom of the page. **\*\*Failure to provide any of the mandatory required documentation outlined below will result in the delay or decline of your placement.**

### Student Placement Information Form (Please see attached form on pg. #3)

- ☐ Complete and sign the Student Placement Information form
- ☐ Submit the completed and signed Student Placement Information form to the GRH Professional Practice Coordinator

### E-Learning Mandatory Edge Courses (Please see attached form on pg. #4)

- ☐ Complete all 11 E-Learning Mandatory Edge courses
- ☐ Submit the completed E-Learning Mandatory Edge Courses form proof of completion to the GRH Professional Practice Coordinator

### Immunizations (Please see attached form on pg. #5)

- ☐ Submit completed Employee Health and Wellness Student Immunization Form along with documented proof of immunizations, titre results, and TB testing to the GRH Professional Practice Coordinator.
- ☐ Documentation must be submitted **4 weeks PRIOR** to placement. This allows for review, processing of documents and helps to ensure no delays will take place.

**PRIOR** to emailing the Employee Health and Wellness Student Immunization Form to GRH Professional Practice Coordinator please ensure sure you have the following documentation completed (pg. #5):

- Proof of vaccination for MMR (Measles, Mumps, Rubella – 2 doses) and Varicella (chicken pox – 2 doses), **AND/OR** Lab confirmation of immunity status for measles, mumps, rubella and varicella. Lab confirmation of Hepatitis B immunity will be required depending on type of placement- (this will be required for all students who provide direct patient care)
  - TB skin test- Documentation of a previous negative 2 step TB test done at any time AND a 1 step TB test done within 4-8 weeks PRIOR to placement (through your family physician or public health).
  - TB testing must be completed PRIOR to administering any live vaccines (i.e. MMR/Varicella). If live vaccines are administered, TB testing cannot be done for at least 28 days.
  - If you have had a positive TB skin test then proof of the positive TB skin test must be submitted along with a chest x-ray done since the test.
  - Documentation of last tetanus vaccine regardless of date. This is not mandatory but highly recommended.
  - The Employee Health and Wellness Student Immunization form **MUST** be signed by a physician
- ☐ Once the Student Immunization Form, and documented proof of immunizations, titre results and TB testing has been received and reviewed by our Employee Health and Wellness Department the GRH Professional Practice Coordinator will receive a message confirming that “you” have been “cleared” to begin your placement.
- **Without this clearance students will not be permitted to begin their placements**

### Respirator Fit Testing

GRH has implemented conservation strategies for N95 respirators. Part of these conservation strategies involve only fit-testing individuals who may be required to interact with patients under airborne precautions or participate in AGMPs. N95 fit-testing will also be required for those students that may need to prepare, handle or administer hazardous drugs/chemotherapy agents while at GRH. For those learners who fall under one of the above categories:

- ☐ Proof of a N95 fit test (completed within the past 2 years) to one of the respirators carried by GRH is required.
  - The fit-test must not expire during your placement.
  - **GRH carries ONLY models/sizes 3M 9210, 3M 8210, 3M 1860, 3M 1860S, and Pleats Plus Small/Medium**
  - If you were **not** fit tested to one of the style/sizes that GRH carries, you will be required to get your fit test **redone** to one of these style/sizes **prior** to starting your placement
  - Respirator Fit Testing is being offered at GRH for those learners who require it.
  - Please contact GRH's Professional Practice Coordinator by emailing: [Student.Coordinator@grhosp.on.ca](mailto:Student.Coordinator@grhosp.on.ca) to receive information on how to book an appointment.

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- A \$25 fee will be required in order to obtain a fit test at GRH.
- If you are unsure if you require a Respirator Fit Testing please contact the Professional Practice Coordinator to confirm, or speak to your GRH Supervisor.

Please note:

- If you have been scheduled in for a fit testing appointment at GRH and it is after your planned start date you may begin your placement, HOWEVER, you will not be able to participate in any patient care requiring N95 respirator usage (e.g. AGMPs or Airborne isolation) until you have been fit tested to a model GRH carries.
- For those students who miss their scheduled respirator fitting appointment:
  - If you have already started your placement you will be pulled from placement until you have been fitted to a GRH model.
  - An administrative fee may also be applied on top of the \$25-fit-test fee

#### **Vulnerable Sector Screening Criminal Record Check**

Criminal Record Checks **must be completed within the current school year** and can take up to **8 weeks** to receive.

