



Dear Paramedic Student,

Congratulations and welcome to Northern College! We are quite pleased to welcome you to the Paramedic program. Paramedic education is challenging but we are looking forward to helping you reach your academic and career aspirations. To this end, please review the enclosed information in order to prepare for your classroom experiences, laboratory sessions and clinical placements. There are a number of items that require your attention, many of which must be completed prior to beginning your studies. A detailed checklist is provided in this document package.

Experience has shown that the first few months of achievement in a Paramedic program are critical to the success of each and every student. In an attempt to assist with your preparation for entry into the School of Emergency Services, an orientation will be offered again this year. **Orientation information and schedules will be posted on the Northern College website in August.**

All Paramedic programs include clinical practice hours beginning in the fall, winter or spring semester. In order to protect their clients, their employees, and placement students, the agencies that host these placements must ensure that you meet certain requirements prior to attending. **You are responsible for reviewing and completing all of the clinical requirements included in this package and submitting the required documents by the indicated deadlines.**

You will also need to purchase some additional items required for laboratory and clinical attendance as outlined below. **Please refrain from purchasing these items** until after the program orientation in September, as additional details will be presented at that time.

Program / Items	Uniform	PPE kit	Boots	Stethoscope	Lab Kit	Approximate Cost
Paramedic	X	X	X	X	X	\$1000 - \$1200

Once again, welcome to the School of Emergency Services. If we can be of assistance in any way please do not hesitate to contact us. We are looking forward to meeting you during the orientation session. Have a great summer!

Sincerely,

Terry Price (ext 2282)
Paramedic Program Coordinator



Paramedic Program Clinical Requirements Checklist

The checklist below is Time Sensitive. Please be aware that delays in obtaining requested information will invariably result in delays in placement start times and could jeopardize student success and/or lead to delays in eligibility for graduation and provincial qualifying exams. **Failure to submit requirements on time will result in lost access to clinical placements.**

Student Name: _____

Student Number: _____

_____ **Completed – Health Record including Immunization and Communicable Disease Report** (this report must be signed by a physician, or nurse practitioner and accompany a copy of your immunization card, and serology reports showing proof of immunity for MMR, Varicella Zoster, Hep B, and Two Step Mantoux test results, required on an annual basis).

_____ **Criminal Reference Check with Vulnerable Person Sector Screen**
(Required on an annual basis)
Standard First Aid/CPR Level C BLS/HCP
Certification must have been obtained within the current year and *must be renewed annually (recertification)*

_____ **WHMIS Certificate**
_____ **AODA Certificate** <http://northerncollege.ca/aoda/s1training/splash.html>
_____ **Worker Health & Safety in 4 Steps**
<https://www.labour.gov.on.ca/english/hs/elearn/worker/foursteps.php>

_____ **Copy of Student ID Card (performed on campus, after September 01)**
_____ **Mask Fit Testing (performed on campus, after September 01)**
_____ **Seasonal Influenza Vaccination (available after October 1)**

Requirement from 1-6 MUST be completed, **placed in a sealed envelope** by the applicant and submitted to the college **PRIOR TO SEPTEMBER 01** Please keep a copy of all forms, reports and records for your personal files.

Mail to:
Northern College School of Emergency Services
P.O. Box 3211
Timmins, ON P4N 8R6
Attention: Sarah Savord

OR
_____ **Submit to reception at:**
Northern College School of Emergency Services
4715 Hwy. 101 East
South Porcupine, ON P0N 1H0
Attention: Paramedic Clinical Facilitator

FAILURE TO MEET ALL REQUIREMENTS WILL RESULT IN DENIAL OF ACCESS TO CLINICAL PLACEMENTS WHICH WILL RESULT IN FAILURE FOR THE COURSE PLACEMENT.