- ☐ Obtain your Vulnerable Sector Screening Criminal Record Check
- ☐ Submit a **photocopy** of your current school year Vulnerable Sector Screening Criminal Record Check to the GRH Professional Practice Coordinator

#### **Login Information**

- All Nipissing Nursing students attending GRH KW Campus / Freeport Campus will receive login information via email from the GRH help desk to your Nipissing University email account prior to your placement start date. Please contact Candice Frede at [Candice.weber@grhosp.on.ca](mailto:Candice.weber@grhosp.on.ca) if you do not receive this email.

#### **Healthcare Declaration Form (Please see form on page #6)**

- ☐ Review, complete, and sign the Healthcare Declaration Form
- ☐ Submit the completed and signed Healthcare Declaration Form to the GRH Professional Practice Coordinator

#### **Cerner Training**

- ☐ All nursing students must complete Cerner computer training prior to starting on the floors. Please email the Professional Practice Coordinator to book your Cerner training dates.

#### **Parking and Security Form (Please see attached form on pg. #7)**

- ☐ Please obtain your student ID Badge from GRH Security Services. In order to receive your badge you must be cleared by GRH's Education Coordinator. If this has not taken place you will not receive your badge. Please call the Parking & Security office between Mon-Fri 8am-12pm & 1pm-4pm at 519-749-4300 ext.2883 to book an appointment to attend the office for an ID.
- ☐ If you require parking at the **KW site** on the date of your appointment, attend the Parking & Security office which is located within triage near the ER entrance door. **Please note, only patients are permitted to enter/exit the ER doors;** staff and students must enter & exit via 2A hallway. The day of your appointment please bring your completed parking & security form, and ensure you have completed sections 1-3, and 6 vehicle information portion (only if you require parking), and sign & date the bottom of the form. Once you have received your student ID badge and parking validation slip from the KW Parking and Security office please proceed to the Precise parking office to pay for the parking pass. The Precise parking office is located on the 1st level of the parking garage for the KW site and the parking Kiosk in the gated lot at Freeport site.
- ☐ If you require parking at the **Freeport Site** be sure to speak with Precise Parking regarding this. Once you have received your student ID badge from the Freeport security office please proceed to the Precise parking office to purchase a parking pass between the hours of Monday to Friday, 7:30am – 4:30pm. The Precise parking office is located in the Freeport main lot beside the entry/exit gates. The Freeport site Security office is located in the main entrance, straight ahead to the left as you enter into the building.

Please contact the **Parking and Security Assistant at 519-749-4300 ext. 2883** or email [GRH.Parking@grhosp.on.ca](mailto:GRH.Parking@grhosp.on.ca) for any questions pertaining to parking at either site

## STUDENT PLACEMENT INFORMATION FORM

### Student Information:

Last Name:		First Name:	
Address:			
City/Town:	Province:	Postal Code:	
Phone + area code:	Email:		

### Educational/Organizational Institution Information:

Name of School/Organization:
Name of Academic Advisor:
Program Title:
Year of Study:

### Placement Information:

Start Date:	End Date:	Department:
Preceptor Name/GRH Student Advisor		
Are you currently working and/or doing a placement at any other Healthcare Facility?  Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, which one?		
Student Signature:		

## Edge E-Learning Mandatory Courses

There are 11 online courses that are mandatory requirements and must be completed through *Edge*, GRH's e-learning platform. Create an edge account through the following site:

<https://edge.dualcode.com/login/signup.php>

<b>Student Name:</b>	<b>School:</b>
<b>Academic Program:</b>	<b>School Coordinator:</b>
<b>Department of Placement:</b>	<b>GRH Student Supervisor:</b>

Required Edge Course	Student Initials	Completion Date	YOUR SCORE (if applicable)
1. Accessibility – Customer Service			
2. Accessibility IASR			
3. Emergency Codes			
4. Hand Hygiene			
5. OHS Awareness Training			
6. Privacy & Security			
7. Respectful Workplace Program			
8. WHMIS Awareness			
9. Personal Protective Equipment (PPE) – Donning and Doffing			
10. Staff Self-Screening COVID-19 Training & Attestation			
11. Prevention and Management of Aggressive Behaviour (Code White) De-escalation Training			

**Be advised:** This form may exempt you from future Edge training at GRH. Please obtain a copy to resubmit with each placement at GRH.

The following are instructions on how to Accessing Edge:

- Go to the website, <https://edge.dualcode.com/>, from any computer (at home or at GRH) **OR**
- From any hospital computer, click on the Internet Explorer icon on the desktop to access the GRH intranet site, Lotus Link
- Click “Learning > Learning-Edge” under Quick links on the left hand side on the page

**From the Edge Home Page:**

- To access the courses, click on “*Course Catalogue*”.
- You can search for a course in the search area in the top right hand corner
- After you have selected a course, you can select the link next to the small orange/golden box to begin in the course learning.

For help with your Edge courses please contact Organizational Development at extension 3799.

**I have completed all of the above mandatory E-Learning Edge Courses.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Occupational Health Employee Health and Wellness Student Contract Immunization Form

<b>Name:</b>	<b>Date of Birth:</b> (DD/MM/YY)
<b>Cell/Home#:</b>	<b>Student/Position:</b>
<b>College/University/Institute:</b>	<b>Program:</b>

This form pertains to all unpaid students attending a placement at Grand River Hospital.

**Requirements: \*\*School Placement Coordinators will determine N95 requirement**

- Proof of vaccination for MMR (Measles, Mumps, Rubella – 2 doses) and Varicella (chicken pox – 2 doses), **AND/OR** lab confirmation of immunity status for MMR and Varicella. Hepatitis B titre required depending on type of placement.
- 2-step TB skin test done within **4 -8 weeks PRIOR to placement** OR if student has had a previous 2-step then a 1 step is required within **4-8 weeks PRIOR to placement**
- If you have had a positive TB skin test then proof of positive TB skin test **and** chest x-ray is required.

	Date: MMR #1    dd/mm/yy	Date: MMR #2    dd/mm/yy
MMR Vaccines		
	Date: Varicella #1 dd/mm/yy	Date: Varicella #2 dd/mm/yy
Varicella Vaccines		
Measles Titre	Date: dd/mm/yy	Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive
Mumps Titre	Date: dd/mm/yy	Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive
Rubella Titre	Date: dd/mm/yy	Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive
Varicella Titre	Date: dd/mm/yy	Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive
Hepatitis B Titre (optional depending on type of placement)	Date: dd/mm/yy	Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive

TB test #1	Date Given:	Site:	Date Read:	Result:
TB test #2	Date Given:	Site:	Date Read:	Result:
TB test 1 step	Date Given:	Site:	Date Read:	Result:

Chest X-Ray	Date: dd/mm/yy	Result:
**N95 Respirator Fit Test	Date of Fit Test: dd/mm/yy	Model (please circle): • 3M 9210, 3M 8210, 3M 1860, 3M 1860S, and Pleats Plus Small/Medium <input type="checkbox"/> I do not require a fit-test as I will not be required to enter an airborne isolation room, nor will I be preparing/handling/ administering hazardous drugs during my placement at GRH.

**Health Care Practitioner:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## HEALTHCARE FACILITY DECLARATION FORM

In alignment with the Ontario government's Emergency Order (O. Reg. 146/20), Limiting Work to a single Long-Term Care Home, students employed or volunteering at any Long Term Care facilities, inclusive of retirement homes or through contract (agency) may not perform work for any other Health Service Provider (i.e. Grand River Hospital [GRH]) during the COVID-19 Pandemic.

If during the course of placement at GRH, the healthcare facility that a student is employed with is identified by Public Health as being in outbreak the student will be unable to work at GRH until such time that they are cleared to return to placement. This could require a period of up to 14 days from the last exposure to the outbreak unit. Once that time has elapsed the placement may recommence at GRH. Additionally, students will be restricted from placements at GRH until cleared by public health if they have been required to self isolate subsequent to any exposure to communicable disease in the community

**I DECLARE, that:**

- ☐ I will not be working at a Long-Term Care Home during the duration of my student placement at Grand River Hospital.
- ☐ I will notify GRH if my place of employment is identified as being in outbreak or have been advised by Public Health to self-isolate.
- ☐ I understand that if my place of employment is identified by Public Health as being in outbreak or has had an exposure there could be potential impacts for my placement at GRH. This will be managed on a case-by-case basis.