Criminal Record Check and Vulnerable Person Sector Check

The Schools of Health Sciences, Community 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 Criminal Record Check and Vulnerable Person Sector Check, **a placement agency may deny a student access to their premises.**

Paramedic and Paramedic Bridging students must provide **an original copy** of their Criminal Record Check and Vulnerable Person Sector Check (photocopies will not be accepted). Application **must be completed at your local Police Service**. Policies may vary between Police Services regarding the provision of Criminal Record Checks, and may require a letter stating that the student is enrolled in their program and must be signed by the Associate Dean of Health Sciences and Emergency Services. This letter will be prepared by the college and mailed to each student before July 15th, provided that the student has confirmed their attendance in a Northern College program and paid their seat deposit before July 1st. Students that confirm at a later date will experience a delay in obtaining their letter and must contact the college.

If you do not receive a letter or have any questions or concerns, please contact our Administrative Assistant, Merranda Rivers at ext. 2187 or by email at riversm@northern.on.ca. Email savords@northern.on.ca for any other document related issues/concerns.

Programs that require a Criminal Record Check and Vulnerable Person Sector Check for the **first day** of school in each semester (September/January):

- **Paramedic Students** - 1 original copy (at start of each semester)

Clinical Agencies for Paramedic programs require that Criminal Reference Checks must be within 6 months of attendance. Please do not apply for your check prior to August 1st. Original documents must be submitted by September 1st.

Any cost incurred when obtaining the Criminal Record Check and Vulnerable Person Sector Check is the student's responsibility. More information regarding this process can be found at <http://www.cpic-cipc.ca/English/index.cfm>.

Important: The Criminal Record Check and Vulnerable Person Sector Check are requirements of the school boards, institutions and agencies where students are assigned to complete their placements and are for that purpose ONLY. As such, individual agencies may require updated information prior to commencement of hire.



HEALTH RECORD

This form must be completed, placed in a sealed envelope by the applicant and submitted to the college **prior to September 01** with **all original copies of this form**. Please keep a copy of all forms, reports and records for your personal files.

Mail to: <u>OR</u>	Submit to reception at:
Northern College School of Emergency Services P.O. Box 3211 Timmins, ON P4N 8R6 <u>Attention: Sarah Savord</u>	Northern College School of Emergency Services 4715 Hwy. 101 East South Porcupine, ON P0N 1H0 <u>Attention: Sarah Savord</u>

Your program includes clinical and/or practical placement components for which there are specific health requirements. Hospitals and agencies expect that these health requirements will be fulfilled. **Failure to supply this information will jeopardize your placement and graduation eligibility.**

PLEASE COMPLETE ALL SECTIONS							
Name	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Surname</td> <td style="width: 40%; border-bottom: 1px solid black;">Given Names</td> </tr> </table>	Surname	Given Names				
Surname	Given Names						
Date of Birth	<table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black;">Month/Day/Year</td> </tr> </table>	Month/Day/Year					
Month/Day/Year							
Program	Paramedic						
Permanent Address	<table border="0" style="width: 100%;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">Number</td> <td style="width: 30%; border-bottom: 1px solid black;">Street, Road, Etc.</td> <td style="width: 10%; border-bottom: 1px solid black;">Apt #</td> <td style="width: 20%; border-bottom: 1px solid black;">City, Town</td> <td style="width: 10%; border-bottom: 1px solid black;">Prov.</td> </tr> </table>	Number	Street, Road, Etc.	Apt #	City, Town	Prov.	
Number	Street, Road, Etc.	Apt #	City, Town	Prov.			
Telephone Number	<table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>						
Emergency Contact	<table border="0" style="width: 100%;"> <tr> <td style="width: 45%; border-bottom: 1px solid black;">Name (Last, First)</td> <td style="width: 25%; border-bottom: 1px solid black;">Relationship</td> <td style="width: 30%; border-bottom: 1px solid black;">Telephone</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Address</td> </tr> </table>	Name (Last, First)	Relationship	Telephone	Address		
Name (Last, First)	Relationship	Telephone					
Address							
Family Clinician	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;"></td> <td style="width: 30%; border-bottom: 1px solid black;">Telephone</td> </tr> </table>		Telephone				
	Telephone						

THE STATEMENTS GIVEN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT FALSIFYING INFORMATION MAY RESULT IN MY REMOVAL FROM PLACEMENT AND/OR PRACTICUM.