**DATED this** \_\_\_\_\_ **day of** \_\_\_\_\_ **/20** \_\_\_\_\_

**Name (Print)** \_\_\_\_\_ **Signature** \_\_\_\_\_



## ***Parking and Security Form***



<b>1</b>	<b>For:</b>					
	<input type="checkbox"/> New Hire	<input type="checkbox"/> Current Employee	<input type="checkbox"/> Termination	<input type="checkbox"/> KW Site	<input type="checkbox"/> GRH "Paid employee"	<input type="checkbox"/> Volunteer
	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Transfer	<input type="checkbox"/> Freeport Site	<input type="checkbox"/> Shared Position	<input type="checkbox"/> Foundation	<input type="checkbox"/> Board Member
	<input type="checkbox"/> Back to Work		<input type="checkbox"/> Other Site: _____	<input type="checkbox"/> Physician/Resident	<input type="checkbox"/> Spiritual Care	
	Effective date of change (dd/mm/yy): _____		_____	<input type="checkbox"/> Intern/Student	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other: _____

<b>2</b>	<b>Request for:</b> <input type="checkbox"/> Photo ID <input type="checkbox"/> Proxy Card <input type="checkbox"/> Parking Space <input type="checkbox"/> Key(s)
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### **Employee Information**

<b>3</b>	EMPLOYEE NAME (First & Last)		TITLE		DEPARTMENT		STATUS (FT/PT/C)		SHIFT WORK (Y/N)	
	ADDRESS		PHONE		CITY		PROVINCE		POSTAL CODE	
							EMPLOYEE ID			

### **Photo ID & Prox Cards**

<b>4</b>	<input type="checkbox"/> Photo ID <input type="checkbox"/> Prox Card		Specify Access Requirements in box below (Floor/Dept./Room etc)
	<input type="checkbox"/> Replacement Photo ID <input type="checkbox"/> Replacement Proxy Card		
	<div style="border: 1px solid black; padding: 5px;"> <b>SECURITY</b>   Photo ID Card #: _____  Old Photo ID Card #: _____  Proxy Card #: _____  Old Proxy Card #: _____ </div>		

### **Key Request (MANAGEMENT APPROVAL REQUIRED)**

<b>5</b>	<input type="checkbox"/> New Key <input type="checkbox"/> Replacement Key <input type="checkbox"/> Lock repair <input type="checkbox"/> Lost/Stolen <small>(If lost or stolen, an incident report must be completed)</small>		Department: _____ Wing/Floor: _____ Door #: _____	Comment(s):    
	<b>SECURITY</b>			
			If replacement, Old Key # _____ New Key # _____	

### **Parking Assignment**

<b>6</b>	<input type="checkbox"/> New <input type="checkbox"/> Cancellation <input type="checkbox"/> Management Forum <input type="checkbox"/> Cross site required <input type="checkbox"/> KW <input type="checkbox"/> Freeport <input type="checkbox"/> After hours access <input type="checkbox"/> KW - Onsite - Waiting List		Effective date of change DD/MM/YY _____	Hire date DD/MM/YY _____
	<div style="border: 1px solid black; padding: 5px;"> <b>SECURITY</b>  <input type="checkbox"/> Park Street (Offsite) Park St. card # _____  <input type="checkbox"/> Rotary Lot (Onsite) Rotary Lot Pass # _____  <input type="checkbox"/> Staff Lot (Onsite)  <input type="checkbox"/> Doc. Lot (Onsite)  <input type="checkbox"/> Kaufmann Lot (Onsite) </div>		Vehicle	Make
			#1	Licence Plate
			#2	

Manager authorization: \_\_\_\_\_  
Security: \_\_\_\_\_  
Employee: \_\_\_\_\_  
Name (Dept.) (Date - dd/mm/yy) (Signature)

If section 6 is completed:

☐ Information forwarded to Payroll Department for payroll deductions.