Applicant's Signature

Date

In addition to the regularly scheduled adult immunizations, students are required to have serology for Varicella, Measles, Mumps, Rubella and Hepatitis B, to ensure immunity.

A. Tetanus & Diphtheria - Mandatory

Primary Series Complete

Yes

**Attach immunization record

No

If No, dates of adult primary series

Vaccine #1

Date (mm/dd/yy): _____

Vaccine #2

Date (mm/dd/yy): _____

Vaccine #3

Date (mm/dd/yy): _____

AND

Tetanus/Diphtheria (Td) Booster (within last 10 years)

Date (mm/dd/yy): _____

****Attach immunization record**

A 3 dose series for Tetanus/Diphtheria is required if unimmunized.

Tetanus/diphtheria boosters should be administered every 10 years in adulthood.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ASSUME THE COST OF IMMUNIZATIONS.

(Extended health plans may cover the cost of some immunizations.)

B. Polio - Mandatory

Primary Series Complete:

Yes

**Attach immunization record

No

If No, dates of adult primary series

Vaccine #1

Date (mm/dd/yy): _____

Vaccine #2

Date (mm/dd/yy): _____

Vaccine #3

Date (mm/dd/yy): _____

A 3 dose series for Polio is required if unimmunized or for unknown polio immunization history.

After the initial series as a child, no further polio vaccination is required under usual circumstances.

****Attach immunization record**

C. Pertussis - Mandatory	
<p><u>Primary Immunization Complete (must be in adulthood):</u></p> <p><input type="checkbox"/> Yes</p> <p>**Attach immunization record</p> <p><input type="checkbox"/> No</p> <p><u>If No, date of adult primary immunization</u> Date (mm/dd/yy): _____</p>	<p>A single dose of tetanus diphtheria acellular pertussis (Tdap) vaccine is required, regardless of age if not previously received in adulthood</p>
D. Varicella (Chicken Pox) - Mandatory	
<p><u>Titre Result:</u></p> <p>Date (mm/dd/yy): _____</p> <p><input type="checkbox"/> Reactive/Immune (+)</p> <p><input type="checkbox"/> Non-reactive/Non-immune (-)</p> <p>**Attach laboratory report</p> <p><u>If Non-immune, dates of adult primary series</u></p> <p>Vaccine #1 Date (mm/dd/yy): _____</p> <p>Vaccine #2 Date (mm/dd/yy): _____</p> <p>**Attach immunization record</p>	<p>Chicken Pox is highly communicable especially during the stage before lesions appear. For this reason, it is important for you to provide information regarding whether or not you are immune. A blood test (titre) is required to measure the amount of antibody in your system. If you are not immune to chicken pox, it is recommended that you contact your health care provider or your local Health Unit for vaccination. Two doses of univalent varicella vaccine are required 6 weeks apart.</p> <p>IT IS THE RESPONSIBILITY OF THE APPLICANT TO ASSUME THE COST OF IMMUNIZATIONS.</p> <p>(Extended health plans may cover the cost of some immunizations.)</p>
E. Measles - Mandatory	
<p><u>Primary Series Complete:</u></p> <p>Vaccine #1 Date (mm/dd/yy): _____</p> <p>Vaccine #2 Date (mm/dd/yy): _____</p> <p>**Attach immunization record</p> <p style="text-align: center;"><u>AND</u></p> <p><u>Titre Result:</u></p> <p>Date (mm/dd/yy): _____</p> <p><input type="checkbox"/> Reactive/Immune (+)</p> <p><input type="checkbox"/> Non-reactive/Non-immune (-)</p> <p>**Attach laboratory reports</p> <p><u>If Non-immune, dates of adult primary series</u></p> <p>Vaccine #1 Date (mm/dd/yy): _____</p> <p>Vaccine #2 Date (mm/dd/yy): _____</p>	<p>It is important to have immunity against Measles, particularly when working with or around children, or women of childbearing age. It is necessary for you to provide the dates when you were immunized against Measles and the results of a blood test which measures the amount of antibody in your system.</p> <p>Immunization to Measles is usually given in the form of a triple vaccine called MMR (Measles, Mumps and Rubella). Health care workers and students in post-secondary educational settings should receive two doses of MMR vaccine, at least 4 weeks apart if no evidence of immunity exists, regardless of age.</p> <p>IT IS THE RESPONSIBILITY OF THE APPLICANT TO ASSUME THE COST OF IMMUNIZATIONS.</p> <p>(Extended health plans may cover the cost of some immunizations.)</p>

<p>**Attach immunization record</p>	
<p>F. Mumps - Mandatory</p>	
<p><u>Primary Series Complete:</u></p> <p>Vaccine #1 Date (mm/dd/yy): _____</p> <p>Vaccine #2 Date (mm/dd/yy): _____</p> <p>**Attach immunization record</p> <p style="text-align: center;"><u>AND</u></p> <p><u>Titre Result:</u></p> <p>Date (mm/dd/yy): _____</p> <p><input type="checkbox"/> Reactive/Immune (+)</p> <p><input type="checkbox"/> Non-reactive/Non-immune (-)</p> <p>**Attach laboratory reports</p> <p><u>If Non-immune, dates of adult primary series</u></p> <p>Vaccine #1 Date (mm/dd/yy): _____</p> <p>Vaccine #2 Date (mm/dd/yy): _____</p> <p>**Attach immunization record</p>	<p>It is important to have immunity against Mumps, particularly when working with or around children, or women of childbearing age. It is necessary for you to provide the dates when you were immunized against Mumps and the results of a blood test which measures the amount of antibody in your system.</p> <p>Immunization to Mumps is usually given in the form of a triple vaccine called MMR (Measles, Mumps and Rubella). Health care workers and students in post-secondary educational settings should receive two doses of MMR vaccine, at least 4 weeks apart if no evidence of immunity exists, regardless of age.</p> <p>IT IS THE RESPONSIBILITY OF THE APPLICANT TO ASSUME THE COST OF IMMUNIZATIONS.</p> <p>(Extended health plans may cover the cost of some immunizations.)</p>
<p>G. Rubella - Mandatory</p>	
<p><u>Primary Series Complete:</u></p> <p>Vaccine #1 Date (mm/dd/yy): _____</p> <p>Vaccine #2 Date (mm/dd/yy): _____</p> <p>**Attach immunization record</p> <p style="text-align: center;"><u>AND</u></p> <p><u>Titre Result:</u></p> <p>Date (mm/dd/yy): _____</p> <p><input type="checkbox"/> Reactive/Immune (+)</p> <p><input type="checkbox"/> Non-reactive/Non-immune (-)</p> <p>**Attach laboratory reports</p> <p><u>If Non-immune, dates of adult primary series</u></p> <p>Vaccine #1 Date (mm/dd/yy): _____</p>	<p>It is important to have immunity against Rubella, particularly when working with or around children, or women of childbearing age. It is necessary for you to provide the dates when you were immunized against Rubella and the results of a blood test which measures the amount of antibody in your system.</p> <p>Immunization to Rubella is usually given in the form of a triple vaccine called MMR (Measles, Mumps and Rubella). Health care workers and students in post-secondary educational settings should receive two doses of MMR vaccine, at least 4 weeks apart if no evidence of immunity exists, regardless of age.</p> <p>IT IS THE RESPONSIBILITY OF THE APPLICANT TO ASSUME THE COST OF IMMUNIZATIONS.</p> <p>(Extended health plans may cover the cost of some immunizations.)</p>

<p>Vaccine #2 Date (mm/dd/yy): _____</p> <p>** Attach immunization record</p>	
<p>H. Hepatitis B - Serology must be completed regardless of medical history. Process of 3 injections must have begun prior to student's admission date into the Program.</p>	
<p><u>Primary Series Complete:</u></p> <p>Vaccine #1 Date (mm/dd/yy): _____</p> <p>Vaccine #2 Date (mm/dd/yy): _____</p> <p>Vaccine #3 (if applicable) Date (mm/dd/yy): _____</p> <p>** Attach immunization records</p> <p style="text-align: center;"><u>AND</u></p> <p>All students must provide Surface Antibody level (Anti-HBs)</p> <p><u>Hep B Titre Results (Anti-HBs level):</u> Date (mm/dd/yy): _____</p> <p><input type="checkbox"/> Reactive/Immune (+)</p> <p><input type="checkbox"/> Non-reactive/Non-immune (-)</p> <p><u>If Non-immune, date of Booster vaccination</u></p> <p>Vaccine Date (mm/dd/yy): _____</p> <p>** Attach immunization records</p> <p>Repeat Hep B Titre <u>one month</u> after receiving booster.</p> <p><u>Repeated Hep B Titre Results (Anti-HBs level):</u> Date (mm/dd/yy): _____</p> <p><input type="checkbox"/> Reactive/Immune (+)</p> <p><input type="checkbox"/> Non-reactive/Non-immune</p> <p><u>If No, series to be repeated</u></p> <p>** Attach laboratory report</p> <p>Repeat 2nd series, and Hep B Titre</p> <p>If you continue to be non-immune after repeating second series, you are considered to be a non-responder. Please see Clinical Facilitator.</p>	<p>Immunization and documented immunity for Hepatitis B is mandatory in most agencies at the present time, and is highly recommended for those in higher risk occupations. In fact, it is a good protective measure for all individuals and is currently being given routinely to certain groups of school age children.</p> <p>IT IS THE RESPONSIBILITY OF THE APPLICANT TO ASSUME THE COST OF IMMUNIZATIONS.</p> <p>(Extended health plans may cover the cost of some immunizations.)</p>

I. Two-Step Mantoux (TB) - 2 Step Mantoux Testing is required for students entering all Health Sciences, Community and Emergency Services Programs

2-Step Test

Step 1 Date (mm/dd/yy): _____

Date Read (mm/dd/yy):

Result: _____ mm of induration

Step 2 Date (mm/dd/yy): _____

Date Read (mm/dd/yy):

Result: _____ mm of induration

****Attach immunization records**

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

Chest x-ray Date (mm/dd/yy): _____

Results: _____

Bacille Calmette-Guerin (BCG) vaccine:

Yes

Date (mm/dd/yy): _____

No

Annual 1-Step Test

Date (mm/dd/yy):

Date Read (mm/dd/yy): _____

Result: _____ mm of induration

****Attach immunization records**

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

Chest x-ray Date (mm/dd/yy): _____

Results: _____

A **2-step TB test** is required for all students. If the first test is negative, a second one is performed after 1-3 weeks in the opposite forearm, using 0.1 ml of 5 TU strength vaccine for both. **Results must be reported in mm of induration.** Some agencies will not accept the results if this guideline is not strictly followed and retesting would be required.

If you've had a previously documented 2-step test, with a negative result, a single test will be sufficient. Please provide the documentation for both the single and the original 2-step.

Students who have a positive result (>10 mm induration) on their TB skin test must have appropriate follow-up by a physician and a chest X-ray. If the positive result was in the past, you must provide documentation that you have had medical follow-up and chest X-ray within the last 12 months.

Persons who have received BCG vaccination (against TB) more than 9 years ago, require a 2-step test unless the results of a previous 2-step test are available (in mm of induration).

J. Communicable Disease Declaration

Communicable Disease Declaration Signed/Dated by Clinician and Enclosed? Yes No

K. Seasonal Influenza Vaccination

It is strongly recommended all students protect themselves with an annual influenza vaccination. Some placement services/agencies mandate the flu shot while others highly recommend it but do not make it mandatory. In the latter case, if an outbreak occurs, the student will likely be unable to attend their placement thus jeopardizing successful completion of their clinical course.

SIGNATURES (MANDATORY)

Physician Name (Please Print)	Date
Address	
Signature	

FREEDOM OF INFORMATION AND PROTECTION OF PERSONAL PRIVACY

Personal information on this form is collected under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1980, c 272, s.5; and the regulated Health Professionals Act, Sec 95 1.19, and will be used to ensure students meet minimum health requirements for admission to their clinical placement agency.

<u>Consent to Release of Information</u>	
I agree to the release of information about my immunization record to placement agencies or appropriate faculty members, as required.	
Name (Please Print)	
Signature	Date



Communicable Disease Report

Completion of this form is required to comply with the conditions of the *Ambulance Act* which states each paramedic employed by an ambulance service must be free from all communicable diseases referred to in the Ontario Regulation 257/00 (Specification of Communicable Disease) and the Ambulance Service Communicable Disease Standards.

**Excerpt from Specification of Communicable Disease O. Reg. 257/00
Ontario Regulation 267/00
(to be completed by your general practitioner)**

This is to certify that _____ is free from reportable communicable diseases.
(Print Patient Full Name)

The list of reportable diseases can be found in Table 1, Part B

I, _____, do hereby certify this day of _____
(Physician's Signature)

that the information as supplied accurately reflects the current health status of the above-mentioned patient.

Physician's Name: _____
(Please Print)

Tel # _____

Explanation (if required)

Table 1

Examples of diseases in Ontario which, when in an acute symptomatic state, should preclude an EMA or Paramedic from participating in the direct assessment of or provision of patient care:

- | | |
|--|--|
| <input type="checkbox"/> Acquired Immunodeficiency Syndrome (AIDS) | <input type="checkbox"/> Leprosy |
| <input type="checkbox"/> Amebiasis | <input type="checkbox"/> Listeriosis |
| <input type="checkbox"/> Anthrax | <input type="checkbox"/> Malaria |
| <input type="checkbox"/> Botulism | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Campylobacter enteritis | <input type="checkbox"/> Viral Meningitis |
| <input type="checkbox"/> Chicken Pox (Varicella) | <input type="checkbox"/> Meningococcal Meningitis |
| <input type="checkbox"/> Cholera | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Cytomegalovirus Infection (Congenital) | <input type="checkbox"/> Ophthalmia Neonatorum |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Parathyphoid Fever |
| <input type="checkbox"/> Encephalitis (Primary Viral) | <input type="checkbox"/> Pertussis (Whooping Cough) |
| <input type="checkbox"/> Gastroenteritis | <input type="checkbox"/> Plague |
| <input type="checkbox"/> Giardiasis | <input type="checkbox"/> Poliomyelitis (Acute) |
| <input type="checkbox"/> Group A Streptococcal Disease (Invasive) | <input type="checkbox"/> Psittacosis / Ornithosis |
| <input type="checkbox"/> Haemophilus Influenza 8 Disease (Invasive) | <input type="checkbox"/> Q Fever |
| <input type="checkbox"/> Hemorrhagic Fevers including Ebola virus disease, Marburg Virus Disease, and Other Viral Causes | <input type="checkbox"/> Rabies |
| <input type="checkbox"/> Viral Hepatitis including Hepatitis A, B, and C | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Influenza | <input type="checkbox"/> Rubella (Congenital Syndrome) |
| <input type="checkbox"/> Lassa Fever | <input type="checkbox"/> Salmonellosis |
| <input type="checkbox"/> Legionellosis | <input type="checkbox"/> Shigellosis |
| | <input type="checkbox"/> Tuberculosis |
| | <input type="checkbox"/> Tularemia |
| | <input type="checkbox"/> Typhoid Fever |
| | <input type="checkbox"/> Verotoxinproducing E. Coli Infections |
| | <input type="checkbox"/> Yellow Fever |
| | <input type="checkbox"/> Yersiniosis |